

**Midwest Brain Injury Clubhouse
Consent Form 2:9A**

Use of Photograph

I, authorize the Clubhouse to use photograph, film, tape, and/or interview the below named person or use his/her original creative/artwork, and I understand that such materials may be used for publication or broadcast purposes, the public relations and fundraising activities of the Clubhouse, education or research. I release and hereby agree to hold Midwest Brain Injury Clubhouse from any and all liability arising out of the photography, filming and/or interview. I understand these will be carried out with my consent, which I hereby give freely, and I assume full responsibility.

Yes No

Medical Records and Information

I give consent to the Clubhouse to release any information regarding my treatment, care or related issues to the following individuals:

Yes No Family (parents, spouse, siblings or children)

Yes No Significant other, please specify_____

Yes No Healthcare professionals (case managers, therapists, physician)

Yes No Other, please specify_____

Behavior Policy and Clubhouse Policies

I understand that in attending the Clubhouse, I agree to follow the behavior policy and all policies and procedures of the Clubhouse as well as the landlord, as applicable. During a major violation, I understand that certain individuals will be contacted regardless of my above consent. This is to ensure that all individuals have a safe and secure environment at the Clubhouse.

Yes No

Rights and Responsibilities

I understand that as a condition of my care, the Clubhouse is required to be respectful and provide certain rights and responsibilities as a service provider. I also understand that, I, as a member, am required to be responsible for certain areas of my care and be respectful of the rights of the Clubhouse as an organization. The purpose of this agreement is to lay the foundation for a strong working relationship. I agree to these rights & responsibilities. **Yes No**

Risk Management

I understand that during the course of Clubhouse activities, including community outings, a certain risk may be present for health and safety issues. It is my responsibility to alert staff to any activity or incident that may cause a risk to my health or safety. A coordinated effort is agreed upon to be made by myself as a member, my family / caregiver (if applicable) and staff to address and reduce risk. I understand that all activities provided within the Clubhouse program are optional and participation can be modified to eliminate or reduce the risk. **Yes No**

Facility Policies

I understand that the Clubhouse is not a locked facility nor is restraint used and it is my responsibility to remain within the Clubhouse space until transportation has arrived. I also understand that the building

policy does not allow members to be at the building prior to the Clubhouse doors opening (8:30 a.m.) or after closing (4:00 p.m.). **Yes No**

Smoking Policy

The City of Chicago mandates that cigarette smoking cannot occur inside an office building nor within 20 feet of a building's door. Smoking is allowed only at the loading dock and is limited during the day in accordance with our lease. I agree to abide by these law and rules as well as the smoking schedule which allows smoking once a day. I understand that if I violate this rule, I will be held responsible if a fine is given by the City or landlord.

Yes No

Drug free Safe Environment

I understand that the Midwest Brain Injury Clubhouse is a drug free environment. Any illegal drugs in one's personal possession at the Clubhouse or on the grounds of 300 Elizabeth or the misuse of prescription drugs will reported immediately to the local authorities. This will immediately result in a one week suspension. In addition, no alcoholic beverages or contraband such as guns or knives is permitted. The Clubhouse can assist in for locating substance abuse treatment, interested members are asked to contact a staff person. The Clubhouse maintains a zero tolerance policy. I understand by signing this informed consent, I am aware of this policy and agree to abide by it.

Yes No

Criminal History

I understand that disclosure of criminal history is recommended at the time of admission and a criminal background check may be required if relevant to the delivery of service.

Yes No

HIPAA Policy

I understand the HIPPA Policy that ensures my information will remain private and accessed only as needed for my rehabilitation at the Clubhouse. **Yes No**

Welcome Packet – For new members only

I have received and reviewed the Clubhouse Welcome Packet **Yes No**

Consent Form

I understand that this consent form is valid for one year from the signed date and can be modified at any time by the completion of a new consent form. **Yes No**

Member or Guardian Signature

Date

Witness

Please respond to each question. Thank you!
Federal and State laws require this form to be completed each year.