



Participant Release and Consent Form

Resident Name: _____

Date of Birth: _____

Admission Date: _____

1. Medical Information Release

I, the undersigned resident (or legal guardian if under 18), hereby authorize *Encounter Grace Faith-Based Recovery House* staff to obtain or release medical information as necessary for my care, treatment, and safety while participating in the program.

This authorization allows communication between Encounter Grace staff and medical professionals, hospitals, emergency personnel, or mental health providers.

I understand that:

- My medical information will be kept confidential except as required by law or for emergency care.
- I may revoke this consent in writing at any time.

Resident Initials: _____ **Date:** _____

2. Phone Use Policy and Release

I understand that phone access is a privilege within the Encounter Grace Recovery Program and may be limited to promote focus, accountability, and healing.

By signing below, I agree to abide by the phone use policies as outlined in the resident handbook, which may include:

- Restricted or supervised phone access during the initial phase of the program.
- Monitoring or staff oversight of calls to ensure appropriate use.
- Consequences for unauthorized phone use.

Resident Initials: _____ **Date:** _____

3. Visitation Policy and Release

I understand that visits are a privilege and must be pre-approved by Encounter Grace staff.
I agree to follow all visitation guidelines, which may include:

- Approved visitor lists submitted in advance.
- Visits during designated times only.
- Prohibition of contraband, substances, or disruptive behavior.

Visitors must sign in and comply with all house rules. Violation of visitation policy may result in suspension of visitation privileges.

Resident Initials: _____ **Date:** _____

4. Acknowledgment and Consent

I acknowledge that I have read, understand, and agree to the terms of this release form.
I consent to the policies above as a condition of participation in Encounter Grace Faith-Based Recovery House.

Resident Signature: _____ **Date:** _____
Staff Witness: _____ **Date:** _____

Emergency Contact

Name: _____
Relationship: _____
Phone Number: _____

Would you like me to format this into a **fillable PDF or Word document** with your logo and contact info (address, phone, etc.)? I can generate that next.

You said:

also list who they want to request for visitation and phone calls.

ChatGPT said:

Perfect — you want to expand the form to **include a section where the resident lists who they are requesting permission to contact or receive visits from.**

Here's the **updated version** of the *Encounter Grace Faith-Based Recovery House Release and Consent Form*, including spaces for **approved contacts for visitation and phone calls:**

Encounter Grace Faith-Based Recovery House

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Resident Initials: _____ **Date:** _____

4. Approved Contact List for Phone and Visitation

Residents must list all individuals they wish to have **phone contact** with and **in-person visitation** from.

Each person will be subject to approval by Encounter Grace staff.

Approved Visitation and Phone Contacts

	Name	Phone Number	Staff Approval (Initials/Date)
1			
2			
3			
4			
5			

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Staff Witness: _____ **Date:** _____

Emergency Contact

Name: _____
Relationship: _____
Phone Number: _____