



deep healing without meds

Application for Admission

Table of Contents

Admissions Application	2
IS INNER FIRE A FIT FOR ME?	2
SUBSTANCE HISTORY	4
HEALTH AND SAFETY INFORMATION	7
ADVANCE DIRECTIVE	8
Advance Directive	9
FINANCIAL INFORMATION	10
INVOICING	11
MONTHLY PERSONAL EXPENSES	11
PHONE CALLS	11
HEALTH INSURANCE	11
MEDICAL AND HOMEOPATHIC VISITS AND RELATED PHARMACY SERVICES	11
Seeker Clarification & Agreement Form	13
MEDICATIONS	13
INNER FIRE PROGRAM clarification acknowledgments	14
Anger Is OK, Violence Is Unacceptable Policy and Disclosure	15
ANGER IS OK, VIOLENCE IS UNACCEPTABLE POLICY	15
REPORTING A VIOLENT EVENT	15
VIOLENCE DISCLOSURE	15
Violent Episode Self-Disclosure	16
Parent / Guardian Disclosure of Applicants Violent Behavior If Any	17
Inner Fire Service Agreement	18
CONSENT AND AUTHORIZATION	18
EXPECTED BEHAVIOR	18
NOTICE OF INTENT TO WITHDRAWAL FROM PROGRAM PARTICIPATION BY SEEKER	19
Designated Departure	20
ACKNOWLEDGEMENT REGARDING SERVICES AND/OR CARE	21
THERAPEUTIC RECOVERY PROGRAM COORDINATION	21
PAYMENT OF SERVICES AND FEES	22
FORUM SELECTION	22
ACKNOWLEDGEMENT	23
Financial Affirmation	24
SEEKER WAIVER	25
HOLD HARMLESS AND INDEMNIFICATION AGREEMENT	25
LIABILITY RELEASE FORM FOR SEEKERS	25
Statement of Care for Inner Fire Seekers	28
PHOTOGRAPHS CONSENT	29
RESIDENT RIGHTS	29
GRIEVANCE POLICY AND PROCEDURE	33
DEFINITION OF TERMS:	34
APPEAL PROCESS:	35
EXTERNAL RESOURCES FOR COMPLAINTS AND GRIEVANCES	35
What To Bring	36
A Safe Journey Onward	37
Notice of Privacy Practices and Acknowledgement	39
IMPLEMENTATION OF POLICY	39
REQUIREMENT FOR WRITTEN AUTHORIZATION	40
YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION	42
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES	44
Care Circle Consent Form	45
Liability protection for the Inner Fire Doctor	46

Admissions Application

Please Send Completed Form to:

Beatrice Birch, Executive Director
beatrice.innerfire@gmail.com
& officemanager.innerfire@gmail.com
Inner Fire, Inc.
26 Parker Road
Brookline, VT 05345
(802) 221-8051

Applicant Name _____ **Date of Birth** ____/____/____
Home Phone _____ **Cell** _____
Email: _____
Parent(s) / Guardian(s) _____

Note that this Application and related material refer to “family” or “family member” in many places. We understand that in some situations, an applicant may not be working or associated with a direct family member, and in those cases we ask that where references are made to “family” or “family member” or similar terms, the applicant designates an appropriate contact person. Inner Fire will then work with and treat that person or persons the same as it would a family member. The applicant should make sure that any “family member” or other individual designated is aware of those parts of this application and the accompanying information that could require that designated person to receive notice or assist in transition from Inner Fire if necessary.

IS INNER FIRE A FIT FOR ME?

It is very important that the applicant themselves completes this application.

I, the applicant, am completing this application myself. Y / N

Are you 18 years of age or older? Y / N

Do you believe you can reclaim your life and engage in life in a fulfilling way? Y / N

If so, please explain:

It is important to appreciate that some people have been on medications for years. Therefore the timing of the tapering process, followed by a time of adjusting to being without medications, (knowing that there can be a relapse due to the addictive power of the psychotropic medications), may lead to staying engaged within the

Inner Fire program for more than a year. Tapering is a totally individual journey for each Seeker. Our commitment is to *safe tapering* and there are times when the tapering needs to pause. Our aim is to avoid further hospitalization and trauma. The tapering process is both an art and a science. Because of this, it is important that you understand an individual's safe tapering process may extend beyond a year.

How much longer one stays is individual. Do you understand this and appreciate the dynamic? Y/N

Are you ready to proactively work through your trauma and / or life challenges?

Y / N

Please share more:

Are you currently safe to yourself and others?

Y / N

Please share more:

Are you ready to change habits and grow? What does this mean to you?

Y / N

How do you feel about living with, working with and being supportive of other participants at Inner Fire?

When do you feel fear and why?

When do you feel safe and why?

When do you feel unsafe and why? _____

What makes you feel vulnerable? _____

How do you help yourself at such times? _____

When do you feel angry? _____

How do you express your anger? _____

Have you been physically violent to yourself or others? Y / N
If so, why? _____

Do you wish to live with minimal or no psychotropic medications? Y / N
If so, why? _____

Do you have any routines or habits that are helpful for you? Y / N
If yes, please share

Are you willing to follow a set rhythm and schedule to see how it can benefit your wellbeing? Y / N
Why or why not? _____

SUBSTANCE HISTORY

If you have used street drugs, cigarettes, opioids, etc which ones and at what age and for how long?

Which Substance?	From what age to what age?	Your experience using it?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please share what, if any, medications you have taken:

Medications, Vaccines	Why did you take it? How old were you when you started? How old were you when you stopped?	Benefits or side effects?

Current Medications and Supplements including any PRNs:

Medications, Vitamins, Homeopathics, Herbs, Etc	Dose	Time Taken or Reason Prescribed Side Effects If Any	Will You Bring This With You?

HEALTH AND SAFETY INFORMATION

Any prospective Seeker must provide the following paperwork along with their application to be considered for admission and before arriving:

1. All your medical records from the past year.
2. Proof of a physical exam with a doctor 90 days prior to admissions.
3. Physician's order for ALL medication, treatments, dietary needs, and dietary supplements
4. Select and connect with a Primary Care Physician ideally locally at Grace Cottage Hospital in Townsend, VT.
4. Proof of Health Insurance valid for Vermont.
5. All items from the What to Bring List (please do not bring more, as space is limited)
6. Financial Arrangements must be made with our business manager:
businessmanager.innerfire@gmail.com
7. Complete the following blood work panels. This gives us a baseline with which to work from and effectively monitor your progress while you are at our program.

10231 Comp Metabolic Panel with GFR
7065 Vitamin B12/Folate, serum panel
36127 TSH with T4, free
16558 Vitamin D 1,25
7600 Lipid panel (fasting)

622 Magnesium
496 Hemoglobin A1c
10715 Food Allergy Profile
1759 CBC
945 Zinc

Most recent physical: Date _____ Doctor _____ Phone _____

Describe any official medical diagnosis

Do you have any allergies? If so, to what? _____

Have you had any adverse reactions to medications? Is so, which and please describe reaction:

Indicate any medical aids/devices you use such as glasses/contact lenses, hearing aids, or CPAP sleep aids, cane, walker, wheelchair?

Indicate whether you currently have or have had any of the following medical problems. If any of them require ongoing treatment, please provide medical records*.

☐ Anemia/Other Blood Disorder

☐ Asthma/Lung disease

☐ Back

☐ Diabetes

☐ Arthritis

problems

☐ Dizziness, Fainting, Seizures

☐ High Blood Pressure

☐ Cancer

- | | | |
|---|---|---|
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Major Surgeries | <input type="checkbox"/> Hyperthyroid |
| <input type="checkbox"/> Heart Disease / Murmur <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Migraines | <input type="checkbox"/> Hypothyroid |
| <input type="checkbox"/> High Risk for TB | <input type="checkbox"/> Neck / Back Injury | <input type="checkbox"/> Digestive Disorder |
| | | <input type="checkbox"/> Other _____ |

If any, please explain _____

Describe your capacity to engage in physical outdoor work and long hikes

Describe any physical limitations or restrictions* _____

Indicate any medical care or follow/up needed*

Anything else you would like to share about your health? _____

ADVANCE DIRECTIVE

Do you have an advance directive? Y ☐ N ☐

If yes, would you be willing to share it with us? Y ☐ N ☐

If not, under Vermont State law you have the right to provide / formulate one for Inner Fire.

You may complete our Advance Directive document on the next page, or research some local organizations to assist you with this.

I understand I have this right.

Signature _____ Date _____

Advance Directive

Seeker's Name _____ Date _____

Physician _____ Physician's Phone Number _____

Please check ONLY ONE of the following:

Level 1 _____

Comfort measures only, i.e. nursing care, relief of pain, oral fluids and controlling fever if present. No Cardiopulmonary Resuscitation.

Level 2 _____

Comfort measures with additional treatment available. This would consist of the above plus medications, most frequently antibiotics. No Cardiopulmonary Resuscitation.

Level 3 _____

Transfer to acute care hospital without Cardiopulmonary Resuscitation. If serious deterioration occurs, the individual is transferred to an acute care hospital. Assessment would be made at the hospital and a decision made as to whether to admit the individual or to take them home with family. No Cardiopulmonary Resuscitation and no admission to the ICU.

Level 4 _____

Transfer to acute care hospital with Cardiopulmonary Resuscitation. If serious deterioration occurs, the individual is transferred to an acute care hospital and if necessary may be admitted to the ICU. Cardiopulmonary Resuscitation may be performed if required.

Other _____

Individuals or their Power of Attorney for Care/Substitute Decision Maker(SDM)/Guardian or Empowered Agent(AB) may submit their own requests for treatment if different from the above.

This treatment plan can be canceled or changed at any time, either verbally or in writing, by the individual or the Power of Attorney for Care/SDM/Guardian or AB.

Seeker/POA/SDM/Guardian/AB

Date

Witness

Date

Renewals:

Name _____ Level# _____ Relationship/Self _____ Signature _____ Date _____

Name _____ Level# _____ Relationship/Self _____ Signature _____ Date _____

FINANCIAL INFORMATION

We strongly believe that Healing is a right and should not be a privilege. We work creatively within a system which puts money before the health of the striving human being. At Inner Fire, we endeavor to keep all program costs as low as possible, while offering the highest quality of care in an intensive therapeutic environment. While we attempt to pay all Inner Fire employees and consultants at least a livable wage, even the most senior staff receive modest salaries, consistent with Inner Fire's non-profit purpose. We are constantly fund-raising in an effort to make Inner Fire available to all, regardless of financial capacity, and currently offer limited financial assistance through our Sponsor-a-Seeker Scholarship Fund.

The Seeker fee at Inner Fire covers private room and board, program services, individual and group therapeutic activities, most cultural and social events, and local transportation to scheduled Inner Fire activities. Personal expenses such as clothing and toiletries are not included. A credit card may be kept on file for these incidental purchases. Laundry facilities are available at no additional cost, and Seekers are responsible for doing their own laundry.

The Seeker fee does **not** include medical or dental expenses. This includes transportation to appointments (for which mileage will be charged) and the hourly rate of an accompanying Guide. In the event that a Seeker requires emergency one-on-one Guide coverage, a fee of \$50 per hour will apply.

During the transition phase (the final three months), individualized supplemental fees may be charged for specialized outside classes or programs in which a Seeker participates.

In the event a Seeker is absent or on leave from the program, the standard fee will continue to be charged to maintain the Seeker's place in the program for up to thirty days. If the Seeker does not return or confirm in writing his/her desire to discontinue the program within that thirty day period, termination from the program will occur.

If a Seeker leaves before completing the full term, a refund will be issued less the last month's fee and a prorated portion of the current month's fee if a replacement Seeker is enrolled during the period which has been paid. The maximum financial responsibility, however, in any event will not exceed two months, prorated to reflect the date at which a replacement seeker is enrolled. The last day of a Seeker's stay is billed at the full rate for that billing cycle. This commitment period is necessary to be able to maintain and adjust staffing and other operational requirements due to an early departure, and is not intended as a penalty.

In the event a Seeker is discharged from Inner Fire for hospitalization or medical necessity and the family wishes to hold a place in the program in anticipation of returning, a charge of one-half the normal daily rate will be charged for the first thirty days. After that time, if the family still wishes to hold the place, the full daily rate will be charged.

INVOICING

A deposit of both the first and last months' fee is required to hold a place at Inner Fire. Payments for subsequent months are due one month after the start date and are due upon receipt. The full program term is one year, unless a separate arrangement is agreed to prior to arrival. We ask all balances be paid promptly, upon receipt of invoice, as prompt payments are critical to ongoing operations. Accordingly, a three percent (3%) per month service charge will be imposed on all balances unpaid thirty days after the invoice date. To facilitate both the ease and speed of payment, invoices will be sent out monthly with a link to make payment online.

MONTHLY PERSONAL EXPENSES

We require that Seekers maintain a debit / credit card on file in the office for personal miscellaneous expenses such as toothpaste, laundry soap, and so on. A prepaid visa card is recommended. These are secured under lock in the Seekers personal belongings office file. Any balance remaining shall be returned to the Seeker upon departure from Inner Fire. Please also note that Seekers will be held financially responsible for damage to rooms, furniture, and equipment beyond normal wear and tear.

PHONE CALLS

Inner Fire does not charge Seekers for long-distance phone calls and will make telephone service regularly available to Seekers on weekends, however, there is no cell phone reception at Inner Fire and cell phone use is not permitted. International calls are not covered by Inner Fire and must be made using prepaid calling cards.

HEALTH INSURANCE

For families going through a difficult chapter in their lives, already dealing with many challenging situations, the thought of insurance reimbursement can feel like a nightmare or impossible option. Please know that we have witnessed one mom's proactive, inspiring success in obtaining partial reimbursement from her insurance company. Regardless of whether or not you pursue reimbursement from an insurance company for the Seeker fee or any portion of the Seeker fee, each Seeker must provide their health insurance card, insurance billing address, and any pre-authorization information. This information is important if a Seeker needs to see a medical doctor, dentist or needs to go to the hospital. It is the responsibility of the Seeker or family member to provide this information at the time of admission.

Some Seekers come with Medicaid or Medicare or are eligible for these programs. Inner Fire needs to be aware of this information as well. Medicaid/Medicare does not usually cover the cost of non-medical outpatient services or residential treatment, and out-of-state Medicaid will not cover any non-emergent expenses which are incurred in Vermont.

MEDICAL AND HOMEOPATHIC VISITS AND RELATED PHARMACY SERVICES

Our doctor as well as our classical homeopath have a crucial role in the tapering journey of the Seekers. All Seekers, who are tapering, are required to see our doctor every two weeks so as to be engaged in managing their tapering process. Seekers who are not tapering must nevertheless select a Primary Care Physician ideally at our local Grace Cottage Hospital in the event of needed medical assistance. Our very experienced Classical Homeopath supports constitutional, soul health at a deeper level. Doctor visits and any additional outside

medical care is not covered by tuition and will be billed directly to the family member financially responsible or invoiced separately to the financially responsible party. Our office arranges Seekers' visits with health care providers. If the Seeker has health insurance, we will provide that information to the doctor's office. Otherwise, Inner Fire will provide billing information to the medical practitioner to bill the financially responsible party as provided on the Admissions Form. Inner Fire fees do not cover pharmacy bills. Inner Fire works primarily with Messenger Valley Pharmacy <https://messengervalleypharmacy.com/> in Townshend, VT. Whenever possible, the pharmacy will bill the Seeker's health insurance. If this is not possible, the Seeker will need to pay with their credit card on file. Please be aware that sometimes the pharmacy is unable to bill out-of-state insurance companies.

I have read, I understand, and I agree to the above terms.

_____ Signature of Person(s) Financially Responsible	_____ Date
---	---------------

_____ Signature of Person(s) Financially Responsible	_____ Date
---	---------------

Seeker Clarification & Agreement Form

You are engaging in a proactive, healing experience combining outer practical activities with inner transformative work which will serve you in many ways. The Inner Fire Program experience will be part of your healing process or one could say, your rebalancing on a deeper soul level. You will be part of a small, intentional community focused around a specific program aimed at nurturing your soul and empowering you. The work program and specific proactive therapies will help you reconnect with who you really are becoming. Proactivity leads to empowerment which in turn leads to a renewed enthusiasm for life. At the same time, we acknowledge that to inwardly shift from the experience of the victim to that of the creator can be both frightening and exciting.

MEDICATIONS

As a community we are committed through insight and understanding, love and patience, commitment and perseverance to facilitate the beginning of your healing process. You have come to Inner Fire, Inc. because either you want to avoid medications or you would like support to come off your medication to a degree which works for you, while participating in the detox program with the oversight of a very supportive physician, therapists and guides. We take the withdrawal of your medications seriously and timing is essential. Once you have settled into the program at Inner Fire, Inc. and engaged in the rhythm, then, with the support of Dr. Clif Steinberg and the Inner Fire guides, a tapering plan will be created and you may begin to come off your medications. All medications and supplements will be kept in a safe at Grace Brook Farm ("GBF") and will be taken when a designated guide is present.

Remember - by coming to Inner Fire, you are promising and agreeing that you will take your medications according to the tapering plan, honoring the fact that to withdraw safely takes time and support. The soul needs to be nurtured; one needs to be engaged in creative and practical activities while dealing with the challenge of the withdrawal symptoms and reclaiming one's essential self. Please acknowledge your cooperation by signing the statement below:

I will not attempt to withdraw from my meds before the agreed time. I will follow the tapering plan, keep all my medications at GBF, take them in the presence of a designated guide and stay engaged in the program as I taper. If I want to increase my medication for any reason, I agree to speak with the doctor first before doing so.

Seeker Signature: _____ Date _____

INNER FIRE PROGRAM clarification acknowledgments

We have made every effort to be clear with you about the Inner Fire Program to prevent misunderstanding. Of course, if there are any, we trust you to express them so we may work through the challenges together. To participate in the Inner Fire Program, please show your agreement with our protocol and policies by initialing where indicated and signing at the end of this clarification and agreement section. If you have questions, feel free to contact us and we can discuss them.

x _____ **Phone Use** I understand Inner Fire has no cell phone access and computers are not allowed as they detract from building community and from staying present and drawing upon those in one's company. I understand I may use a landline phone for 30 minutes each weekend after the first three weeks and will not use a cell phone or computer while at Inner Fire.

x _____ **Bedrooms** I agree that bedrooms are private and will not enter another seeker's bedroom for any reason without having asked and being given permission first. I understand I may lock my bedroom door, but will respond if a guide knocks.

x _____ **Kitchen** I understand the kitchen is used solely for preparing food and eating meals together as a community and that it is off-limits at all other times. I know there are three meals daily, a morning and afternoon snack and agree that I will not help myself to food at other times. I understand that no outside food or drinks are allowed and that all my dietary needs will be met by IF.

x _____ **Substances, Sweets and Caffeine** I understand that no caffeine, alcohol, cigarettes, drugs or sweets are allowed under any circumstances, on the premises or during the Inner Fire Program and will not possess or use any during my time here at Inner Fire, Inc.

x _____ **Weapons and weapon-like objects** I understand no seeker is allowed to have in his or her possession any item which could be considered a weapon.

x _____ **Search of belongings** Upon my arrival, I agree to allow a designated guide to search my belongings ensuring I have no alcohol, cigarettes, drugs, food, candy, weapon-like objects, or electronics. If any of these are found, I accept that they will be removed, held in the office, and possibly returned to me when I finish the program. I understand this will be discussed with me. I understand my bedroom may be inspected and searched by guides at any time if deemed necessary.

x _____ **Walking** I understand during my first three months at Inner Fire, I must walk with someone and not alone. After this time, if all has gone well, and I will be allowed to walk alone, I must tell a guide where I plan to walk, and when I plan to return.

I am aware of the Inner Fire Program, agree with the guidelines, and am willing to fully engage.

Seeker Signature _____ Date _____

Anger Is OK, Violence Is Unacceptable Policy and Disclosure

ANGER IS OK, VIOLENCE IS UNACCEPTABLE POLICY

Inner Fire continuously seeks to ensure a safe environment for all seekers, staff, and visitors. Inner Fire exercises a zero-tolerance policy for violence which could lead to immediate dismissal from the program.

Examples of violence may include, but are not limited to:

- Verbal or written threats that express intent to harm.
- Verbal assaults
- Physical assaults, when touched without permission, including biting, kicking, punching, scratching, spitting, etc.
- Any perceived act that causes fear or harm to one's self, seeker, staff or visitor.
- Intentional destruction of property.

Acts of violence will be assessed on a case by case basis, resulting in appropriate, immediate interventions. All cases of violence will be assessed by thorough investigation and evaluation of the circumstances surrounding the violent event. Inner Fire reserves the right to contact parents/guardians of the offender in the event of a violent episode. This process is intended to help Inner Fire determine what can be done to prevent the same, or similar events from recurring and maintaining a safe environment for all.

REPORTING A VIOLENT EVENT

Any violent events will be immediately reported by the witness verbally by phone or in person to a Council Member. The witness will then complete an incident report as soon as is safely possible, within the same shift of the violent incident. An in-person review of the incident with the Council will be scheduled as soon as possible to process and determine next steps.

Inner Fire maintains a no retaliation policy ensuring all seekers, staff, and visitors in no way will be retaliated upon for reporting violent actions. Inner Fire will initiate steps to begin a restorative plan to recover property damage resulting from violent episodes. We will also initiate restorative justice as a way to reestablish safe and healthy community relationships that may have been damaged by a violent episode. Any expenses incurred due to property damage are the responsibility of the seeker (parents/guardians) for full reimbursement.

VIOLENCE DISCLOSURE

As tapering can be traumatic, and individuals may not always be in control of their feelings, we understand there is the possibility of expressed anger and violent situations. We acknowledge that anger is blocked creative energy which when claimed and redirected can support deep healing. Transparency is essential in our mutual intention to support the seeker in his/her healing journey. In order for us to work more consciously with the striving individual, it is essential that we know of any violence (including self-harm) that has been part

of a Seeker's history. Full disclosure of any past violent episodes enables us to provide proper support and be fully prepared to work through incidents that may arise in a manner that is safe for all.

Violent Episode Self-Disclosure

Describe all incidents in which you have behaved violently, or in a way that was harmful to yourself or others (including running away, cutting, overdosing, etc.). Share what led you to respond this way, how you dealt with the results and how you are working to prevent a recurrence. You may write in a separate attached document if needed. Your signature reflects your full disclosure of any and all violent episodes you recall.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Applicant Signature _____ Date _____

Parent / Guardian Disclosure of Applicants Violent Behavior If Any

We ask each parent / guardian / spouse who wrote a biography on the applicant, to document below any and all episodes in which the applicant behaved violently or in a way that was harmful to themselves or others (including running away, cutting, overdosing). Include circumstances leading up to each episode, and anything that may have triggered him/her. Share any steps taken to deal with the situation and what was done to help prevent a recurrence. If you need more space, you may submit an additional page with as much detail as possible. By signing below, you acknowledge your full disclosure of all violent episodes in which the applicant has been involved of which you are aware.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Printed Name of Parent / Guardian

Signature

Date

Printed Name of Parent / Guardian

Signature

Date

Inner Fire Service Agreement

Name _____ has agreed to participate in the programs and services offered by Inner Fire, Inc. with a start date of _____. The terms and conditions shall survive and remain after discharge or termination of services, and unless a new Agreement is signed by the parties replacing this Agreement, the terms of this Agreement shall govern and remain in effect in the event of a discharge with a subsequent readmission to the program within 90 days of said discharge. The terms and conditions governing participation in this program are detailed as follows.

CONSENT AND AUTHORIZATION

The participant above-named (the “Seeker”) and the Seeker’s family, agree that they have been informed of the nature and scope of the professional services that are available at Inner Fire, and, by virtue of their execution of this Agreement, acknowledge that they have each been provided with information governing participation in the programs and conduct expected while participating in the programs. Seeker and Seeker’s family have read, understood, and agree with the terms and conditions set forth in this Agreement.

The Seeker and Seeker’s family also acknowledge that some of the services provided are voluntary in nature, and that they are also aware that many services are provided in an open, rural, agricultural and/or wilderness setting. It is further understood and agreed that there are inherent and other risks associated with participation in these types of programs in these various settings, including but not limited to the possibility that the Seeker could leave the immediate care area or setting of a given Inner Fire program. The Seeker and Seeker’s family consent to the rendering of care and treatment by Inner Fire, Inc. and its authorized representatives and/or employees, and further authorize Inner Fire to provide or arrange for such mental health care or treatment as deemed appropriate by the Seeker’s therapist, psychiatrist, primary care provider or other treating physician. If the Seeker does not have a therapist, psychiatrist, primary care provider or other treating physician, those decisions will be made by Inner Fire.

EXPECTED BEHAVIOR

The Seeker agrees that he or she will refrain from any and all disruptive or inappropriate acts or behaviors, including but not limited to: physical violence and/or threats toward themselves or others, any inappropriate sexual acts, or sexual advances, use of alcohol, cigarettes, illegal drugs or other harmful or mood-altering substances, except as appropriately prescribed by a physician, while enrolled and participating in the Inner Fire programs.

Seekers may not bring cigarettes or alcohol to, or use/consume them on the premises of Inner Fire, Inc., or during any Inner Fire-sponsored activity, regardless of its location. Seekers are to maintain abstinence from cigarettes, alcohol and other drugs, except as appropriately prescribed by a physician, during the entire time of their stay, including visits away from Inner Fire. There are many reasons for this abstinence, which include but are not limited to: interference with appropriately prescribed medications, sensitivity to other Seekers who

struggle with addiction issues, and the possibility of any resulting disruptive or offensive behavior. Violation of these or any other rules or regulations of Inner Fire can result in immediate or other termination from Inner Fire and/or any of its programs.

When a seeker begins their stay at Inner Fire, a designated guide will have the Seeker hand over their wallet, phone, any other electronics, sharp objects, any substances and food or candy that is not allowed. They will search the seekers belongings with the seeker present. After this, guides may, at any time, search a Seeker's room.

The Seeker agrees that he or she will follow any and all posted notices, warnings, advice, and/or cautionary or other instructions, and to obey all rules and regulations as may be amended from time to time. The Seeker and the Seeker's family understand and agree that decisions or definitions as to what constitutes disruptive or inappropriate acts or behaviors shall be made by Inner Fire in its sole discretion.

NOTICE OF INTENT TO WITHDRAWAL FROM PROGRAM PARTICIPATION BY SEEKER

Seeker and Seeker's family recognize that in order to provide the services covered by this Agreement, Inner Fire, Inc. will incur liabilities, including but not limited to committing staff time for the type and time of the services provided. Therefore, Seeker and Seeker's family agree to provide Inner Fire, Inc. with advance notice of four (4) weeks of their intention to terminate such services.

Inner Fire, as indicated, has the right to terminate this Agreement at any time if it believes it is reasonably necessary to do so for appropriate purposes, including attempting to ensure the physical and emotional security and safety of the Seeker, other Seekers, staff, employees, and non-staff located within the community. The Seeker and Seeker's family agree that at such time as they are notified of the termination of this Agreement by Inner Fire, Inc., that they will immediately arrange for the safe departure of the Seeker within 24 hrs. from the Inner Fire property and its programs, regardless of whether the termination is noticed because of medical, psychiatric, legal, or behavioral reasons.

If the Seeker and/or Seeker's family cannot or will not arrange for such immediate departure when requested, it is agreed that Inner Fire, Inc. is therefore authorized to make such arrangements as are necessary in connection with such termination. It is further agreed that the Seeker and the Seeker's family will be responsible for any costs or other expenses incurred in connection with that action.

The Seeker and Seeker's family acknowledge that if Inner Fire, Inc. terminates this Agreement and/or any of it, there is no guarantee that any state or local community resources will be able to step in and provide any continuation of services. In such a situation, it may be appropriate for the Seeker and/or Seeker's family, or if lacking appropriate action on their part, for Inner Fire, Inc. to arrange for the Seeker's return to his or her home or that of the Seeker's parents.

Designated Departure

Each Seeker or Seeker's Family Member must designate in advance, an alternative arrangement for the Seeker, in the event that the Seeker or Seeker's family cannot or will not arrange for the Seeker to be picked up if the Seeker's immediate departure is necessary. PLEASE INDICATE This alternative below. Inner Fire will attempt to comply with this request, but cannot guarantee it will be met, and the Seeker and those financially responsible for the Seeker, will be responsible for all costs and expenses in connection with such arrangement.

I, _____, designate _____
to be the person Inner Fire should contact if necessary or appropriate under the terms of this application or the Inner Fire program. This person's contact information is as follows:

Address: _____

PHONE: _____ E-MAIL: _____

Seeker Signature: _____ Date _____

ACKNOWLEDGED AND AGREED TO BY THE INDIVIDUAL DESIGNATED ABOVE:

Designated Individual's Signature: _____ Date _____

Printed Name: _____

ACKNOWLEDGEMENT REGARDING SERVICES AND/OR CARE

The Seeker and Seeker's family understand and agree that mental health care is not an exact science, and that no guarantees are made as to results of the provision of any such care and/or services or programs associated therewith, nor that such guarantees should be expected. It is essential to honor the fact that most likely the Seeker has had years of life experience before coming to Inner Fire and therefore that healing takes time and commitment. Healing is teamwork and the Guides, Therapists and Doctor can only help the Seeker to the degree that the Seeker is committed to their challenging journey. Seekers are not fixed. Furthermore, and having this statement in mind, the Seeker and Seeker's family understands that a therapeutic recovery program and/or action plan will be developed by Inner Fire professionals with the Seeker in mind, and that the plan will be the focus of the Seeker's at Inner Fire.

Importantly, while Inner Fire may accept solicited or unsolicited comments or advice from the Seeker's family or prior physicians relating to the Seeker's recovery, a therapeutic recovery program and/or action plan will be developed solely by Inner Fire professionals in concert with the consulting physician referred to in the "Therapeutic Recovery Program Coordination" section below, without regard to who is making any financial contribution to the costs of the Seeker's participation in the Inner Fire program. Except where immediate termination is warranted, a discharge and/or transition plan will be developed as appropriate, following successful completion of the therapeutic recovery program and/or action plan, or at the time of discharge. It is also important to realize that any therapeutic recovery and/or action plan, as well as any discharge and/or transition plan, contains private, medical treatment information that is protected from unauthorized disclosure by state and federal law, and Inner Fire will not comply with any request for copies of such plans without appropriate written consents.

Under the direction of our consulting physician, our general goal will be to coordinate and monitor a thoughtful and sensitive gradual reduction in, and possible elimination of, psychotropic medications for each Seeker. It is important to recognize that this detoxification process is unique to each individual and can be a difficult transition. Although the benefits of a drug-free life can be enormous, there are risks to psychotropic drug withdrawal that need to be recognized by the Seeker and their family. Although Inner Fire will make every effort to ensure the safety of the Seekers at all times, Inner Fire assumes no liability for actions any Seeker may take that cause harm to self or others.

THERAPEUTIC RECOVERY PROGRAM COORDINATION

The consulting physician is the Seeker's primary treating physician during the time of the Seeker's participation in the Inner Fire program and is an integral part of the care/services team. As such, the physician will participate in the decision making and sharing of information necessary for the program/services provided. All Seeker information will be maintained in confidence among those delegated by Inner Fire to receive such information in connection with any program or service being provided to the Seeker. It is further agreed that such medical and/or mental health information will only be shared with those outside the Inner Fire, Inc. programs as Inner Fire, Inc. shall deem appropriate and/or necessary, or otherwise as directed by the Seeker and/or mutually by the Seeker and Seeker's authorized family member(s), and only consistent with applicable laws and regulations. It is, however, agreed that consent to disclosure initially authorized by the Seeker and any consented-to or consenting family member, may not be modified or revoked without the express written consent provided to Inner Fire of all persons who signed the initial consent.

While it is recognized that additional/outside consultations may be beneficial and/or helpful to the Seeker, the Seeker and the Seeker's family specifically agree not to engage in such outside consultations and/or alternative treatments or care during the time that the Seeker is participating in any Inner Fire program without the approval of the Seeker's therapeutic recovery care team at Inner Fire, not to be unreasonably withheld. This consent requirement is not intended to restrict care, but is intended to reflect that care must be coordinated. The Seeker and the Seeker's family acknowledge and agree that the universe of treatment options and theories is so broad as to accommodate conflicting treatment plans and options which, on a case by case evaluation, may each be successful for different individuals. The Seeker and the Seeker's family understand and agree that coordination of any treatment is vital so that the Seeker is not placed in a situation where he or she is being told to follow conflicting treatment theories, plans or practices. Inner Fire reserves the right to terminate the Seeker's participation in the program if Inner Fire believes that any additional or outside consultants are providing advice to the Seeker that conflicts with the Seeker's treatment and/or action plan or the fundamental goals and/or treatment philosophy of Inner Fire.

PAYMENT OF SERVICES AND FEES

In consideration of the services to be provided and/or programs in which there shall be participation, it is agreed by Seeker and Seeker's family that any such service and/or program fees and expenses will be paid in a timely fashion and in accord with the current fee structure described in the "Financial Information Document" provided with this Agreement. Fees are subject to change, in which case we will give you a 30 day notice.

FORUM SELECTION

This Service Agreement shall be construed and interpreted in accordance with the laws of the State of Vermont. The parties hereto agree that all action or proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the State and Federal Courts located in Vermont. The above stated choice of venue is intended by the parties to be mandatory and not permissive in nature, thereby precluding the possibility of litigation between the parties with respect to or arising out of this Agreement in any jurisdiction other than that specified in this paragraph. Each party hereby waives any right it may have to assert the doctrine of forum non conveniens or similar doctrine or to object to a venue with respect to any proceedings brought in accordance with this paragraph, and stipulates that the State and Federal Courts located in Vermont shall have in personam jurisdiction and venue over each of them for the purpose of litigating any dispute, controversy or proceeding arising out of or related to this agreement.

Prior to instituting litigation, the aggrieved party shall make his, her, or its concerns known in writing to the other party, and the parties will attempt to resolve the differences without litigation. If this is unsuccessful, the parties will meet face to face in an attempt to resolve the differences without litigation. If this is unsuccessful, the parties will mediate the dispute with a mutually acceptable mediator, and shall only proceed to litigation after taking each of these steps, during which all parties agree to act in good faith.

ACKNOWLEDGEMENT

By signing this document, the Seeker AND Seeker's family acknowledge that they have received, read and understood this Agreement, that the Seeker has completed the application themselves, and that any questions or concerns which they had related in any way thereto have been answered to their satisfaction. They further acknowledge that they have read the financial information document, the rules and regulations information documents they have been provided, and that they are freely and voluntarily entering into Inner Fire programs with the full knowledge of and agreement to comply with all of the terms and conditions that are either set forth herein or which can be necessarily inferred from the terms and conditions of this Agreement. The term Seeker's "family" is used throughout this Agreement. It is used to signify, with respect to a Seeker who is a minor, all of the Seeker's parents and/or legal guardians, and all such persons shall sign this Agreement unless Inner Fire waives that requirement.

As to all other Seeker's signatories, that term means the persons (other than Inner Fire or the Seeker) signing this Agreement. The parties understand that a person who does not sign an agreement is not definitively bound by that Agreement, but the Seeker's "family" shall endeavor to educate other members of the Seeker's immediate family and/or support group with a general understanding of Inner Fire and this Agreement. Inner Fire shall have full and complete discretion as to whether to advise the Seeker of who has signed or has declined to sign any Inner Fire Agreement.

Seeker Agreement

Our work together is possible because of the covenant of trust between you, the Seeker and us (the staff, guides, therapist and volunteers) at Inner Fire, Inc. By enrolling in this program, you will be asking us to support you in your care for your personal physical and emotional needs, while at the same time creating a safe, nurturing community. During the program you may be outside, walking barefoot, working with sharp tools and fire, contact and lifting rocks and trees, jumping into streams, paddling and swimming in fast moving rivers, carrying heavy loads over uneven ground, caring for and tending animals, and working and being in the elements (all with the possibility of getting overheated or cold, sun-burned, or soaking wet, and much more). It is our job at Inner Fire, Inc. to be well prepared to do all we can to protect and take care of all of you Seekers. Thus, we work year-round to maintain the highest quality of safety and constantly update our emergency medical training.

In return we ask for your trust and cooperation as our most important partners in this work. By signing this agreement, you acknowledge that:

1. You are a willing participant in this program, and have been informed about the activities, planned and unplanned, and the potential risks involved. You also accept that planned program activities and itineraries may change without notice.
2. You are confirming here that you have carefully read and understood the Inner Fire, Inc. Seeker Handbook.
3. You have accurately completed Inner Fire's medical information and emergency contact information forms.
4. You authorize Inner Fire, Inc. staff, guides, therapists and/or volunteers to give routine or emergency medical care to you if needed, within the limits of common sense. If urgent care is necessary, you give permission for Inner Fire, Inc. to seek professional help and/or to transport you to a medical facility. You agree to pay all costs associated with that care and transportation.
5. You agree to be responsible for the repair or replacement of any items that are lost or damaged under your care and use, other than normal wear and tear.

Seeker Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Seeker Date of Birth: _____ Seeker SSN: _____

Seeker's Insurance Carrier: _____

Insurance Member ID # _____ Insurance Group # _____

Financial Affirmation

I have contacted my health insurance carrier to request coverage for Inner Fire fees. Yes ☐ No ☐

I intend to pursue insurance reimbursement for Inner Fire with my insurance company. Yes ☐ No ☐

Seeker Name _____ Date _____

Person Financially Responsible _____ Date _____

Family Member? Yes ☐ No ☐ Relationship to Seeker _____

Person Financially Responsible _____ Date _____ Family

Member? Yes ☐ No ☐ Relationship to Seeker _____

Inner Fire, Inc., by its duly authorized representative Date

Signatures - I have read, understand and agree to the above terms.

Seeker Signature Date

Signature of Person(s) Financially Responsible Date

Signature of Person(s) Financially Responsible Date

SEEKER WAIVER

Under the direction of our consulting physician, our general goal will be to coordinate and monitor a thoughtful and sensitive gradual reduction in, and/or elimination of the use of psychotropic medications for each Seeker. This detoxification process is unique to each individual and can be a difficult transition. Although the benefits of a drug-free life can be enormous, there are risks to psychotropic drug withdrawal that need to be recognized by the Seeker and their family. Although Inner Fire, Inc. will make every effort to ensure the safety of the Seekers at all times, Inner Fire, Inc. assumes no liability for actions any Seeker may take that cause harm to self or others.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

The Seeker and the Seeker's family agree, to the fullest extent permitted by applicable law, to hold harmless and indemnify Inner Fire, Inc., its authorized representatives and employees, and any other Seekers from any loss or harm or damage of any kind, without restriction, which results in any way from the Seeker's failure to abide by the terms of this Agreement, and/or the appropriately posted rules and regulations of Inner Fire, Inc., and/or those rules and regulations that are a part of any of the Inner Fire, Inc. programs. In the event that enforcement of these rights by Inner Fire, Inc. required by resort to legal process, the Seeker and Seeker's family agree to hold harmless Inner Fire, Inc. and its authorized representatives and employees and volunteers from any and all costs and expenses associated therewith.

Seeker gives permission to Inner Fire employees and volunteers to advocate and speak on their behalf in the case of an emergency or other occasion to speak with physicians, medical care professional, ambulance people, etc. and to share that they do not want to be administered drugs because of their history with drugs, alcohol, medications, etc. Seeker agrees and understands that Inner Fire will not be liable or responsible if any medical provider administers drugs or medications as a result of the decision of the medical provider or as a result of statements made by the Seeker. This indemnification will continue in full force and effect after the termination of treatment and residency at Inner Fire.

LIABILITY RELEASE FORM FOR SEEKERS

Please read this entire document carefully before signing. This document informs you about your responsibilities and assumption of risks and includes a release of liability, indemnification and surrender of certain legal rights. In consideration of the services of Inner Fire, Inc. and its agents, officers, employees, volunteers, independent contractors and all other persons or entities associated with it, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct activities (hereafter, "Releases"), Seekers and their parent(s)/guardian(s) agree as follows:

ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS: Inner Fire, Inc. activities may include a variety of outdoor and indoor, farming, and community service activities. We acknowledge that these activities involve inherent and other risks, hazards, and dangers. The following describes some, but not all of those risks, hazards and dangers. Farm chores and service projects: can include risks associated with activities such as, but not limited to, weeding, digging, lifting, light construction and clean-up projects and the use of tools and equipment that can cause injury resulting from use, misuse or malfunction. Farm animals can move suddenly or behave in unpredictable ways that can cause injuries. Travel can be on foot or by motor vehicle, boat, bicycle, or other

means and can be over rough and unpredictable terrain or via lakes and rivers, in snow, sleet, rain or other adverse weather conditions. Activities may take place in remote locations, several hours from medical facilities, causing potential delays in communication, transportation, evacuation and medical care. Wilderness living: Seekers will very likely go barefoot at times, and experience small cuts or abrasions to the feet and hands. Seekers may be near an open fire and are subject to the risk of burns from flames or hot coals. Seekers will drink water from wells and natural springs, and will likely be offered raw, wild, or unprocessed foods, both from the wilderness (nuts, berries) or from the farm (produce, milk, eggs). Camp sites may be subject to high winds, falling trees, and/or branches, floods and other weather-related hazards. All Seekers may experience brief periods of time, stationary, alone. Seekers may have periods of unsupervised free time. Outdoor adventure: Seekers' travel may be subject to lightning, strong winds, fast moving water, falling rocks, extremely hot or cold weather or cold water, snow and ice, fallen timber, stinging or disease carrying insects, poisonous plants, wild animals and other natural or man-made hazards. Water activities: include potential water obstacles or hazards such as boulders, trees, waterfalls, and holes, the risk of falling overboard, impacting the lake or river bottom, being swept into a river current or experiencing a boat capsize or collision. Human behavior and decision making, including, without limitation, the risk that an Inner Fire, Inc. staff member, representative, volunteer or co-participant may misjudge a Seeker's capabilities, health or physical condition, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, and the risk that Seeker's mental, physical or emotional condition combined with participation in these activities could result in injury, damage, death or other loss.

These and other risks, hazards and dangers may result in participants: falling, being struck, colliding with objects or people, experiencing vehicle or boat collision or capsize, reacting to weather conditions, becoming lost or disoriented, suffering gastro-intestinal complications or allergic reactions. These and other circumstances may cause hypothermia, hyperthermia, dehydration, frostbite, drowning, broken bones, paralysis, concussions or other injury, damage, death or loss. Seekers (and parent(s)/guardian(s)) assume and accept full responsibility for the participant, for the inherent and other risks of these activities (both known and unknown) and for any injury, damage, death or other loss suffered by Seeker resulting from these risks, or resulting from Seeker's own negligence or other misconduct.

Release and Indemnity Agreement: I, for myself, and for and on behalf of my family members, heirs, executors, representatives and estate, agrees as follows:

1. To release and agree not to sue Inner Fire, Inc. or any above named Releases, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively "claim" or "claim(s)", for any injury, damage, death or other loss in any way connected with my enrollment or participation in these activities, or use of Inner Fire, Inc. equipment or facilities. I understand that in signing this document, I, anyone acting on my behalf, and my spouse and other family members surrender, to the fullest extent allowed by law, our respective rights to make a claim against Inner Fire, Inc. (or above Releases) as a result of any injury, damage, death or other loss suffered by me;
2. To defend and indemnify ('indemnify' meaning protect by reimbursement or payment) Inner Fire and Releases with respect to all claim(s) brought by or on behalf of me or a family member for any injury, damage, death or other loss in any way connected with my enrollment or participation in these activities, or use of

Inner Fire, Inc. equipment and facilities.

This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence (but not gross negligence or willful, wanton or criminal misconduct), and includes claims for personal injury, property damage, wrongful death, loss of consortium, breach of contract or otherwise. I have carefully read, understood and voluntarily signed this document and acknowledge that it shall be effective and binding upon me and other family members, and my heirs, executors, representatives and estate.

Seeker Signature _____ Date _____

Parent(s)/Guardian(s) Signature _____ Date _____

Statement of Care for Inner Fire Seekers

As you, the applicant and, if relevant, the family member/guardian, have read and we at Inner Fire have clearly stated, Inner Fire is for individuals who want to be proactive in their healing process as they are supported to slowly and carefully withdraw from their mind altering, psychotropic medications. We honor the fact that withdrawing is a totally individual experience and for some people it can be very challenging. Individuals may experience altered states of consciousness and find themselves behaving in unfamiliar ways. As guides, we are committed to assisting in the journey toward balance and health as professionally and conscientiously as we are able.

Inner Fire is not a lockdown facility. Only when someone is in danger of harming themselves or others, might we intervene. We do not physically prevent people from leaving the premises and we do not follow people off of the premises. We only call the police if absolutely necessary. In principle, we do not use trackers, however, we acknowledge there are circumstances where this may be considered and used. We do not force medication.

Suicidal ideations can accompany the treatment by or withdrawal from psychotropic medications. Our goal at Inner Fire is to help individuals move through and transform these ideations. Nevertheless, if someone is determined to take their life, this can be very hard to prevent. We will do everything in our power to prevent such an outcome, but we cannot be held responsible for someone's suicide.

By signing here, you are acknowledging our commitment to protecting life and at the same time, you are acknowledging our powerlessness.

Applicant Signature

Guardian or Family Member Signature

Date

I realize that if I wander off the Inner Fire property, I will not be followed and it is my responsibility to find my way back.

Applicant Signature

Guardian or Family Member Signature

Date

I realize if I am wandering, there may be circumstances, where for my own good, Inner Fire guides recommend I wear a tracker for my safety. I understand it may not be possible for me to remain at Inner Fire if I continue wandering and choose not to wear a tracker.

Applicant Signature

Guardian or Family Member Signature

Date

I understand getting adequate sleep is essential for my participation in the program. Difficulties obtaining consistent, restful sleep will be met with help, whether through natural remedies, a sleep improvement program, or allopathic medication, in accordance with the unique needs of the individual. I understand it may not be possible for me to remain at Inner Fire when sleeplessness becomes debilitating and I resist sleep and/or refuse to accept help around sleeping.

Applicant Signature

Guardian or Family Member Signature

Date

I will hold no guide or therapist responsible for my actions. By “guide” we mean everyone who works at Inner Fire. This includes weekend guides, overnight guides, day guides, therapists and other Inner Fire staff. I trust that each guide will do his/her utmost to support me in my healing journey and care for my safety.

Applicant Signature

Guardian or Family Member Signature

Date

Thank you for your trust in all of us at Inner Fire as we guide your healing process and for acknowledging that your healing is your responsibility. We cannot ‘fix you’, nor would we trespass in this way. We honor your will and freedom to heal and can only assist as midwives assist a birth.

PHOTOGRAPHS CONSENT

I Do _____ Do Not _____ grant permission to be photographed at Inner Fire.

If photographed, I am OK _____ Not OK _____ with my face showing.

You may _____ May not _____ use photographs with my face showing in publications.

You may _____ May not _____ use photographs of me without my face showing in publications

RESIDENT RIGHTS

As reflected in Inner Fire’s Seeker Handbook, the web site and application forms and other documents, you will see that our program is designed in such a way that adjustments to some of the rights found in other Therapeutic Community Residences (TCRs) have been made thereby supporting Inner Fire’s particular approach to the healing journey of our Seekers. Specifically: initial limited contact with family and friends, limited telephone, technology and computer access as well as safe medication tapering protocols. Please note that we focus on the tapering process. We are not a medical facility and we are not equipped to manage all chronic conditions. Support for particular chronic conditions may need to be sought elsewhere. Such a determination will be the ultimate decision of the physician and the ED. The medical and therapeutic Guides are consciously selected and reflect a deep understanding of Inner Fire’s approach to healing. If a Seeker chooses to consult with a practitioner beyond the Inner Fire community who offers contrary advice which distracts the Seeker from the approach offered at Inner Fire, the Seeker may need to make a choice. It may become clear that the Inner Fire program may not be what the Seeker truly is looking for. We respect the Seeker’s choice.

Your decision to engage in the program at Inner Fire affirms that you are voluntarily choosing to participate in the program as it has been designed. We believe that over time and affording yourself the opportunity to experience the benefits, you will embrace the value of this intentional program’s design and appreciate the

benefits to you in your healing journey. Requests for special adaptations to the program will be considered individually and will, in the end, be the decision of the ED and the Core Group

In the State of VERMONT, your rights as a resident of a Therapeutic Community Residence as required by the State are as Follows (these may change, as these are state regulations subject to change by appropriate action by the state):

6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A residence may not ask a resident to waive the resident's rights. A resident has the right to exercise any rights without reprisal.

6.2 Each residence shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. Receipt of the rights by the resident shall be indicated by a signature and date by the resident on a line for that purpose on the admission agreement.

6.3 Residents may retain personal clothing and possessions as space permits, unless to do so would infringe on the rights of others, would create a danger to others, would create a security risk or would create a fire, health or safety hazard.

6.4 A resident shall not be required to perform work for the licensee. If a resident chooses to perform specific tasks for the licensee the resident shall receive reasonable compensation which shall be specified in a written agreement with the resident.

6.5 Each resident shall be allowed to associate, communicate and meet privately with persons of the resident's own choice, including family members, unless such access has been restricted by a court. Residences shall allow visiting hours from at least 8 a.m. to 8 p.m., or longer. Visiting hours shall be posted in a prominent public place.

6.6 Each resident may send and receive personal mail unopened, unless such access has been restricted by a court.

6.7 Residents have the right to reasonable access to a telephone for private conversations unless such access has been restricted by a court. Residents shall have reasonable access to the residence's telephone except when restricted because of excessive unpaid toll charges or misuse. Restrictions as to telephone use shall be in writing. Any resident may, at the resident's own expense, maintain a personal telephone or other electronic equipment in his or her own room, unless such access has been restricted by a court.

6.8 A resident may file a complaint or voice a grievance without interference, coercion or reprisal. Each residence shall establish an accessible written grievance procedure for resolving residents' concerns or complaints that is explained to residents at the time of admission and posted in a prominent, public place on each floor of the residence. The grievance procedure shall include at a minimum, time frames, a process for

responding to residents in writing within ten (10) days, and a method by which each resident filing a complaint or grievance will be made aware of the designated Vermont protection and advocacy organization as an alternative or in addition to the residence's grievance mechanism.

December 7, 2021 27 of 41

6.9 Residents may manage their own personal finances unless a representative payee or financial guardian has been appointed. The residence or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The residence or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the residence.

6.10 The resident's right to privacy extends to all records and personal information. Personal information about a resident shall not be discussed with anyone not directly involved in the resident's care, treatment or supervision. Release of any record, excerpts from or information contained in such records shall be subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law.

6.11 The resident has the right to review the resident's medical or financial records upon request. The resident has the right to provide written comments about the medical or financial record and the comments shall be made part of the resident's record at the request of the resident.

6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from seclusion or restraints. All residents have the right to be free from corporal punishment. All residents have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Psychoactive drugs shall not be administered involuntarily.

6.13 When a resident is adjudicated mentally disabled, such powers as have been delegated by the Probate or Family Court to the resident's guardian shall be exercised by the guardian.

6.14 Residents notified about a pending discharge from the residence under Section 5.4 of these regulations, absent an emergency, shall: (a) Be allowed to participate in the decision-making process of the residence concerning the selection of an alternative placement; and (b) Receive adequate notice of a pending transfer.

6.15 Residents have the right to refuse care to the extent allowed by law.

(a) Except for residents who are prohibited from doing so by a court order, this right includes the right to discharge himself or herself from the residence.

(b) The residence must fully inform the resident of the consequences of refusing care. If the resident makes a fully informed decision to refuse care, the resident must respect that decision and is absolved of further responsibility, unless the resident is in a secure residential recovery facility and has been court-ordered to take medication or receive care.

(c) If the refusal of care will result in a resident's needs increasing beyond what the residence is licensed to provide, or will result in the residence being in violation of these regulations, the residence may issue the resident notice of discharge.

6.16 Residents have the right to fill out a document called an “advance directive” in accordance with Title 18, chapter 231 and to have the residence follow the residents’ wishes, unless such wishes are contrary to a court order. The residence shall provide residents with information about advance directives and, upon request, may support a resident’s efforts to complete the documents.

6.17 Residents shall have help in assuming as much responsibility for themselves and others as possible, and in participating in residence activities.

6.18 Residents shall have explained to them the reasons and risks associated with the use of any prescribed medication they are taking.

6.19 Residents shall be free to terminate their relationship to the residence.

6.20 The enumeration of residents’ rights shall not be construed to limit, modify, abridge, restrict or reduce in any way any rights that a resident otherwise enjoys as a human being or citizen, unless those rights have been limited by a court.

6.21 The obligations of the residence to its residents shall be written in clear language, large print, given to residents on admission, and posted in an accessible, prominent and public place on each floor of the residence. Such notice shall also state the residence's grievance procedure and directions for contacting the designated Vermont protection and advocacy organization.

6.22 If a resident has a chronic condition, he or she has the right to receive competent and compassionate medical assistance to manage the physical and emotional symptoms of that condition.

6.23 Residents have the right to have a family member or another person of the resident’s choice be notified of the admission to the residence. Residents also have the right to decline to have anyone notified of the admission. A facility may not disclose information about a resident’s admission without obtaining the resident’s authorization. The decision by the resident regarding notice shall be documented at the time of admission to the residence.

6.24 Residents have the right to obtain the opinion of a consultant at the resident’s own expense. 6.25 Residents have the right to vote.

6.26 Residents with limited English proficiency have the right to have oral or written translation or interpretive services and cannot be required to pay for such services.

6.27 Residents have the right to have accommodations made to a disability (or disabilities) to ensure that there are no barriers to their receipt of services and that they understand the care and treatment being provided. Such accommodations shall include, but are not limited to, sign language interpretation and having documents provided in accessible formats, as applicable. The resident shall not be required to pay for these services.

6.28 Residents have the right to receive services without discrimination based on race, religion, color, gender (including pregnancy), sexual orientation, gender identity, national origin, disability or age.

By signing here, you indicate you have read and understand your rights as a resident of a Therapeutic Community in Vermont. You understand that your rights regarding phone use, meeting with family & friends, writing letters and having access to computers and other electronics are not being removed, but that you are simply choosing to follow and work within Inner Fire's program for your benefit. Your rights still exist. You may choose to exercise them or not.

For your reference and access, these rights are also displayed at Grace Brook Farm in our front door entryway and at our Inner Fire Home in the East Wing beside the Guide bedroom.

Applicant Name _____

Applicant Signature _____ Date _____

GRIEVANCE POLICY AND PROCEDURE

The Seeker and Seeker's family should understand that mental health care, actually soul health care, is an art and not an exact science. At Inner Fire, our care is based on insightful wisdom which regards the whole human being of Body, Soul and Spirit. The head is not disconnected from the whole human organism, so mental health, as an isolated condition, makes no sense. The practical, grounding engagement of the striving individual is crucial despite the challenges they will inevitably meet in their healing process. Therefore, no guarantees are made as to the results of providing such care, services or programs associated therewith, nor should such guarantees be expected.

However, our wish is to ensure that any complaint or grievance by a Seeker or the Seeker's family is addressed in a respectful and timely manner. We will give a meaningful response to the person or persons issuing the complaint or grievance and there will be no compromise in the quality of care due to any complaint or grievance issued either verbally or in writing.

Because such work at Inner Fire is considered a "Path of self knowledge and self development" as opposed to a "job", we expect any Guide, including the ED, to be open to learning and growing. Therefore, transparency is essential. No secrets need splinter the community, but as is encouraged with the Seekers, challenges are seen as opportunities for growth. The intention is to bring clarity and healing within the Inner Fire Community where fear or conflict may arise.

DEFINITION OF TERMS:

Complaint: A “complaint” is an oral/verbal expression of displeasure or dissatisfaction voiced by a Seeker or Seeker’s family that can be resolved quickly by Guides who are present at the time of the complaint or who can quickly be present to resolve the complaint.

Grievance: A “grievance” is a written concern about a “complaint” which had not been resolved at the time it was initially raised. A concern or complaint expressed in writing is always considered a grievance. An email or fax is considered written.

PROCEDURE:

- Upon admission, each Seeker with the Seeker Care Coordinator reads through the Seeker Handbook which includes Inner Fire’s Grievance Procedure.
- Seekers are encouraged to discuss a complaint directly with the Seeker Care Coordinator, ED or a member of the Core Group.
- When one of the parties receives a complaint, they must convey this complaint to the others: SCC, ED and the Core Group.
- An appropriate committee will be formed including the ED, Seeker Care Coordinator and a Core Group member to investigate the complaint. If a Guide (including the ED) is in question, they and the Seeker would be included in the process.
- The Core Group will then discuss it and in turn follow-up with the Seeker. Ideally, any complaint can thereby be resolved.
- However, if the complaint cannot be resolved, the Seeker would make known their determination to the Core Group to initiate a grievance to the ED and/or to the Inner Fire Board.
- The Committee will make sure the person responsible for the Seeker’s financial engagement in the Inner Fire program will have a copy of the grievance.
- A Seeker or the Seeker’s family may initiate a grievance at any time by presenting a statement that explains the problem and any requested relief to the Executive Director.
- A Seeker may then receive assistance from anyone, including an Inner Fire Guide, to express their grievance in writing.
- Inner Fire will accept grievances in any written form or format.
- If the Executive Director is the center of concern, a Seeker may submit their grievance to a Core Group member. The Core Group Member will then clarify the purpose of the meeting with all parties and then meet with both the ED and with the Seeker to discuss the issue. If there is no resolution, the grievance may then be sent to the chair of the Board of Directors.
- If the grievance includes any allegation of abuse or neglect, Guides who witness the action will follow Inner Fire’s mandated reporting policy.
- All grievances will be investigated and responded to in writing within a reasonable time frame, usually within five (5) working days and no longer than 10 working days.
- Upon conclusion of the investigation into a grievance, the Board Chair, Executive Director or a designated Core Group member, shall ensure that a written response to the grievance is provided to the Seeker and/or the Seeker’s financial supporter.

- The Seeker and/or the Seeker’s financial supporter may appeal the response to their grievance if they are dissatisfied with the response.

APPEAL PROCESS:

The Executive Director and Core Group members shall form a committee and possibly with the support of Inner Fire’s attorney shall:

1. Review the grievance decision and take such other action to investigate the matter as the Committee deems appropriate.
2. Provide Seeker or Seeker’s family with a written notice of decision, including steps taken to investigate the appeal and the reason for the decision. The Committee’s decision will be final.

EXTERNAL RESOURCES FOR COMPLAINTS AND GRIEVANCES

Commissioner

Vermont Department of Mental Health
26 Terrace Street, Redstone Building
Montpelier, VT 05602
802-828-3867

Vermont Board of Medical Practice
P.O. Box 70, Burlington, VT 05402-0070
1-800-745-7371 (toll free in Vermont)
802-657-4220

Department of Financial Regulation
89 Main Street, Montpelier, VT 05620
802-828-330

Department of Disabilities, Aging &
Independent Living,
Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
802-871-3333 or toll-free at
1-800-564-1612

Disability Rights Vermont
141 Main St., Suite 7, Montpelier, VT
05602 802-229-1355

Department of Health
P.O. Box 70
Burlington, VT 05402-0070
802-657-4220, 800-745-7371

The Joint Commission
One Renaissance Blvd., Oakbrook Terrace,
IL 60181 630-792-5000

Department of Health
P.O. Box 70
Burlington, VT 05402-0070
802-657-4220, 800-745-7371

Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, Vermont 05620 802-828-2177

Department of Financial Regulation
89 Main Street, Montpelier, VT 05620
802-828-330

What To Bring

The seasons here in Vermont bring different needs, and most suggestions are perhaps obvious. Work clothes will be worn more than any dress clothes. Underlined items are not necessarily needed during the three-day visit if you do not have your own yet. Be sure to bring all other items listed for your three-day visit. Please limit articles of clothing to one week's worth as storage space is limited. See suggested amounts below. Be sure to LABEL all items with your name.

For Autumn and Winter (October - April)

- ☐ Long johns - 2-3 sets
- ☐ Microspikes* - 1 set
- ☐ Mittens - 1 or 2 pair
- ☐ Scarf - 1
- ☐ Snow boots - 1 pair
- ☐ Snowshoes* - 1 set
- ☐ Warm clothes - 1 weeks worth
- ☐ Warm hat - 2
- ☐ Warm work gloves - 2 pair

For Spring and Summer (May-September)

- ☐ Crocs - 1 pair
- ☐ Light clothing to layer
- ☐ Rain boots - 1 pair
- ☐ Rain hat - 1
- ☐ Rain jacket - 1
- ☐ Sandals - 1 pair
- ☐ Sun hat - 1
- ☐ Sunscreen - 1 tube
- ☐ Swimsuit - 1 set
- ☐ Umbrella - 1
- ☐ Water shoes - 1 pair
- ☐ Work gloves - 2 pair

Additionally, please bring the following:

- ☐ Alarm clock (without radio) - 1
- ☐ An up-to-date photo of yourself that includes your name and birthdate
- ☐ Any transportable instrument you have and can play
- ☐ **Bed linens for twin size bed (pillow cases, sheets, blankets, comforter) 2 sets
- ☐ Books, songs and poems to share
- ☐ Enough wool yarn for knitting a scarf
- ☐ Flashlight - 1
- ☐ Head lamp - 1
- ☐ Hot water bottle for liver compresses
- ☐ Journal
- ☐ Laundry basket/detergent sheets - 1
- ☐ Laundry detergent, biodegradable
- ☐ Night light if needed
- ☐ Personal toiletries (natural w/out fragrance)
- ☐ The book, Why on Earth by Signe Schaeffer
- ☐ Tick remover / key - 2
- ☐ Towels and washcloths - 2 sets
- ☐ Writing and art materials: crayons and colored pencils, paper

*As winter sets in, these are essential and enable us to get into the snowy woods which are so silent, beautiful and interlaced with wildlife tracks.

** If a Seeker is unable to provide their bed linens, Inner Fire will provide these until such time a Seeker is able to acquire their own.

I understand and will bring the above needed items to Inner Fire:

Signature of Applicant _____ Date _____

A Safe Journey Onward

We welcome you to Inner Fire, and trust that we will have an engaging, growing, and challenging journey together during your time with us. You have been invited to be a Seeker at Inner Fire because we feel your questions about life and your intention to learn and change are matched by what we have to offer you here, with our comprehensive program and our dedicated Guides. Welcome!

From time to time, despite a careful application process, and a trial visit, a Seeker may find that this is not the place for them to do the work they so need to accomplish. Occasionally, the community at Inner Fire may find that the individual Seeker's needs cannot be supported here given the community's structure and staffing. These occasions are rare, and yet it is good to be prepared.

- In the case that you wish to leave Inner Fire, our Staff and Guides will take your request seriously, and discuss with you how to plan. In the agreement that you and your family sign upon admission, it states that your family is responsible to help you to leave. That support is assumed and you and your family are responsible for your next step. We will support you with making departure arrangements and you will sign a departure release form as you depart.

- In the case that you, as a Seeker, are asked by Inner Fire to leave, on account of non-participation in the program, or disruptive, disrespectful, or violent behavior, you will be informed that your stay at Inner Fire has come to an end, and,

- a. Your family will be asked to come and bring you home or to your next step.

- b. If your family is not immediately available, or your behavior is dangerous to yourself and others, or your attitude and behavior is intolerable in a therapeutic, healing environment, there are several options:

- We will contact HCRS - The Vermont Department of Mental Health Crisis Services and request they come to Inner Fire, to assess your needs. If needed, they may recommend you voluntarily go to a hospital.

- In the case of violence of any kind, or bodily threat posed by you, we will contact local police. You may then be involuntarily hospitalized.

- Hospitalization: you may request to be hospitalized. We have cultivated relationships with several hospitals, all of which use the "medical model". As you may be aware, it is very unfortunate that there are few alternatives to the hospital and these hospitals often insist on using psychotropic medication.

These are hard things to think about and hard choices to make. However, in our experience, it is best to be prepared for the difficulties that can lie ahead on one's healing journey. If you leave Inner Fire, it is not the end of the journey! It may lead to the correct next step, or may lead back to Inner Fire at a better moment for both of us. In any case and whatever the circumstances, we wish you well, always.

After reading this document, please sign below that you understand the process for leaving Inner Fire, whether initiated by you or by Inner Fire.

I, _____, a Seeker at Inner Fire, Brookline, Vermont, agree to the three steps outlined above in case I am asked to leave Inner Fire on account of my behavior.

Signature _____

Date _____

We, _____, the Family of the above Seeker, agree to this Process.

Signature _____

Date _____

I/ We, Friend/s of the above Seeker, agree to this Process.

Signature_____ Date_____

Please add your contact information so that we may confirm your willingness to be this support, in full understanding of what this support might mean.

Name of supporter_____

Address_____

Home Phone_____ Cell Phone_____

E-Mail_____

Good times to contact you_____

On Behalf of Inner Fire, _____ has witnessed these signatures.

Witness Signature_____

Name of supporter_____

Address_____

Home Phone_____ Cell Phone_____

E-Mail_____

Good times to contact you_____

On Behalf of Inner Fire, _____ has witnessed these signatures.

Witness Signature_____

Name of supporter_____

Address_____

Home Phone_____ Cell Phone_____

E-Mail_____

Good times to contact you_____

On Behalf of Inner Fire, _____ has witnessed these signatures.

Witness Signature _____

Notice of Privacy Practices and Acknowledgement

HIPAA

SCOPE OF POLICY

The U.S. Health Insurance Portability and Accountability Act (HIPAA) privacy standards apply to Inner Fire, its participating employees, guides and all personnel who provide any support or assistance to or on behalf of Inner Fire.

STATEMENT OF POLICY

Inner Fire is required by law and our policies to protect the privacy of health information that may reveal the identity of a Seeker and must provide a copy of the privacy practice notice (the "Notice") to each Seeker.

IMPLEMENTATION OF POLICY

- 1) Notice will be displayed in a binder in the waiting areas of each Inner Fire site.
- 2) Seekers will receive a copy of the Notice at the time of their arrival.
- 3) Seekers will be requested to sign an acknowledgement of receipt of the Notice.
- 4) The acknowledgement will be kept in the Seeker's medical record.
- 5) All employees and business associates of Inner Fire will treat Seekers' health information consistent with the requirements of the Notice or a Joint Notice as applicable.

THIS NOTICE OF PRIVACY PRACTICES ("NOTICE") DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this Notice which describes the health information privacy practices of Inner Fire. A copy of our current Notice will always be maintained in our office. You will be given a Notice at the time you arrive. You will also be able to obtain your own copy at our office during normal business hours.

This Notice does not cover health information generated and maintained by a hospital for hospital services provided to you by a physician. Please refer to the hospital notice of privacy practices for how that medical information may be used or maintained. **WHAT HEALTH INFORMATION IS PROTECTED**

We are committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are an Inner Fire Seeker or receiving treatment or services from Inner Fire;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered); when combined with: demographic information (such as your name, address, or insurance status); unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); or other types of information that may identify who you are.

REQUIREMENT FOR WRITTEN AUTHORIZATION

We will obtain your written authorization before using your health information or sharing it with others outside Inner Fire, except as we describe in this Notice. Uses and disclosures of health information that require your written authorization include: most uses and disclosures of psychotherapy notes (where appropriate), most uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information. Uses and disclosures of your protected health information by us not described in this Notice will be made only with your written authorization. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please contact the office. You may also initiate the transfer of your records to another person by completing a written authorization form.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

1. Treatment, Payment, and Health Care Operations

Inner Fire may use your health care information or share it with others in order to provide health care services to you, obtain payment for those services, and run Inner Fire's normal business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another healthcare provider or payer. Below are further examples of how your information may be used and disclosed for treatment, payment, and normal business operations without your written authorization.

Treatment: We may share your health information with doctors or others who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. Inner Fire, its Guides and volunteers may share your health information with another doctor, clinician, or someone at another medical practice or hospital, to determine how to diagnose or treat you. Your doctor or clinician may also share your health information with another doctor to whom you have been referred for further health care.

Payment: We may use your health information or share it with others so that we obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment.

Health Care Operations: We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you.

Business Associates: Inner Fire currently has no "business associates. However, if that changes, we may disclose your health information to contractors, agents, and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate protects the privacy of your health information.

2. Friends and Family Involved in Your Health Care

If you do not object, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care.

3. Emergencies or Public Need

Emergencies: We may use or disclose your health information if you need an emergency treatment or if we are required by law to treat you but are unable to obtain your written consent. If this happens, we will try to obtain your written consent as soon as we reasonably can after we treat you.

As Required by Law: We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if law requires notice.

Public Health Activities: We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities under the law, such as controlling disease or public health hazards. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. We may also release your health information to government disease registries. And finally, we may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims of Abuse, Neglect, or Domestic Violence: We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect, or domestic violence.

Health Oversight Activities: We may release your health information to government agencies authorized to conduct audits, investigations and inspections of our office. These government agencies monitor the operation of the healthcare system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair, and Recall: We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes: We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute.

Law Enforcement: We may disclose your health information to law enforcement officials for certain reasons, such as complying with court orders, assisting in the identification of fugitives or the location of missing persons, or if necessary to report a crime that occurred on our property.

To Avert a Serious and Imminent Threat to Health or Safety: We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases we will only share your information with someone able to prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person, or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services: We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans: If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out in their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates and Correctional Institutions: If you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security, and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation: We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners, and Funeral Directors: In the unfortunate event of your death, we may disclose health care information to a coroner or medical examiner. We may also release this information to funeral directors as necessary to carry out their duties consistent with applicable law.

Organ and Tissue Donation: In the unfortunate event of your death, we may disclose your health information to a medical examiner for his other records.

4. Marketing, Research and Fundraising

Marketing: We may not disclose your health information or share it with others outside Inner Fire for purposes of marketing without your prior authorization. Marketing is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

5. Completely De-identified or Partially De-identified Information

We may use and disclose your health care information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." We may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will not contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number). A separate information and disclosure discusses use of your photograph or image without identifying information.

6. Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other Seekers in the treatment area may see or overhear discussion of your health information.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information:

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy from us in a timely manner of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the manager of Inner Fire. If you request a copy of the information,

we may charge a fee for costs of copying, mailing, or other supplies we use to fulfill your request. If the information you request is stored electronically, we will provide the information in the form and format you request if the information is readily producible in that format, or, if not, we will reach an agreement with you as to alternative readable electronic format. Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide a written denial that explains our reasons for doing so and a complete description of your rights to have that decision reviewed and how you can exercise those rights.

2. Right to Amend Records

If you believe that the health information that we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept in our records. To request an amendment, please write to the manager of Inner Fire. Your request should include the reasons why you think we should make the amendment. If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records.

3. Right to an Accounting of Disclosures

You have a right to request an “accounting of disclosures,” which identifies certain other persons or organizations to whom we may have disclosed your health information in the previous six years. Many routine disclosures we make will not be included in this accounting; however, the accounting will include many non-routine disclosures. To request an accounting of disclosures, write the request indicating a time period within the past six years for the disclosures you want us to include and address it to the manager of Inner Fire. You have a right to receive one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. The scope of your right to request an accounting may be modified by changes in federal law from time to time.

4. Right to Request Additional Privacy Protections, Including Restriction of Disclosures to Health Plans You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. To request restrictions, please write to the manager of Inner Fire.

We are not required to agree to your request for a restriction, and in some cases, the restriction you request may not be permitted under law. However, if we do agree we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.

Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases we will need your permission before we can revoke the restriction. You have the right to restrict certain disclosures of protected health information to a health plan where you pay, or another person on your behalf pays, out of pocket in full for the health care item or service.

5. Right to Request Confidential Communications

You have the right to request we contact you about your medical matters in a way that is more confidential for you, such as calling you at home instead of at work. To request more confidential communications, please write to the Inner Fire manager. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.

6. Right to Have Someone Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

7. Right to Obtain a Copy of Notices

You may obtain a copy of this Notice by requesting a copy at your visit. We may change our privacy practices from time to time. If we do, we will revise the notice maintained in the office. You will also be able to obtain your own copy of the revised notice. The effective date of the Notice will always be noted in the top left corner of the first page. We are required to abide by the terms of the Notice that is currently in effect.

8. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us at our office. No one will retaliate or take action against you for your complaint.

9. Right to be Notified Following a Breach of Unsecured Protected Health Information

If you are affected by a breach of your unsecured protected health information, you have the right to, and will, receive notice of such breach. Unsecured protected health information is health information that has not been secured through the use of technology, such as encryption, to render your protected health information unusable, unreadable, or indecipherable to unauthorized individuals.

10. How to Learn About Special Protections for Certain Kinds of Information

Special privacy protections apply to certain kinds of information under state laws (e.g. HIV-related information). Some parts of this general notice of privacy practices may not apply to these types of information. If your treatment involves this specially protected information, you may be provided with separate notices explaining how the information will be protected. To request copies of these other notices, please contact the Privacy Official.

11. To exercise any of your individual rights, contact our office.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of the Inner Fire Notice of Privacy Practices.

Seeker's Name (Printed) _____

Seeker Signature _____ Date _____

If not signed by seeker, please indicate relationship of signer: _____

Signer's Name (Printed) _____

Signer's Signature _____ Date _____

Witness Name Printed _____

Witness Signature _____ Date _____

Care Circle Consent Form

As a Seeker engaged in the Inner Fire, Inc. Program, you are aware that therapists, doctors and work masters have created a 'care circle' around you and are committed to supporting you in your process of rebalancing on a deeper soul level as well as physically. Depending on the severity of your situation and how long you may have been on medication, this journey may be particularly challenging. Communication is crucial and because each Seeker's path is unique, we ask you to sign this Consent Form so that therapists, doctors and the other guides may respectfully and consciously share with each other, if necessary, without your presence, knowing that the intention is, whenever possible, for communication to happen in your company and / or that of your family members. I, _____, give Inner Fire Guides and Therapists permission to speak freely with the following family members, friends, caregivers:

Name _____ **Relationship** _____

Address _____ **Phone** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

Name _____ **Relationship** _____

Address _____ **Phone** _____

Name _____ **Relationship** _____

Address _____ Phone _____



Liability protection for the Inner Fire Doctor

I, _____

and

My family member responsible for my financial support _____

Acknowledge that I am pursuing a path toward healing, and that there are significant risks to gradual dose reduction of psychotropic medications such as psychosis, mania, worsening functional status and even potentially death given risk of decompensation and suicide.

After my 3 Day Visit at Inner Fire, I am determined to engage in the Inner Fire program fully aware that both Inner Fire's primary care doctor, Clif Steinberg who may be partnering with me to help me reduce my medication burden, and his malpractice carrier, are fully relieved of any medical liability should any untoward event occur, such as mania or need for hospitalization.

I am also fully aware that upon leaving Inner Fire, that Dr.Clif Steinberg may not continue working with me, so that, before leaving Inner Fire, I will connect with another primary care practitioner who would support me in my safe transitioning.

Name

Date