



P.O. Box 514
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www.tabithaministry.com

Providing HELP, HOPE and a HOME for hurting women.

Legal Release

Print Name: _____

Please initial after reading each point.

_____ I understand that Tabitha Ministry cannot be held responsible for any personal property left, lost, or stolen while I am in the Tabitha Ministry program. When leaving Tabitha House, I will take all personal property with me.

_____ I will not steal any property that does not belong to me. In the event this occurs, I understand it is immediate grounds for dismissal from the program.

_____ I understand that any personal property left at Tabitha House will be disposed of.

_____ I give the right to Tabitha Ministry to conduct room and/or physical searches.

_____ I release Tabitha Ministry from all responsibility, both physical and financial, in the case of accident, injury, illness, or other imponderable misfortune.

_____ I give Tabitha Ministry permission to open both incoming and outgoing mail to check for anything that might be harmful to the welfare of the program and the residents.

_____ I give permission for Tabitha Ministry staff to monitor incoming and outgoing telephone conversations.

_____ I give Tabitha Ministry permission to take my photograph and publish my image on Tabitha Ministry publications, both print and digital, including social media.

_____ I understand that I am not permitted to access the internet or use a smart phone without staff supervision while enrolled in the residential program.

_____ I understand that I am not permitted to work outside of community service for Tabitha Ministry while enrolled in the residential program.

_____ All necessary medical and dental expenses are NOT the responsibility of Tabitha Ministry.

_____ I may be accompanied during doctors' visits for the following reasons:

- a. Tabitha Ministry wants to be sure that your medical needs are understood, as you have entrusted us with your care.
- b. To prevent "drug seeking" behaviors.

_____ If I damage any property, it is my responsibility to pay the repair costs for the damaged property.

_____ While in the program, I will participate in Tabitha Ministry events.

_____ I understand that 10% of ALL money I receive belongs to God, and I must tithe to a church or to Tabitha Ministry.

_____ **FINANCIAL AGREEMENT:** I understand that Tabitha Ministry charges no costs or fees to residents. In consideration for participating in the residential program free of charge, I am to complete a minimum of 20 hours per week of community service at Tabitha's Closet, Furniture Nook, and/or Treasures in exchange for room, board, and other rehabilitative services.

_____ Tabitha Ministry **is not a medical care facility** and is unable to provide 24-hour on-site medical care. Therefore, all residents entering the program must be in good health and able to participate in all program activities. If a resident's health deteriorates to the point where she is no longer able to participate in daily activities, or the medical condition requires 24-hour care, the resident should leave the program.

_____ **SUBSTANCE ABUSE WITHDRAWAL:** It is understood that the applicant will be subject to Tabitha Ministry policy for withdrawal from substance abuse. Upon entering the program, the resident understands and agrees that withdrawal will be without the aid of any type of medication.

_____ **VEHICLE RELEASE:** In consideration of being accepted into the Tabitha Ministry residential program, I will not hold Tabitha Ministry responsible in the event of an accident, which could result in injury while in a non-ministerial vehicle. Non-ministerial vehicles are described as follows:

1. Staff vehicles
2. Approved volunteers' vehicles
3. Residents and/or their families' vehicles
4. Graduates and/or their families vehicles

ADMISSION AGREEMENT:

I, _____, desire to enter the Tabitha Ministry program. I understand that it is a Christian discipleship training program consisting of Bible-based teaching and spiritual emphasis and will adhere to its policies. I understand that many of the people who enter the Tabitha Ministry program have histories including, but not necessarily limited to, drug and/or alcohol abuse, incarceration, and/or mental or emotional problems. I also understand that Tabitha Ministry is not licensed by the State of North Carolina as a Drug and Alcohol Treatment Program or as a Mental Health Facility. In consideration of being accepted into the residential program, I agree to all of the terms of this agreement.

Applicant Signature

Date:_____

Please attach a list of all psychological and/or medical evaluations in the last 5 years. Send all psychological reports, either with this packet or directly from the Doctor.

HIPAA Privacy Authorization Form

1. I authorize _____ (healthcare provider) to disclose protected health information described below to Tabitha Ministry, PO Box 514, Summerfield, NC 27358; fax 336-370-6321; email tabithaministryncinfo@gmail.com.

2. This authorization for release of information covers the period of healthcare from ____/____/____ to ____/____/____.

3. I authorize the release of my complete health record, including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.

4. This authorization shall be in force and effect for one year.

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

6. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Printed name of patient or personal representative

Date