



## **TRANSITIONAL LIVING FACILITY**

### **ADMISSION INFORMATION AND FINANCIAL RESPONSIBILITY FORM**

#### **FINANCIAL RESPONSIBILITY:**

1. I acknowledge that my financial obligation has been explained to me prior to actual resident admission to Seabrook West and that I am responsible for all charges incurred.
2. I understand that Seabrook West accepts wire transfers, cash, personal checks and all major credit/debit cards for payments. A 2% service charge will be added to all credit card payments.
3. I understand that payments for services rendered are due prior to admission. Verbal agreements with any Seabrook House staff will not be honored. This fee is non-refundable once payment has been made. After a payment is made, if resident refuses to enter treatment, these funds will be held for 90 days and will be applied to a future admission. No funds will be refunded under any circumstances including acts of nature.

#### **GENERAL TERMS:**

1. I authorize Seabrook West to obtain a credit history, if deemed necessary by Seabrook House financial department personnel, as well as any other information it considers necessary for determining financial risk.
2. I agree to pay Seabrook West reasonable collection costs, including attorney's fees and any other costs including interest, in the event this account becomes delinquent, regardless of whether or not litigation for collection is commenced. In the event that Seabrook West commences litigation for collection, I agree to pay Seabrook West one third (1/3) attorney's fees, costs and expenses incurred in such litigation, in any appeal there from and in enforcing and collecting any judgment against me. I, hereby, consent to venue and jurisdiction for such suit in Tioga County, Pennsylvania.
3. I acknowledge that Seabrook West has no facilities for the safekeeping of my personal money, valuables or other belongings. I accept full responsibility for all items brought with me. Seabrook West and its employees will not be held responsible for any damage, loss or theft that may occur.
4. Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. & 1320d *et seq.*, 45 C.F.R. parts 160 & 164 and the Confidentiality Law, 42 U.S.C. & 290dd-2, 42 C.F.R., Part 2. These Federal rules prohibit the disclosures of this information unless the written consent is obtained by the person to whom it pertains or as otherwise permitted by federal law. This consent is subject to revocation by me at any time, except to the extent that action has been taken in reliance on it and will remain in force for duration of no longer than one year from date the consent is signed. Such revocation shall be in writing.

My signature below acknowledges that I have read and consent to this *Admission Information Financial Responsibility Form* and that a copy of this form, as well as Seabrook West fees has been provided to me. Seabrook West does not provide medical, psychiatric, pharmacy, dental, laboratory tests; x-rays or nursing care and I understand that I am responsible for any and all said charges to those outside practitioners or vendors.

I understand the Seabrook West length of stay is at minimum a 90 day residential stay and that no letter of completion will be sent to any outside referral source, employer or legal entity, i.e., judge, court, lawyer, probation, parole, etc. unless I complete the recommended stay.

\_\_\_\_\_  
Resident's Name (PRINT)

\_\_\_\_\_  
Seabrook West Representative (PRINT)

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Seabrook West Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Guarantor's Name (PRINT)**

\_\_\_\_\_  
**Guarantor's Signature**

\_\_\_\_\_  
**Date**

