



NAME \_\_\_\_\_

OSU HARDING ADULT PARTIAL HOSPITALIZATION PROGRAM AGREEMENT

AGREEMENTS/CONSENTS

1. I agree to follow all policies and regulations of the Ohio State University, OSU Harding and its respective programs. This includes a strict Ohio State University policy that forbids bringing a weapon of any kind onto the campus or in the Neurosciences Facility.
2. I agree to leave OSU Harding and its programs on the request of the Director if I require care or treatment different from that provided by OSU Harding and its respective programs.
3. I consent to standard and customary treatment within programs.
4. I agree to notify Adult Partial Hospitalization Program (614) 293-9560 by 8:00 AM if I will be unable to attend treatment that day. Otherwise, I understand that I may be personally billed the full fee for that day. (Estimated Full Day charge is \$1,226.00; estimated IOP/Half Day charge is \$702.00). Psychiatric evaluation cost is \$325.00 and medication management appointment is \$130.00.
5. I understand that if I do not attend, and neither I nor my emergency contact person contacts the program, and staff are unable to reach me or my emergency contact person by phone, staff may request the police to go to my residence to check on my safety.
6. I have received a copy of the Welcome packet which includes information about the program and program policies. I have read and agree to the above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date