

COPPER CANYON ACADEMY, L.L.C. ENROLLMENT AGREEMENT

This agreement ("Agreement") is entered into by and between COPPER CANYON ACADEMY, L.L.C., a Delaware Corporation (hereinafter "Copper Canyon Academy"), operating Copper Canyon Academy, a therapeutic boarding school in Lake Montezuma, Arizona which is described in the program materials that Sponsor has received previously and which is made a part of this Agreement by reference (the "Program") and PARENT'S NAME- _____ parent(s) and/or guardian(s) of the Student (hereinafter the "Sponsors"). Sponsors' address is:

PARENT ADDRESS _____
and phone is: PHONE NUMBER _____.

In consideration of the mutual promises set forth in this Agreement, Copper Canyon Academy and Sponsor (hereinafter the "Parties") mutually agree as follows:

1. SPONSOR'S REPRESENTATIONS. Sponsor warrants that Sponsor is the legal parent(s) and/or guardian(s), having legal custody, of the following child:

STUDENT'S NAME _____ (full and preferred name), whose birth date is: DATE OF BIRTH _____ (hereinafter the "Student"), and that Sponsor desires to and does hereby contract with Copper Canyon Academy for the Student's enrollment in the Program according to the terms and conditions of this Agreement. In entering into and performing under this Agreement, Copper Canyon Academy is relying on all representations and promises of the Sponsor contained or expressed in this Agreement and all other documents and information sheets from Sponsor to Copper Canyon Academy, and Sponsor expressly warrants the truth and accuracy of the same.

2. ENROLLMENT OF THE STUDENT. Upon Sponsor's initial payment of the *non-refundable Admission and Enrollment Fee, which is set forth more specifically in Paragraph 4*, and completion of this Agreement, the Enrollment Application and all related documentation, and upon Copper Canyon Academy's execution of this Agreement, Copper Canyon Academy shall accept the Student conditionally for enrollment in the Program, subject to the terms and conditions of this Agreement. Sponsor acknowledges and agrees that Copper Canyon Academy's conditional acceptance of the Student is subject to the personal evaluation and screening process conducted by Copper Canyon Academy prior to completion of the Assessment phase of the Program. If the Student satisfies Copper Canyon Academy's screening criteria, Copper Canyon Academy shall accept the Student and, except as otherwise provided herein, permit the Student to complete the Program. If the Student fails to satisfy Copper Canyon Academy's screening criteria, the Student will be returned promptly to Sponsor and Copper Canyon Academy will also return the prepaid tuition fee to the Sponsor, less a \$750.00 evaluation/screening fee and a deduction for all reasonable expenses incurred by Copper Canyon Academy on behalf of the Student and/or the Sponsor prior to the Student's return, ***which is separate from the non-refundable Admission and Enrollment Fee.***

3. TERM OF AGREEMENT/CUSTODY. Assuming the Student is accepted into the Program, the term of this Agreement shall be a minimum of six (6) months beginning with the Student's arrival in _____ as the case may be, now anticipated on DATE OF ARRIVAL _____ (the "Arrival Date"). On the Arrival Date, Sponsor shall transfer, by a Power of Attorney in the form received and executed by Sponsor, temporary custody of the Student to Copper Canyon Academy for the duration of the Agreement, unless either party terminates this Agreement prior thereto by giving written notice to the other party pursuant to the terms herein or until the Student attains the age of eighteen (18), unless the Student (a) has otherwise been placed in the custody of Copper Canyon Academy by a court of proper jurisdiction or (b) voluntarily consents in writing to remain in the Program for any period of time beyond said eighteenth (18th) birthday.

4. PROGRAM COSTS AND PAYMENT TERMS.

A. PROGRAM FEE. The Student is accepted with the expectation that the Student will complete the entire Program.

Admission and Enrollment Fee	\$2,500.00 (non-refundable)
Monthly Tuition Fee (First Month)	6,600.00
Monthly Tuition Fee (Last Month)	<u>6,600.00</u>

Total Due upon Enrollment **\$15,700.00**

The monthly tuition fee covers the cost of room and board, academic classes, regularly scheduled workshops, monthly student fund, individual therapy, group therapy, family therapy, student seminars, parent seminars, family seminars, equine therapy, equestrian riding, canine therapy, and/or yoga as Copper Canyon Academy determines. Sponsor agrees to pay all attorney fees, court costs, filing fees, and charge or commission that may be assessed by any collection agency retained to pursue collection of any outstanding sums. Sponsor acknowledges that except as provided herein, this advance payment is non-refundable, due to the need for Copper Canyon Academy to budget for the Program as well as the fact that Student will be filling one of a limited number of openings in the program.

The student fund will be placed in the student's individual checking account and used for buying personal necessities (shampoo, conditioner, deodorant, make-up, etc.) and paying for activities (roller-skating, bowling, movies, etc.).

Incidental Fees are billed to Sponsor(s) - Medical, dental, orthodontic, prescriptions, optical, urinalysis, lab work, psychiatric and psychological testing, reviews or evaluations, clothing, hair styling, phone calls, transportation to and from facility for trips further than 40 miles (Phoenix* \$200.00, Flagstaff \$150.00). *Additional fee if additional staff needed.

A. FEE INCREASES. The current tuition fee is subject to an annual increase effective January 1st of each year. The program shall provide a 60-day notice detailing the amount of the increase.

B. SCHEDULE AND METHOD OF PAYMENT OF PROGRAM FEES; LATE FEES.

(1) At the time of admission, private pay sponsors shall pay an initial payment of two months' tuition (first and last month tuition) plus the enrollment fee. This initial payment may be paid by check. If applicable, the pre-paid last month's tuition will be applied to the Alumni Fee.

(2) With the exception of pre-paid quarterly and annual tuition payments, all subsequent payments shall be paid only by accepted credit card (VISA, Mastercard or American Express), wire transfer or pre-authorized electronic check debits (ACH). Sponsor shall receive a 5% discount on pre-paid annual tuition payments. Unlike other payment methods, Sponsor may elect to pre-pay quarterly and annual tuition payments by check.

(3) Sponsor shall also provide a valid credit card number with a credit capacity equal to two months' tuition at the time of admission. In the event that a subsequent tuition payment is not paid when due, Sponsor authorizes the program to charge the past due amount, including late fees, to the credit card number provided by the Sponsor at the time of enrollment.

(4) Payments are due the 2nd day of the month of service. For example, October tuition is due October 2nd. Payments not received by the 20th of the month of service are subject to a \$50 late fee and may result in discharge of the student from the program. With the exception of the discharge summary, transcripts and other transition information, such as student records, will not be released after a student discharges until all tuition and fees are paid in full.

(5) Students with student loans must provide a copy of an executed promissory note from the lending institution prior to enrollment. Actual funding must take place within five days of enrollment. Students receiving school district assistance must provide the program with written

pre-approval from the district before enrollment. Sponsor is responsible for payment of all tuition and fees not paid by the district.

(6) The program is not in a position to absorb delinquent insurance balances. The program reserves the right to discharge students whose insurance claims become delinquent. Students with a contracted insurance provider must provide the program with pre-approval by the insurer at the time of admission. Sponsor shall pay the first month's co-pay and deductible at that time. If the contracted insurance provider fails to pay within 60 days of submission of a claim, Sponsor shall pay the amount due. Students with a non-contracted insurance provider must provide the program with pre-approval by the insurer at the time of admission. Sponsor shall pay the enrollment fee and the first month's tuition at the time of admission. If the non-contracted insurance provider fails to pay within 60 days of submission of a claim, Sponsor shall pay the amount due. Sponsor will be timely refunded after the program receives insurance payments (excluding AB3632).

D. PAYMENT/CANCELLATION REFUNDS. Any unused portion of the student expense fee shall be refunded to Sponsor upon Student's discharge from the Program. All notices of cancellation must be in writing. A cancellation received in writing less than thirty (30) days prior to the arrival date will result in no refund. If deemed appropriate by Copper Canyon Academy, the amount retained by Copper Canyon Academy may be used as credit against any future enrollment of the Student.

E. EARLY WITHDRAWAL OF STUDENT. If Sponsor or authorized third party withdraws Student before expiration of the period of enrollment, or if Student upon reaching the age of eighteen (18) years old withdraws without the recommendation of the Program Director, **Sponsor understands and agrees that Sponsor shall immediately (1) pay all outstanding account balances and tuition through the end of the month in which the Student is withdrawn and (2) forfeit the last month's pre-paid tuition.** The forfeiture of the last month's pre-paid tuition reflects the recognition that certain costs associated with making the program available to the Student are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. Therefore, Sponsor understands and agrees that the policy of non-refundable payments and expenses is a reasonable estimate of the losses (i.e., Liquidated Damages) the program incurs with the early withdrawal of Student. **If applicable, Sponsor shall be refunded any remaining pre-paid tuition thereafter.**

F. ADDITIONAL COSTS AND EXPENSES. In addition to the Program fee, Sponsor agrees to pay for the following expenses of the Student: transportation from the Student's current residence to Lake Montezuma, Arizona, as the case may be, and return transportation to the Student's current residence; food and lodging expenses for any holding period before commencement of the Program and/or after completion of the Program; all medical, dental, hospital, and related expenses incurred by or for the Student and all required personal items specified in the Student Clothing List. Sponsors are also responsible for any additional escort fees required for transporting Student to and/or from the Program to another location (i.e. airport, doctor's appointment or special event). Sponsors are responsible for the cost of any psychiatric evaluations performed by a psychiatrist, psychologist or other healthcare professional.

PERSONAL INJURY AND DAMAGE TO PROPERTY. Sponsor agrees to accept full responsibility for (1) the repair or replacement of any property damaged, defaced, or destroyed by the Student, whether owned, leased, or controlled by Copper Canyon Academy or any third party, and (2) any personal injury to any Copper Canyon Academy personnel, other students or third parties caused, in whole or in part, by the Student; and to promptly reimburse Copper Canyon Academy for any costs and expenses, including legal fees, it may incur in connection therewith.

G. **RUNAWAY EXPENSES.** In the event the Student runs away from the Program, Copper Canyon Academy will make every reasonable effort to find the Student and return the Student to the Program or to the Sponsor. An accounting of the expenses incurred by Copper Canyon Academy in finding and returning the Student will be made to the Sponsor who agrees to accept full responsibility for any and all such costs and expenses, and to pay the same within seven (7) days of the Sponsor's receipt of said accounting.

H. **LOSS OR DAMAGE TO STUDENT'S PROPERTY.** Copper Canyon Academy is not liable for any loss of or damage to any of the Student's property. The Student is fully responsible for the same at all times.

I. **SUBCONTRACTING.** Sponsor agrees and consents to Copper Canyon Academy's subcontracting certain services to be rendered under this Agreement to persons or entities deemed by Copper Canyon Academy to be properly qualified to provide said services, at no additional cost to Sponsor unless otherwise agreed to by both parties. Copper Canyon Academy is not responsible for the services provided by such third-party contractors and is hereby released from any liability arising from such services. All clinicians furnishing services to the Student, including any psychiatrists, psychologists, mental health professionals, or internists or the like, are independent contractors with the client and are not employees of Copper Canyon Academy. The Student is under the care and supervision of his /her attending clinician and it is the responsibility of the Student's clinician to obtain the Sponsor's informed consent, when required, for medical, surgical, or psychiatric treatment, special diagnostic or therapeutic procedures, or other services rendered the Student under the general and special instructions of the clinician.

J. **NURSING CARE.** Copper Canyon Academy provides only general nursing care unless, upon orders of the Student's physician, the Student is provided more intensive nursing care. If the Student's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the Sponsors. Copper Canyon Academy shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that Student is not provided with such additional care.

5. ASSUMPTION OF RISKS; RELEASES AND INDEMNITIES. Sponsor acknowledges serious hazards and dangers, known and unknown, inherent in the Program, including but not limited to, agricultural and vocational activities, emotional and physical injuries, illness or death that may arise from strenuous hiking, climbing and camping in a natural environment, exposure to the elements, plants and animals, running away from the Program, "acts of God" (nature), the ropes course, kayaking, water sports, stress, involvement with other students, self-inflicted injuries, and transportation to and from the Program's field location(s). Sponsor understands that in participating in the Programs Student will be in locations and using facilities where many hazards exist and is aware of and appreciates the risks which may result. Sponsor understands that accidents occur during such activities due to the negligence of others which may result in death or serious injury. Sponsor and Student are voluntarily participating in the Programs with knowledge of the dangers involved and agree to accept any and all risks.

In consideration for being permitted to participate in the Programs, Sponsor agrees to not sue, to assume all risks and to release, hold harmless and indemnify Copper Canyon Academy and any and all of its predecessors, successors, officers, directors, trustees, insurers, employees, managers, agents, volunteers, community organizations, administrators, heirs, attorneys, executors, assigns and/or related or affiliated business entities including, but not limited to, Aspen Education Group, Inc. (collectively all of the above persons and entities shall be referred to as the "Released Parties" hereafter) who, through negligence, carelessness or any other cause, might otherwise be liable to Sponsor or Student under theories of contract or tort law.

Sponsor intends by this Waiver and Release to release, in advance, and to waive his or her rights and discharge each and everyone of the Released Parties, from any and all claims for damages for death, personal injury or property damage which Sponsor may have, or which may hereafter

accrue as a result of Student's participation in any aspect of the Programs, even though that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. Additionally, Sponsor covenants not to sue any of the Released Parties based upon their breach of any duty owed to Sponsor or Student as a result of their participation in any aspect of the Programs. Sponsor understands and agrees that this Waiver and Release is binding on his or her heirs, assigns and legal representatives and that the Released Parties shall be exempt from liability to Sponsor, his or her heirs, assigns and legal representatives.

Student is physically capable of participating in the Programs, and his or her medical care provider has approved his or her participation. If Sponsor is aware that Student is under treatment for any physical infirmity, ailment or illness, Student's medical care provider knows of and has approved Student's participation in the Programs. Sponsor acknowledges that Sponsor, and Sponsor alone, is solely responsible for Student's personal health and safety, and the personal property Student brings with him or her. Sponsor acknowledges that the medical insurance information Sponsor has provided on the Medical Form is current and complete and that Sponsor is solely responsible for procuring and maintaining all medical insurance Sponsor deems necessary and that the Released Parties have recommended that Sponsor procure and/or maintain medical insurance.

Sponsor accepts full responsibility for any costs incurred for medical treatment due to failure to procure or maintain insurance, or providing outdated or falsified insurance information. Sponsor understands that it is ultimately Sponsor's responsibility to provide payment to any hospital/emergency response technicians/emergency transport company that may provide services to Student as a result of injury/illness during the Programs.

Sponsor agrees that this Release extends to all claims of every nature and kind whatsoever, and hereby expressly waives all rights under California Civil Code section 1542 which provides as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor. "

Sponsor agrees to indemnify the Released Parties from any and all actions, causes of action, claims, demands, damages, costs (including attorneys' fees), expenses, liabilities and charges, known or unknown (the "Liabilities") arising out of or in connection with claims and/or actions relating to or brought by or on behalf of Student, including, without limitation, claims related to or arising out of the Minor's participation in the Program. Initials:_____.

6. AUTHORIZATION FOR MEDICAL CARE AND RECORDS. In the event of an accident, injury, illness, or other medical necessity, Sponsor hereby authorizes Copper Canyon Academy to: (a) provide emergency first aid to the Student in the field and en route to any hospital or clinic, (b) arrange for any medical, dental, psychiatric, hospital, ambulance or other health-related care for the Student deemed necessary by Copper Canyon Academy's staff; and (c) authorize a physician, dentist or other health-care professional(s) to perform any procedure(s) that the health-care professional(s) deems necessary for the well-being of the Student. All costs and expenses incurred for these services shall be the sole responsibility of the Sponsor. Sponsor also authorizes Copper Canyon Academy to arrange for a physical examination (including a drug screen urine/blood test, at Copper Canyon Academy's option) and any psychological assessments of the Student deemed necessary by Copper Canyon Academy prior to the Student's beginning the Program. Sponsor also authorizes any and all medical doctors, psychiatrists, psychologists, counselors, therapists, hospitals, clinics and treatment centers that have treated or counseled the Student, and whose names Sponsor shall provide to Copper Canyon Academy, to release all information regarding the Student's medical and/or psychological history, diagnoses and

treatments to Copper Canyon Academy upon request. Copper Canyon Academy shall handle all such protected health information (also "PHI") pursuant to the guidelines promulgated in the Health Insurance Portability & Accountability Act ("HIPAA") of 1996.

7. **AUTHORIZATION FOR SEARCH AND SEIZURE.** Sponsor hereby authorizes Copper Canyon Academy personnel to search the person and personal effects of the Student at any time, including a "strip search." In connection with such search, Copper Canyon Academy may, in its discretion, require Student to remove all of his or her clothing and may search Student's entire person, including any body cavities in which contraband may be hidden. Copper Canyon Academy is further authorized to confiscate any and all items deemed by Copper Canyon Academy to be contraband or counterproductive to the Student's successful completion of the Program. The disposition of all items confiscated by Copper Canyon Academy shall be left to the sole discretion of Copper Canyon Academy.

8. **AUTHORIZATION TO CONTROL AND DETAIN STUDENT.** Sponsor hereby authorizes Copper Canyon personnel to physically control and detain the Student when necessary to return the Student to the Program if the Student runs away or to prevent the Student from jeopardizing the Student's own safety or the safety of others. In the event of a runaway, all appropriate law enforcement agencies or security personnel of any federal, state, county or municipal entity are hereby directed to detain and retain custody of the Student until Sponsor or any personnel of Copper Canyon Academy arrive, at which time Copper Canyon Academy' personnel may re-obtain custody or control of the Student or authorize continued custody by the law enforcement agency until travel is arranged for the Student's return home.

9. **RESEARCH AUTHORIZATION.** Sponsor hereby authorizes Copper Canyon Academy to use data from the Student's records, tests, and assessments for purposes of ongoing research, provided that the Student's name and identity will be kept confidential and not used in any published materials.

10. **EARLY TERMINATION BY COPPER CANYON/LIQUIDATED DAMAGES.**

Copper Canyon Academy reserves the right to terminate this Agreement at any time due to: (i) failure of Sponsor to pay any amounts due under paragraph 4; (ii) illegal, uncontrollable, or dangerous behavior by the Student; (iii) discovery of any unprompted or previously unknown physical, medical, mental, or emotional problem(s) of the Student; or (iv) for any other reason if Copper Canyon Academy deems it necessary for the protection of the Student, any other student(s) or the integrity of Copper Canyon Academy's Program. **In the event that Copper Canyon elects to terminate the Student pursuant to the terms of this paragraph, Sponsor understands and agrees that Sponsor shall immediately (1) pay all outstanding account balances and tuition through the end of the month in which the Student is terminated and (2) forfeit the last month's pre-paid tuition.** The forfeiture of the last month's pre-paid tuition reflects the recognition that certain costs associated with making the program available to the Student are incurred, whether or not the program is completed, including such items as salaries, inventories, and other general operating expenses. Therefore, Sponsor understands and agrees that the policy of non-refundable payments and expenses is a reasonable estimate of the losses (i.e., Liquidated Damages) the program incurs with the early termination of Student. **If applicable, Sponsor shall be refunded any remaining pre-paid tuition thereafter.**

11. **SPONSOR EDUCATION PROGRAM AND COOPERATION.** Sponsor agrees to attend the workshops for parents and guardians of the students conducted by Copper Canyon Academy during the Program, and to give Sponsor's full cooperation to Copper Canyon Academy personnel throughout the Program, in order to maximize the benefits of the Program for the Student and the Sponsor. Sponsor also agrees to read any educational materials and watch any video programs sent to Sponsor by Copper Canyon Academy, and to fill out and return to Copper Canyon Academy any interactive educational materials, while the Student is in the Program.

12. ESCORTS. If an escort is required to bring the Student to Arizona for the Program, Sponsor agrees that any escort or escort service used by Sponsor, whether or not Sponsor is referred to the escort by Copper Canyon Academy, is in all respects an independent contractor contracting directly with Sponsor. Sponsor agrees that Copper Canyon Academy bears no responsibility of any kind for any such escort service or the negligence or failure thereof.

13. HEALTH INSURANCE. Sponsor warrants that the Student is presently covered, and will for the duration of the Program be covered, by adequate health insurance covering claims that may arise in connection with any accident, injury or illness that the Student may suffer or incur during the Program. Whatever deductibles or coverage exclusions may apply in a given case shall be satisfied entirely by Sponsor.

14. EMANCIPATION. Sponsor warrants that the Student is a minor, both by age and as a matter of law, that the Student does not qualify under the law as an "emancipated minor," and that the laws of the Student's state of residence permit Sponsor to place the Student in the Program without the Student's consent.

15. DELAYED PERFORMANCE. Except for the obligation to make payments when due hereunder, all other obligations under this Agreement shall be suspended for so long as one or both Parties hereto are prevented from performing hereunder by acts of God/nature, the elements, acts of federal, state or local governments, agencies or courts, damage to or destruction or unavoidable shut-down of necessary facilities, or other matters beyond their reasonable control; provided, however, that any party so prevented from complying with its obligations hereunder shall promptly notify the other party thereof and shall exercise due diligence to remove and overcome the cause of such inability to perform as soon as practicable.

16. BINDING ARBITRATION. Any controversy or claim arising out of or relating to this contract, except at Copper Canyon Academy's option the collection of monies owed by Sponsor to Copper Canyon Academy, shall be settled by binding arbitration conducted in the State of California in accordance with the rules of the American Arbitration Association. Judgment upon the award rendered by the arbitrator(s) may be entered in any court of competent jurisdiction for purposes of executing upon the award.

17. ATTORNEY'S FEES. In the event that either party is found in default or material breach of any specific promise, term or condition expressly set forth in this Agreement by an arbitrator(s) or a court of competent jurisdiction, said party shall be liable to pay all reasonable attorneys' fee, court costs and other related collection costs and expenses incurred by the other party in enforcing its contractual rights hereunder in said arbitration and/or court proceeding(s). In addition, Sponsor agrees to compensate Copper Canyon Academy for all reasonable attorneys' fees and costs incurred by Copper Canyon Academy in connection with those matters concerning which Sponsor has agreed to pay or indemnify Copper Canyon Academy herein.

18. NOTICES. Any and all notices, payments, reports and other correspondence required hereunder shall be deemed to have been properly given or delivered when made in writing and delivered personally to the party to whom directed, or when sent by United States mail with all necessary postage or charges fully prepaid, and addressed to the party to whom directed at its below specified address (or a new address after written notice of such change is given to the other party).

PAYMENTS ONLY:

COPPER CANYON ACADEMY
P.O.Box 894692
Los Angeles , CA90189-4692

PARENT'S NAME: _____
ADDRESS: _____

19. AMENDMENTS. This agreement may be amended at any time upon mutual agreement of the parties hereto, but any amendment(s) must first be reduced to writing and signed by both parties in order to become effective.

20. WAIVER. A waiver by any party of any provision hereof, whether in writing or by course of conduct or otherwise, shall be valid only in the instance for which it is given, and shall not be deemed a continuing waiver of said provision, nor shall it be construed as a waiver of any other provision hereof.

21. PARAGRAPH HEADING. The paragraph headings of this Agreement are inserted only for convenience and in no way define, limit or describe the scope or intent of this Agreement nor affect its terms and provisions.

22. GOVERNING LAW/VENUE. This Agreement, and all matters relating hereto, including any matter or dispute arising between the parties out of this Agreement, tort or otherwise, shall be interpreted, governed, and enforced according to the laws of the State of California; and the Parties consent and submit to the exclusive jurisdiction and venue of the California Courts in Los Angeles County, California, and any qualified (American Arbitration Association-approved) arbitration service in the State of California, County of Los Angeles, to enforce this Agreement. The parties acknowledge that this agreement constitutes a business transaction within the State of California.

23. SEVERABILITY. In the event that any provision of this Agreement, or any operation contemplated hereunder, is found by a court of competent jurisdiction to be inconsistent with or contrary to any law, ordinance, or regulation, the latter shall be deemed to control and the Agreement shall be regarded as modified accordingly and, in any event, the remainder of this Agreement shall continue in full force and effect.

24. NUMBER. As used in this Agreement, the term "Sponsor" shall include all Sponsors, being the parent(s) and/or guardian(s) executing this Agreement; and singular pronouns shall include the plural and plural pronouns shall include the singular, whenever the context so requires.

25. ACKNOWLEDGMENT/ENTIRE AGREEMENT. Sponsor hereby acknowledges that Sponsor has read this Agreement and that Sponsor understands and consents to all of its provisions; that this Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof; and that all other prior agreements, promises, expectations and conditions, oral or written, between the parties are incorporated herein. Other than the express commitments set forth in this Agreement and the Program description, Copper Canyon Academy gives no warranties of any kind, express or implied, to either the Sponsor or the Student concerning the Program; and Sponsor acknowledges that Sponsor is not relying on any warranties or representations of any kind other than the express commitments of Copper Canyon Academy set forth herein.

26. BINDING EFFECT. This Agreement shall be binding upon and inure to the benefit of the parties hereto, their heirs, personal representatives, successors and assigns.

27. RELEASE OF INFORMATION. The parties authorize the release of the Student's information via E-mail, Internet technology, voice mail or U.S. mail. While every effort will be made to maintain confidentiality, Copper Canyon Academy accepts no responsibility for the mistransmission that could result in information becoming available to someone other than the intended receiver. Copper Canyon Academy shall handle all such protected health information also "PHI") pursuant to the guidelines promulgated in the Health Insurance Portability & Accountability Act ("HIPAA") of 1996.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the dates set forth below.

_____ Date: _____
Sponsor (father/guardian)

_____ Date: _____
Sponsor (mother/guardian)

Accepted:

Copper Canyon Academy

Date: _____

CONSENT FOR TREATMENT

Name _____ SSN# _____ - - DOB _____

I/We, the custodial Parent(s) and/or legal Guardian(s) of the above named minor, hereby authorize Copper Canyon Academy, through health care professionals, to render the necessary health care to the above named minor.

I/We authorize and consent to any X-ray examination, anesthetic, inoculation, vaccination, medical or surgical diagnosis or treatment and hospital care to be rendered to the above named minor under the general or special supervision and upon the advice of a licensed physician. I hereby consent to X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a licensed dentist. I hereby authorize and consent to any treatment and psychological testing from a behavioral health professional or an individual working under a qualified behavioral health professional, psychologist, and psychiatrist to be rendered to the above named minor. I/We also authorize and consent to full participation in the Copper Canyon Academy Outpatient Clinic.

I/We hereby give consent and authorize Copper Canyon Academy to administer to the Student a routine urinalysis or blood test for drugs.

In my absence or in the event that I cannot be contacted, I hereby designate, empower, and authorize Copper Canyon Academy to act in my stead authorizing any specific procedures and/or assisting in making elective decisions relating to the above named minor's care. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees can be made as to the result of treatment or examinations taking place. It is the intent of this instrument to authorize, consent to and empower health care professionals selected by Copper Canyon Academy to give the care they deem necessary to my child, in my absence, or when I cannot be contacted, or in an emergency situation when immediate care is deemed to be in the best interest of the child by the health care professional's best judgment.

Date

Signature Mother/Guardian

Signature Father/Guardian

AUTHORIZATION TO RELEASE CONFIDENTIAL ACADEMIC RECORDS

(Reproduce this form as needed)

Name _____ SSN# _____ - _____ - _____ DOB _____

SCHOOL _____

ADDRESS _____

PHONE _____ DATES ATTENDED _____

I/We hereby grant the school listed above to release Academic transcripts to Copper Canyon Academy for the above named Student. Permission is granted to release the following school records to Copper Canyon Academy:

_____ Official Transcript of Credit

_____ Withdrawal Grades

_____ Including Incomplete Classes

_____ Test Data

_____ Health Records

_____ Counseling

_____ Other _____

Date

Mother/Guardian Signature

Father/Guardian Signature

SEND TRANSCRIPTS ONLY:

Copper Canyon Academy

PO Box 230

Rimrock, AZ 86335

(928) 567-1322

Fax (928) 567-1323

Aspen Education Group, Inc. Authorization for Disclosure of Records



Directions: Completion of this document authorizes the disclosure and/or use of individually identifiable health information and non-health related information, as set forth below, consistent with California and Federal Law concerning the privacy of such information. Failure to provide all information requested may invalidate this request.

Use and Disclosure of Health and Other Information

I hereby authorize the use or disclosure of my health information as follows:

Patient/Student Name:

Person(s)/Organization(s) authorized to use or disclose the information:

This authorization applies to the following information (*select only one of the following*)

Health information pertaining to medical history, mental or physical condition and treatment received (optional) except: ☐

Other information (*this includes academic and financial related records*): ☐

I need the following dates:

From

To

Expiration

The Authorization expires:

Notice of Rights and Other Information Direction: By checking the boxes below you verify your understanding of each item.

It is noted that I may refuse to sign this Authorization at anytime ☐

I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf and delivered to the following address: ☐

Program/Facility Address:

My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization ☐

I understand that I have a right to receive a copy of the Authorization ☐

I understand that the information to be released or disclosed may include those relating to sexually transmitted diseases, AIDS or HIV, alcohol / drug / substance abuse under 42 CFR 2.311 authorize the release or disclosure of this information after having specifically considering and expressly waiving those federal consent requirements and restrictions ☐

Treatment, payment, enrollment nor eligibility for benefits will be conditioned on my providing or refusing to provide this authorization. Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required by law.

If this box is checked, the requestor will receive compensation for the use or disclosure of my information. ☐

Signature

Date:

Time:

AM ☐

PM ☐

Signature:

(Patient / Representative / Spouse / Financially Responsible Party)

If signed by someone other than the patient/student, you must state your legal relationship to the patient/student:

Witness:

If you have authorized the disclosure of your health or other related information to someone who is not legally required to keep it confidential, it may be disclosed and may no longer be protected. California law prohibits recipients of your health information from re-disclosing such information except with your written authorization or as specifically required or permitted by law.

Notice of Rights

1. If the Authorization is being requested by the entity holding, this information, this is the Requestor2. The statement "at the request of the individual" is a sufficient description of the purpose when the individual initiates the authorization and does not, or elects not to; provide a statement of the purpose3. This form may not be used to release both psychotherapy notes and other types of health information (see 45 CFR 164.508 (B) (3) (ii)4. If the Authorization is for use or disclosure of PHI for research; including the creation and maintenance of research database or repository, the statement "end of research study," "none" or similar language is sufficient5. Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45CFR164.508 (d) (1, (e) (2)) 6. If any exception of the exception to this statement, as recognized by HIPAA applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in determination, or (iii) to create health information to provide to third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes

Authorization for Medical Charges (REQUIRED)

Dear Medical provider,

I would like the following credit card used for medical, dental, eye care visits and urgent prescriptions. Please send a copy of the bill to the noted address below.

Name of Student _____ Birth Date _____

Student allergies to any food or medications _____

Student's ongoing medical conditions _____

Student is a Vegetarian Yes / No (circle one)

After insurance is billed use this card for the co-payment and over the counter needs only.

Card # _____ Expiration Date _____

Please mail medical bills to:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone # for verbal authorization when possible _____

Date _____ Signature _____

***Please include or fax ENLARGED copy of insurance card, front and back to
(928)567-1323***

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

Known Allergies to drugs: _____

Disease States (ex: epilepsy, diabetes) _____

Credit card to be billed for Prescription or OTC approved products

Type: Visa, Mastercard, American Express, Discover

Number: _____ Exp.: _____

.....

PRESCRIPTION INSURANCE INFORMATION

BIN# _____

PCN # _____

Phone number for Providers use
(on back of the card): _____

Card Holder's ID # _____

Person code of Student
(if on the card) _____

Group # _____

*****PLEASE PROVIDE A COPY OF THE FRONT AND
BACK OF THE INSURANCE CARD**

**AUTHORIZATION FOR ASSISTANCE IN
THE SELF-ADMINISTRATION OF MEDICATION**
Release and Indemnification Agreement

Part 1: To be completed by the Parent/Guardian

I hereby request and authorize *Copper Canyon Academy* and its staff as appropriately delegated in the assistance in the self-administration of medication as directed by the physician (Part 2 below). I agree to release, indemnify and hold harmless *Copper Canyon Academy* and its staff from lawsuit, claim, demand or action, etc. against them, for assistance in the self-administration of medication as prescribed to this youth, provided *Copper Canyon Academy* and its staff are following the physician's order as written in Part 2 below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Youth: _____ Birthdate: ____/____/____

Prescription: ☐ Renewal ☐ New

If new, the first full day's dosage was given at home on ____/____/____

List all medication(s) youth is taking (including over the counter medications):

_____ <i>Parent/Guardian Signature</i>	(_____) _____ <i>Home Phone</i> <i>Date</i>
(_____) _____ <i>Emergency Phone</i>	

**Part 2: To be completed by the Physician (PART 2 MUST BE SIGNED BY
PRESCRIBING PHYSICIAN PRIOR TO ADMISSION AT CCA)**

Name of Medication: _____ Dosage: _____

Route: _____

Time To Be Given At Facility: _____ AM and/or _____ PM and/or Before/After
_____ Activity

Diagnosis: _____ Date To Begin: _____

Date To End: _____

If the youth is taking more than one medication at facility, list the sequence in which medications are to be taken and the length of interval between each medication. _____

If a medication is to be given on an "as needed" basis, specify the symptoms or conditions when the medication is to be given and the time interval for repeating the dose/medication. _____

PHYSICIAN'S NAME (PRINT OR TYPE)

PHYSICIAN'S SIGNATURE

Telephone Number _____ Fax Number _____

Date _____

Procedures and Information for Parents

1. No medication will be administered in the facility or during facility activities without the parent's/guardian's written authorization **and a written physician's order**. This includes both prescription and over-the-counter (OTC) medications.
2. The parent/guardian is responsible for completing Part 1 and obtaining the physician's statement on Part 2. This is required every year for each new or continuing order or if there is a change in dosage or time of administration during the year.
3. The medication must be delivered to the facility by the parent/guardian. Medication should **never** be brought to facility by a child. Self-administration of any medication is not permitted. Medications without accompanying physician's orders and parental consent will be held in the health office and sent home with an adult.
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. The first day's dosage of any new medication must have been given at home before it can be administered at the facility.
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order. Medication not claimed within that time period will be destroyed.

Part 3: To be completed by the Facility

Check as appropriate:

- . Parts 1 and 2 above are complete including signatures.
- . Prescription medication is properly labeled by a pharmacist.
- . Medication label is consistent with physician order.
- . Over the counter medication is in an original container with the manufacturer's dosage label.

Medical Coordinator Signature

____/____/____
Date

OVER THE COUNTER MEDICATIONS

Students Name: _____

I hereby request and authorize *Copper Canyon Academy* and its staff as appropriately delegated to administer **over the counter** medication as directed. I agree to release, indemnify and hold harmless *Copper Canyon Academy* and its staff from lawsuit, claim, demand or action, etc against them, for administering **over the counter** medication to this youth, provided *Copper Canyon Academy* and its staff are following the directions on the label.

	Approve	Disapprove
Medique-Diphen: Diphenhydramine HCL Cap USP 25 mg. Antihistamine, Hay Fever/Allergies 1 cap every 4-6 hrs	_____	_____
Medique-Sepasoothie: Cetylpridinium Chloride 0.5 mg Benzocaine 10 mg (1 tab =200mg) 1 lozenge every 2 hrs for sore throat	_____	_____
Ibuprophen: 200 mg 1-2 tabs every 4-6 hrs for pain or headaches	_____	_____
Medique-Decoral Forte: Phenylphrine Hydrochloride 10 mg Acetaminophen 325 mg,Guaifenesin 200 mg Colds and congestion 2 caps every 6 hrs as needed	_____	_____
Medique-Ms.Aid: Acetaminaphen 500 mg; Pamabrom 25 mg Mentruat cramps:2 caps every 4 hrs as needed	_____	_____
Meiique-Medi Meclizine: Meclizine Hydrochloride 25 mg Nausea: 2 caps 1 time daily only	_____	_____
Medique-APAP: Extra Strength Acetaminophen 500 mg.Pain and/or headaches: 2 tabs every 4-6 hrs as needed Not to exceed 8 tabs a day.	_____	_____
Medique-Diamode: Loperamide HCL 2 mg. Diarrhea: 2 caps, if needed may follow with 1 additional cap	_____	_____
Medique-Alkalac/Antacid: Calcium Carbonate 420 mg Antacid: Heart burn or upset stomach 2 tabs every 2-3 hrs as needed	_____	_____
Medique-Sudodrine: Pseudoephedrine HCL 30 mg Sinus congestion; 2 tabs every 4-6 hrs as needed	_____	_____
Non-Aspirin/Acetaminophen Regular: 325 mg tablets Pain or headaches: 2 tabs every 4-6 hrs as needed	_____	_____
Pepto: Bismuth subsalicylate 262 mg Stomach upset 1-2 tables every ½ - 1 hr as needed (Max 16 TBsp/24 hrs) Mylanta: Aluminum hydroxide 400 mg, Magnesium hydroxide 400 mg. 2-4 teaspoons every 2-4 hrs. (Max 12 tsps./24 hrs)	_____	_____
Milk of Magnesia: Constipation; 30 cc/dose (Can be missed with Prune juice)	_____	_____
Topical Medications: triple-antibiotic, hydrocortisone cream, insect repellent, alcohol	_____	_____

Parent/Guardian Signature: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with State and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize the use or disclosure of my health information as follows:

Patient Name: _____

Persons/Organizations authorized to *use or disclose* the information: 1 _____

Persons/Organizations authorized to *receive* the information: _____

Name/Title _____

Name/Title _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

E-Mail _____

E-Mail _____

Phone _____

Phone _____

Purpose of requested use or disclosure: 2 _____

This Authorization applies to the following information (select *only one* of the following):³

☐ All health information pertaining to any medical history, mental or physical condition and treatment received.

[Optional] Except: _____

☐ Only the following records or types of health information (including any dates):

EXPIRATION

This Authorization expires [insert date or event]:⁴_____

NOTICE OF RIGHTS AND OTHER INFORMATION

I may refuse to sign this Authorization.

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the following address: _____

My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.⁵

Neither treatment, payment, enrollment or eligibility for benefits will be conditioned on my providing or refusing to provide this authorization. ⁶

Information disclosed pursuant to this authorization could be re-disclosed by the recipient and might no longer be protected by federal confidentiality law (HIP AA). However, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

I may inspect or obtain a copy of the health information that I am being asked to use or disclose.

If this box ☐ is checked, the Requestor will receive compensation for the use or disclosure of my information.

SIGNATURE

Date: _____ Time: _____ am/pm

Signature: _____

(patient/representative/spouse/financially responsible party)

If signed by someone other than the patient, state your legal relationship to the patient: 7 _____

Witness: _____

(If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected. California law prohibits recipients of your health information from redisclosing such information except with your written authorization or as specifically required or permitted by law.) _____

1 If the Authorization is being requested by the entity holding the information, this entity is the Requestor.

2 The statement "at the request of the individual" is a sufficient description of the purpose when the individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

3 This form may not be used to release both psychotherapy notes and other types of health information (see 45 CFR § 164.508(b)(3)(ii)). If this form is being used to authorize the release of psychotherapy notes, a separate form must be used to authorize release of any other health information.

4 If authorization is for use or disclosure of PHI for research, including the creation and maintenance of a research database or repository, the statement "end of research study," "none" or similar language is sufficient.

5 Under HIP AA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures (see 45 CFR § 164.508(d)(1), (e)(2)).

6 If any of the exceptions to this statement, as recognized by HIP AA apply, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.

7 The requestor is to complete this section of the form.

**AUTHORIZATION FOR REQUESTED USES AND DISCLOSURES OF PHI FOR
MARKETING PURPOSES**

Student, his/her parent(s) and/or guardian(s), hereby authorizes Program **Copper Canyon Academy** and/or its affiliates to use or disclose PHI of the Student for purposes of preparing and distributing promotional media and marketing materials that are consistent with furthering the goals of Program **Copper Canyon Academy** and/or any of its programs. The information that may be used or disclosed pursuant to this authorization can include, but is not limited to, the following items (to the extent such items would otherwise fall within PHI):

- a) Photographs of the Student, whether moving or stills;
- b) Voice of the Student;
- c) Name of the Student; or
- d) Any other information, likeness or appearance that may identify the Student.

Authorized requested uses and disclosures of PHI shall be limited to the personnel of Program (Name) _____, its successors or assigns, or any agent(s) or subcontractor(s) of each of the foregoing, that are involved in public relations and/or marketing.

All other uses and disclosures of PHI, other than for purposes of public relations and/or marketing, shall be consistent with the permitted uses and disclosures set forth under HIPAA.

Pursuant to the authorization obtained herein, Program (Name) _____, its successors and assigns, or any agent(s) or subcontractor(s) of each of the foregoing, may use or disclose PHI to any individual, entity or agency associated with transmitting information to the general public for purposes of public relations and/or marketing.

Notwithstanding the termination of this Agreement, this authorization shall remain effective for an indefinite duration, unless revoked by the Student (if permissible under applicable law, for example, in the case where the Student reaches the age of majority), his/her parent(s) and/or guardian(s). This authorization may be revoked at any time by the appropriate party in a written instrument sent via First Class U.S. Mail to: Ruth Moore, **HIPAA Officer** at Program **Copper Canyon Academy**, or in an acceptable form via electronic media if agreed upon between the Parties. Any revocation of this authorization shall be effective upon receipt of the revocation by Program **Copper Canyon Academy**. Further, a revocation shall apply only to requested uses and disclosures from the effective date of the revocation, and shall not apply to any and all requested uses and disclosures made at a time when a valid authorization was in place.

Notwithstanding the foregoing, any PHI disclosed pursuant to a valid authorization may be subject to redisclosure by the recipient and may no longer be protected under HIPAA. Program **Copper Canyon Academy** reserves the right to request verification, in any form acceptable in its sole discretion, that the person(s) acting on behalf of the Student is/are authorized to do so under HIPAA and/or other applicable laws.

You must be provided with a copy of this signed authorization.

NAME OF PARENT/GUARDIAN

SIGNATURE

NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

NAME OF MINOR

SIGNATURE

For all participants, please read this:

PHOTOGRAPH RELEASE OF LIABILITY

I _____, (the "Parent/Guardian"), on behalf of myself and _____, (the "Minor") acknowledge that we wish to participate in the promotional Photographs taken by Aspen staff regarding the programs and activities **Copper Canyon Academy** and **Aspen Education Group** (collectively "AEG") and other events (collectively hereafter the "Promotion"). We further authorize **Copper Canyon Academy** to take and utilize the photographs of my son/daughter for the purpose of: _____ during the program, without any compensation to the Parent or the Student.

In consideration for being permitted to participate in the Promotion, we agree to waive our and the Student's rights of publicity and privacy in connection herewith. We, the Parent/Guardian, do hereby agree to indemnify the Released Parties from any and all actions, causes of action known or unknown arising out of or in connection with claims and/or actions relating to or brought by or on behalf of the Minor.

The undersigned have carefully read this Waiver and Release and fully understand its contents. The undersigned certify that the undersigned Parent/Guardian is at least 17 years of age and is the legal guardian of the above mentioned minor.

THIS IS AN IMPORTANT LEGAL DOCUMENT.
READ IT CAREFULLY BEFORE SIGNING BELOW.

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

PRINT NAME OF PARENT/GUARDIAN

SIGNATURE

DATE

NAME OF MINOR

SIGNATURE

DATE

STUDENT RIGHTS

Copper Canyon Academy will assure that all students are afforded the following rights:

1. To be treated with dignity, respect and consideration;
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in Title 9, Chapter 20; and
 - c. Is provided in the least restrictive environment that meets the client's treatment needs;
4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category or rights;
5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
9. If enrolled by the Department or regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights;
10. To have the client's information and records kept confidential and released only as permitted under R9-20-211(A)(3) and (B);
11. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37;
 - c. For video recordings used for security purposes that are maintained only on a temporary basis; or
 - d. As provided in R9-20-602(A)(5);
12. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6);
13. To review the following at the agency or at the Department:
 - a. Title 9; Chapter 20;
 - b. The report of the most recent inspection of the premises conducted by the Department;
 - c. A plan of correction in effect as required by the Department;
 - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
 - e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
14. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation;
15. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
16. To be offered or referred for the treatment specified in the client's treatment plan;
17. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;

18. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to A.R.S. § 36-512;
19. To be free from: Abuse; Neglect; Exploitation; Coercion; Manipulation; Retaliation for submitting a complaint to the Department or another entity; unrelated to the client's treatment needs; Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs; Treatment that involves the denial of: Food; The opportunity to sleep, or the opportunity to use the toilet; and restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
20. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;
21. To control the client's own finances except as provided by A.R.S. § 36-507(5);
22. To participate or refuse to participate in religious activities;
23. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
24. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
25. To participate or refuse to participate in research or experimental treatment;
26. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment;
27. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
28. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility. If receiving treatment in a residential agency or an inpatient treatment program:
 - a. If assigned to share a bedroom, to be assigned according to R9-20-405(F) and, if applicable, R9-20-404(A)(4)(a);
 - b. To associate with individuals of the student's choice, receive visitors, and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, unless: The medical director or clinical director determines and documents a specific treatment purpose that justifies waiving this right; and the student is informed of the reason why this right is being waived and the student's right to submit a grievance regarding this treatment decision;
 - c. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless: The medical director or clinical director determines and documents a specific treatment purpose that justifies waiving this right; and the student is informed of the reason why this right is being waived and the student's right to submit a grievance regarding this treatment decision;
 - d. To send and receive uncensored and unopened mail, unless restricted by court order;
 - e. To maintain, display, and use personal belongings, including clothing, unless restricted by court order or according to A.R.S. § 36-507(5) and as documented in the student record;
 - f. To be provided storage space, capable of being locked, on the premises while the student receives treatment;
 - g. To be provided meals to meet the student's nutritional needs, with consideration for student preferences;
 - h. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and selected and owned by the student;
 - i. To be provided access to medical services, including family planning, to maintain the student's health, safety, or welfare;
 - j. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 - k. To be informed of the requirements necessary for the student's discharge or transfer to a less restrictive physical environment; and
 - l. To receive, at the time of discharge or transfer, recommendations for any treatment needed when the student is discharged.

Parent/Guardian Signature

Date

GRIEVANCE POLICY

When you feel you have been treated unfairly, someone else's actions have adversely affected you, and you are not able to resolve the situation by verbal communication with the party involved then the next step is to complete a Student Grievance Form (*see next page*). The grievance policy may be used without penalty. Once you have filled out the Staff Grievance Form the following procedure is initiated:

1. The form should be given to the Director, who will present it to the Administrative Committee for resolution. If the grievance is against the Director then the grievance should be handed to the Assistant Administrator
2. A resolution by the Administrative Committee on the grievance shall be completed within fifteen (15) days of filing.
3. In the event the grievance is not handled to the student's satisfaction the student has the right to notify:

Office of Behavioral Health Licensure
150 North 18th Avenue, Suite 410
Phoenix, AZ 85007
(602) 364-2595

I have been provided a copy of the Grievance Policy

Signature

Date

IMPORTANT NUMBERS TO KNOW

Office of Behavioral Health Licensure 150 N 18 th Ave, Suite 410 Phoenix, AZ 85007 (602) 364-2595	Human Rights Advocates c/o Div. of Behavioral Health 150 N 18 th Ave, Suite 210 Phoenix, AZ 85007 (602) 364-4585	Adult Protective Services 1990 West Camelback Road, Suite 302 Phoenix, AZ 85015 (602) 255-0996
Behavioral Health Services 150 N 18 th Ave, Suite 200 Phoenix, AZ 85007 (602) 364-4558	Behavioral Health Services Office of Adult Services (SMI) 150 N 18 th Ave, Suite 220 Phoenix, AZ 85007 (602) 364-4558	Poison Control 901 East Willetta Phoenix, AZ 85006 (602) 253-3334
Child Protective Services 1717 West Jefferson Phoenix, AZ 85007 (602) 830-1825	NARBHA 125 E. Elm Ave. Flagstaff, AZ 86001 (928) 774-7128	EMERGENCY 911

I have received and read the Important Numbers to Know

Parents/Guardian Signature

Parents/Guardian Signature

Student Signature

Date

COPPER CANYON ACADEMY, L.L.C.

THINGS TO BRING

Conservative quantity of clothing/shoes/jewelry
(See below)
1 USB Jump Drive
2 Bath towels
2 Hand towels
2 Washcloths
1 Pillow
1 Blanket
2 Twin flat sheet
2 Twin fitted sheet
1 Twin mattress pad
2 Twin pillow case
1 Comforter or bedspread
Envelopes/ Paper / Pen / Pencil/ Stamps
Personal necessities (soap, shampoo, toothbrush
toothpaste, feminine napkins, tampons, deodorant, conditioner)
Electric razor (if desired)
Small stuffed animals (2 maximum, if desired)
Scientific Calculator
1 Back pack

THINGS NOT TO BRING

Stereos, recorders, CD's
tapes or walkmans
Aerosol hair sprays etc.
Hair dyes/colored hair mousse
Products with alcohol
Combat boots
No frayed or torn clothes
Bikinis
Long or dangling earrings
Nail polish remover
Nail polish
Glass (including picture frames)
Black or dark make-up
Half shirts/midriff
T-shirts with occult or concert
Razors/sharp objects
Money or loose change
Drugs, cigarettes, or alcohol
Expensive or sentimental
items or jewelry
Mirrors

CLOTHING TO BRING

The recommended **maximum** amounts of clothing to bring are as follows: **(Copper Canyon Academy provides 4 T- shirts, 4 polo shirts, 1 fleece jacket and 2 pair exercise of shorts & one white dress shirt.**

PLEASE NOTE: 4 pairs of pants-khaki only; 4 pairs of shorts and/or Capri's-khaki only-(shorts need to be to the knee). 1 khaki skirt – required - knee length or longer)-khaki only) and 2 pairs sweat pants.

10 Underwear (No thongs please)
10 Pair socks
5 bras (one sports bra) No Black
1 Slip (optional)
1 Bathrobe

2 Pair athletic shoes (sports)
1 Pair slippers
1 One piece bathing suit (modest)
2 Pajamas w/pant bottoms
1 pair of Flip flops

All clothing must fit comfortably - no tight or baggy clothing. No sleeveless or off the shoulder tops. No gang related clothing. All inappropriate clothing and items will be returned to Sponsors. All clothing is subject to approval by Residential Director.

Dress Code

EFFECTIVE April 26, 2010

Skirts:

- Style: Straight or pleated – Knee Length –
- No leggings or pants under skirts
- 1 Khaki skirt (required), 1 additional Khaki skirt optional

Pants/shorts:

- Styles: No more than 4 inches above knee. Must not reveal skin when bending over. No cargo pants. Pants must fit (not be too tight or too baggy).
- Color: Khaki in stone or light tan only – No Green
- Corduroy are acceptable in the approved colors
- Jeans/Levis are approved for after school, weekends, and activities for level twos and up.
- Dark blue or Black Exercise Shorts – No more than 6 inches above the knee
- No rips, tears, or writing (in pen or marker) permitted on pants. Pants may have writing on INSIDE identifying what student they belong to.
- Pants with rips, tears, writing, etc. will be sent home.
- Sweat pants – Exercise time only:
 - Black or Navy (white stripe is approved)
 - Velour is fine in the approved colors

Belts:

- Must go through the belt loops of pants or skirts
- Brown or black belts only. No studs or spikes.
- Belts are optional provided a uniform shirt is worn which covers belt loops.

Shirts (uniform shirts provided):

- 1 White shirt (required) for graduation and community days.
- Polo shirts are standard uniform, provided by program.
- Students are required to wear the uniform shirt corresponding to their **level** at all times, except for Level Four's on home visits or Level Four activities.
- 2nd shirt may be worn under uniform shirt however it must be white or same color as uniform shirt – Single color only
- No band, gang, or negative images on shirts.
- White T-Shirts Approved as undershirts or pajamas.

Jackets/Coats/Sweatshirts:

- Must be able to see the uniform shirt color
- No sweatshirts, sweatshirt "coats" or "hoodies". No sweatshirt materials other than CCA provided or uniform approved fleeces. These will be provided by the Program.

Jewelry (please - no sentimental or expensive jewelry- at own risk):

- No gang, satanic, negative friend, or negative image jewelry

- Earrings-Studs only level 1, small hoops or dangles 1" maximum size level 2 and up, 1 in each ear all levels
- Necklaces – 1 necklace worn at a time
- Bracelets – 2 bracelets per wrist plus a watch worn at a time
- No “hospital bracelets”. If student comes from or has to go to hospital their bracelet must be cut off.
- No “anklets”
- No body piercing (including tongue, eyebrows, and belly button)
- Rings – 2 rings maximum per hand – No toe rings

Under Clothing:

- Bras – Must wear – Must be lighter than shirt being worn – No black, zebra prints, or leopard prints (pastel prints are permitted).
- Underwear – Must wear - No thong underwear – No black
- House supervisor has final say on whether an undergarment is appropriate or not.

Swimming Suits:

- Once Piece and conservative in cut and style.

Hair/Hair Accessories:

- Hair should be out of eyes and clean
- Bandanas are not allowed
- Hair must be student’s natural color and conservative in cut and length.
- Hair must be presentable (no “messy buns,” hair in eyes, dreadlocks, etc.)

Shoes:

- Dress shoes are approved at all times.
- Clean White or Grey sneakers are approved and may be worn with uniform as well as after school and on week ends. They must be clean with no rips, holes or writing on them (other than brand name). No colors other than white or grey will be permitted, and no brightly colored shoelaces are allowed (white or grey shoelaces which match the shoe color only).
- Sandals are permitted with uniform if they are dress sandals.
- No flip flops are allowed as part of the uniform. They may be worn after school or on the weekends.
- No high heels except for graduation or community days. High heels worn on these occasions must have a heel no higher than 2”.
- Uggs are OK, during the school day provided they are in good shape and have no writing on them
- Knee High Socks, are OK in the following colors, White, Black, Grey or Navy
- Tights, in navy, white or black. NO LEGGINGS OR PANTY HOSE
Tights must have feet and be made of non-running material
- Slippers are OK, they may only be worn in the house and not school uniform.
- 1 flip flops
- 1 shower shoes
- 2 dress shoes - heel no more than 2”
- 2 athletic shoes 1- for gym only 1- for exercise and every day
- 1-House shoe/slipper may be used for in-dorm shoe
- 1 pair horse riding boots if involved in Equestrian Program

Make-Up

- No Make up Levels 1 – 2
- Light Make up Levels 3 – 4 - Mascara, Blush, Clear Lip Gloss only
- Eyeliner is not permitted at any level
- Makeup may not be shared between students

Fingernails

- Must be kept neatly filed
- Clear polish only levels 1 – 2
- Light polish colors levels 3 – 4
- No unusual colors (neons, bright colors, patterns, etc.)
- Dorm supervisor has final say on fingernail color.

Pajamas:

- Modest and Conservative
- 3 fingers across shoulder strap on tops -No spaghetti straps or “wife beater” style shirts
- Boxers may be worn under long night shirts
- Night shirts must reach mid thigh or longer

Shoes:

- 1 flip flops
- 1 shower shoes
- 2 dress shoes - heel no more than 2”
- 2 athletic shoes 1- for gym only 1- for exercise and every day
- 1 hiking boots
- 1-House shoe/slipper may be used for in-dorm shoe
- 1 pair horse riding boots if involved in Equestrian Program.

Level 4 Religious and Off Campus Activity Outfits:

- Must meet above Dress Code rules for length and modesty.
- Shirts: 3 inch minimum on shoulder - No midriff’s showing
- Skirts: No more than 2 inches above the knee
- Shorts: No more than 4 inches above the knee
- Outfits must fit (Not too tight or too loose)

Level 2 Religious & Off Campus Activity Outfits:

- Must wear uniform shirt
- May wear own pants, shorts or skirts as long as they are appropriate in style and color.

Level 3 Religious Services:

- Must meet above Dress Code rules for length and modesty.
- Shirts: 3 inch minimum on shoulder - No midriff’s showing
- Skirts: No more than 2 inches above the knee
- Shorts: No more than 4 inches above the knee
- Outfits must fit (Not too tight or too loose)

Level 3 & Off Campus Activity Outfits:

- Must wear uniform shirt

- May wear own pants, shorts or skirts as long as they are appropriate in style and color.

Inappropriate clothing or items will be mailed home to parents.

IN ALL CASES, RESIDENTIAL SUPERVISOR WILL GIVE FINAL APPROVAL ON OUTFIT AND CLOTHING APPROPRIATENESS.

**Khaki in stone or light tan only – No Green

NEW PARENT ARRIVAL SHEET

Student Name:

Date of Birth:

- Completed On-Line CCA Admission Application**
 - www.coppercanyonacademy.com
 - Admission and Tuition - On Line Admission for Application
- Signed and Completely Filled Out Original Copies Of**:
 - CCA Enrollment Agreement
 - Consent for Treatment
 - ⊕ Authorization for Release of Academic Records
 - ⊕ Authorization for Release of Confidential Information
 - Authorization for Medical Charges
 - Prescription Medications Form
 - Over the Counter Medications
 - Authorization for Use or Disclosure of Health Information
 - Authorization for Requested Uses and Disclosures of PHI for Marketing Purposes
 - Photograph Release Liability
 - Student Rights
 - Grievance Policy
 - Important Numbers to Know
- MUST HAVE UPON ADMISSION-MANDATORY ATTACHMENTS:
 - Copy of Birth Certificate**
 - Current Picture of Student
 - Copy of front and back of Insurance Card**
 - Copy of front and back of Secondary Insurance Card
 - Immunization Form Completed**
 - Legal Custody Agreement – If Applicable**

- PLEASE PROVIDE AT OR PRIOR TO ADMISSION:
 - Payment or Approved Payment Arrangements
 - **Prescription Medications** – **Enough for 6-8 weeks**** – if applicable
 - Official Academic Transcripts - mandatory
 - Psychological Testing (*completed within 2 years of admission*) – if available
 - Psychiatric Evaluations (*completed within 2 years of admission*) – if available
 - Discharge Summary–*All Previous Residential/Therapeutic Placements* – if applicable
 - Discharge Summary – *Outpatient Therapist* – if applicable

****Student must have at or prior to admission- Absolutely necessary for enrollment**

Copper Canyon Academy

TREATMENT PLAN

Client Name: _____

Last

First

Middle

Admission Date: _____

Presenting Problem:

ADD/ADHD

Oppositional Defiant

Anger

Anxiety

Depression

Eating Disorder

Family Conflict

OCD

Relationship Problems

Sexual Addiction

Substance Abuse/Dependency

Academic Underachievement

Unresolved Grief

Body image

Lying

Trauma (physical or sexual abuse)

Self-mutilation

Adoption

Other: _____

Goal:

Achieve initial Substance Abuse Recovery

Maintain and Improve Recovery Skills

Abstinence from addictive eating patterns

Improve relationships in family/friends/significant other

Medication management

Identify and resolve destructive behavioral patterns

Stabilize mood

Anger Issues Resolution

Self Improvement
Relationship Resolution
Increase in self-esteem
Abstinence from Addictive Sexual Behaviors
Other: _____

Method: Individual Counseling Weekly
Seminars as scheduled _____
Group Counseling Weekly
Family Counseling Bi - Weekly as scheduled _____

Course of Treatment

Completion to graduation of therapeutic program

Objectives: Identify precipitating events to problem
Gather history of problem
Learn signs, triggers, and cycles of anger
Develop healthy alternative ways of coping with problems
Abstain from addictive substances
Present for a psychiatric evaluation (if needed)
Take medications as prescribed (if prescribed)
Explore need for medical evaluation
Complete a self-assessment
Learn conflict resolution skills
Learn healthy communication skills
Review history of relationship choices
Identify healthy relationship traits
Identify enabling behaviors
Set appropriate boundaries
Examine negative self-talk
Learn and practice stress reduction techniques
Reorganize family roles
Increase interaction with family members
Get involved in new activities
Attend support/12 step groups
Seek spiritual support

Date of Next Treatment Plan Review: 6 months unless progress requires a review.

Student Signature

Date

Therapist Signature

Date

Parent Signature	Date
------------------	------

Parent Signature	Date
------------------	------

Supervisor Signature	Date
----------------------	------

Ferrone Equine Services
Contracted to Copper Canyon Academy, Lake Montezuma, AZ
Parents/Guardians of/and Student's Acknowledgment of Horse Riding Risk & Horse Interaction Risk While Participating in the Equine Riding Program and/or The Equine Therapy Program at CCA

I recognize there is an element of risk of harm/injury in any adventure, sport, EAP (equine assisted psychotherapy), interaction or activity associated with the outdoors and horses. I am also fully cognizant of the risks and dangers inherent in horseback riding and working with or around horses on the ground.

Inherent Risks: A horse may, without warning or any apparent cause, buck, stumble, fall, rear, make unpredictable movements, spook/shy, jump obstacles, step on a person's feet or body, kick or bite a person, push or shove a person, or a saddle or bridle/halter may loosen or break, etc. Any or all of these risks may cause the rider, handler or bystander to fall or be jolted, etc. resulting in serious injury or death.

Knowing of the inherent risks, dangers and rigors required of any activity associated with horses, I fully certify and consent to the capability and the participation of my daughter in the CCA Equine Riding or Equine Therapy programs, managed and operated by Ruthie Ferrone (Ferrone Equine Services) as an independent equine contractor and Eagala Certified ES for CCA, Linda Cathcart, licensed CCA therapist and Eagala Certified MH, or any other such ES or MH directed by CCA or Ferrone Equine Services to participate in the programs. Therefore, I assume full responsibility for any personal injury/harm, medical expense, or loss/damage of personal property and expenses thereof to my daughter that may be affected directly or indirectly by the result of any accidental mishap or as a result of my daughter's negligence while participating in the equine program(s). I also assume full responsibility for these same liabilities to myself and to any family members who may upon occasional visits, interact with the horses. I further hold harmless Ferrone Equine Services, its members/employees, or any owner(s) of any horses leased by Ferrone Equine Services of any liabilities from these inherent risks to the extent that any such injury or damage is not due to the negligence of Ferrone Equine Services. I further understand that Ferrone Equine Services reserves the right to refuse participation in the Equine Riding or Therapy Program(s) of any person judged to be incapable of meeting the rigors and requirements of the program(s) until such time that they would be judged as capable.

I have read, understand and accept the terms and conditions stated herein and acknowledge this agreement shall be effective and binding upon the parties during the entire period of my daughter's participation in the Copper Canyon Academy Equine Riding or Therapy Program(s).

_____ Date	_____ Parent/Guardian Signature(s)	_____ Home Phone	_____ Work Phone
_____ Daughter Name (Print)			

All riding participants will be required

_____ <i>to wear a protective headgear helmet supplied by Ferrone Equine Services or student may bring her own.</i>	_____ Mailing Address
---	--------------------------

Please check one or more:
Equine Therapy is Mandatory with no riding involved, and eight week minimum participation
Riding 1X per week/ 4 rides per mo._____, Riding 2X per week/8 rides per mo. @ \$45 per additional
ride_____
_____ Volunteer to help at the barn.

Dear Parents,

Your daughter has expressed interest in attending religious services while here at Copper Canyon Academy. Students are allowed to sign up to attend two times per month. We understand there are sometimes concerns from parents who do not want their daughter to attend certain services. So that we can honor those requests, we would like for you to check the boxes below that correspond to the services you would like your daughter to be allowed to attend. Thank you!

☐ **Catholic** *Immaculate Conception Catholic Church*

☐ **Non-Denominational** *Parkside Community Church*

☐ **Baptist** *Beaver Creek Baptist Church*

☐ **Mormon** *Church of Jesus Christ of Latter-day Saints*

☐ **Jewish** *Jewish Community of Sedona and the Verde Valley*

☐ **Lutheran** *Grace Community Lutheran Church*

☐ **Non-denominational bible study** *on campus*

I authorize Copper Canyon Academy to allow my daughter
_____ to attend the above checked religious services
Student's name

Parent Manual Overview & Orientation

I/we have read and understand the following sections of the Parent manual.

<i>TOPIC</i>	<i>PAGE #</i>	<i>PARENT INITIALS</i>
<i>Welcome Letter</i>	<i>1</i>	
<i>Mission Statement</i>	<i>2</i>	
<i>Description of Program</i>	<i>2</i>	
<i>CCA Goals</i>	<i>2</i>	
<i>Questions and Answers</i>	<i>3-5</i>	
<i>Typical Behavioral Stages</i>	<i>6</i>	
<i>Academics</i>	<i>7-8</i>	
<i>Transition</i>	<i>9</i>	
<i>Family Seminars</i>	<i>10</i>	
<i>Schedule</i>	<i>11</i>	
<i>Privileges by Level</i>	<i>12</i>	
<i>Requirements for Advancement</i>	<i>13-18</i>	
<i>Visits by Level</i>	<i>19</i>	
<i>Mail and Packages</i>	<i>20</i>	
<i>Phone Calls / Visits / Money</i>	<i>21</i>	
<i>Clothing – Appropriate/Inappropriate Items</i>	<i>22</i>	
<i>Dress Code</i>	<i>23-24</i>	
<i>Directions to CCA</i>	<i>25</i>	

I/we have read the Parent Manual and understand its contents. I/we agree to abide by the rules set forth.

Parent Signature

Date

Parent Signature

Date

Transition

What is Transition? Transition at Copper Canyon Academy is one of the most informative and useful tools we have for assessment. We believe that the safest way to test the strength of the new behaviors in the student's life is to provide opportunities that more closely resemble the "real life" environment the student will encounter upon her return home.

By allowing the student supervised encounters with less structured situations, behaviors that no longer show up in the structured life of the school may come to the surface. This type of organized approach to observing and assessing behavior provides the treatment team with a significant tool for determining the level of internalization of desired behavior changes and provides the student with an opportunity to slowly ease her way back home.

It is important that students are provided with learning opportunities that ease their way from the strict structure of daily life in a program to the looser structure of life at home. Transition is an important component that provides assessment and support as the student works to apply and internalize all that they have learned from the program. Transition provides a bridge between the institutional structure and the structure at home.

The CCA transition program is set up as an assessment and evaluative tool in our treatment sequence. When students have proven that they have identified changes that need to be made, have made the changes within the context of the setting, and then have practiced the changes over time, they become eligible to enter the transition part of the program. Usually, but not always, this takes place during Level III of the program.

Each student in transition has an opportunity to integrate with a small group (usually about six) of other students, including students from other dorms, in an on-campus transition home overseen by a senior CCA staff member. In attempting to re-create an environment similar to the family life at home, transition students form a living unit and are expected to take part in group activities (grocery shopping, eating out, movies, hikes, excursions, etc.). She continues to abide by the program rules as well as the rules set up by each household.

She is given chores, homework, and other duties she needs to accomplish in order to continue her transition process. The students are expected to be organized and plan their daily responsibilities. This includes therapy, schoolwork, and even their work hours if they obtain a job while in transition. It is the responsibility of the transition parent to follow up with the student's responsibilities and to ensure that they arrive on time to all activities and meetings sponsored by CCA. It is also the responsibility of the transition parent to inform the treatment team of all progress and any problematic behavior difficulties that are encountered while the student is in their home.

Transition lasts from four to six weeks, depending on the issues and the progress each student makes. During the transition period weekly assessment sheets are completed by the transition parents and are then reported to the treatment team, therapists, and parents/guardians. The transition parents are also available for consultation as needed by parents/guardians, should any concerns arise.

An organized approach to observing and assessing behavior provides the treatment team with a significant tool for determining the level of internalization of desired behavior changes. If

serious problems arise while the student is living in transition, she can move back into the higher structure of the school setting to work through the problem and plan for her return to transition. We feel that this approach provides significant benefit to the student and her family as well as giving the treatment team a valuable measure of the student's progress.

Because the transition program is in a staff member's on-campus home, and involves more excursions off-campus than usual, students will be transported in CCA vehicles both to and from school and on transition activities. Vehicles are inspected for safety and record of insurance. A safe driving record is required and only senior staff members with at least one year's tenure are allowed to do transition. They are thoroughly screened and are in frequent contact with the student's therapist and the Program Director regarding the student's progress in transition.

By signing this document, parents acknowledge all questions about transition have been answered to their satisfaction, and that they give permission for their student to participate in transition when the time comes.

Student's Name

Parent / Guardian's Name(s)

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

Copper Canyon Academy



Dear Parents,

If you would like CCA to provide you with a separate statement that reflects the billable therapeutic hours to submit to your insurance, please mark “Yes” and sign/date below.

☐ **Yes**

☐ **No**

Parent’s Signature

Date

Student Name