



A Covenant

Agreement between Glenmont and New Resident

This Agreement is between _____ (legal name of new Resident) and Glenmont, a Christian Science Nursing Care Facility. Glenmont is licensed by the State of Ohio and has a current Certificate of Accreditation from *The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc.* In consideration of the mutual promises and covenants contained herein, Resident, Sponsor, and Glenmont hereby agree as follows:

CHRISTIAN SCIENCE CARE WHILE AT GLENMONT

The Resident agrees that they have come to Glenmont for Christian Science nursing care with a total commitment to Christian Science which includes Christian Science healing and the ongoing focus of spiritual growth and deep communion with God. As part of this commitment, they agree to, and will sign, the following covenant that will be in effect during their entire stay at Glenmont:

- a. I will rely solely on Christian Science for healing, devoid of any use of medications, including over-the-counter drugs or supplements.
- b. I fully accept my role in the healing process, and I will utilize Christian Science nursing care services and methods provided by Glenmont. I recognize that healing takes place in consciousness and I am dedicated to a routine of daily prayer to support my progress and healing. This includes: attending or listening to the church services at Glenmont or attending a local branch church; daily study of the *Weekly Bible Lesson* from the *Christian Science Quarterly*; engaging in individual study and limiting other activities that distract from this study and prayerful communion. I agree to participate in purposeful activity to bless others each day as I am able. I realize that this is an important aspect of my plan of care.
- c. I believe in and adhere to the theology of Christian Science including the Tenets on page 497 of *Science and Health with Key to the Scriptures* by Mary Baker Eddy. This includes my willingness to be Christ-like and loving in my interactions with other residents, visitors and staff members.
- d. I agree to pray for Glenmont (my home while I am here) on an on-going basis and to contribute to a healing atmosphere free from negative thoughts, words, or actions that in any way disturb this healing atmosphere for others.
- e. I will employ (engage) a Christian Science Practitioner for daily treatment during my entire stay at Glenmont while Glenmont provides comprehensive Christian Science nursing services in total support of my prayerful work and that of the Christian Science Practitioner.

- f. Upon admission, I will have a designated Health Care Power of Attorney, a Durable (Financial) Power of Attorney, and a Sponsor. One person can serve in multiple roles. The appropriate documents will be provided to Glenmont. My Sponsor is responsible for ensuring that I have a place for relocation upon my discharge. All persons serving must agree to their designated responsibilities.
- g. I understand that all patients are admitted with a 3-week trial period. A determination will be made for any extension of stay after the initial 3 weeks, and every 90 days thereafter.
- h. At such time when I am ready to discharge (in consultation with Glenmont's Christian Science Nursing staff) my Sponsor will be responsible for working with me to make arrangements for my living accommodations once I leave Glenmont.
- i. At any time, if I no longer wish to rely solely on Christian Science for healing, I may terminate this Agreement and leave Glenmont. My Sponsor will ensure that I have a place for relocation.

Incorporation of Other Documents into this Agreement. The following documents are hereby incorporated into this Agreement by reference. Please check each box to indicate that a copy of each of these documents has been provided and explained:

Check:

Check:

	1	Covenant/Resident Agreement		12	Grievance Policy and Process
	2	Application for Admission		13	Quality Assurance & Performance Improvement
	3	Addendum for Application for Admission		14	Notice of Non-Discrimination
	4	Glenmont's Mission Statement		15	Governmental Agencies List
	5	The Purpose of Glenmont		16	Current Rate Schedule
	6	Christian Science Nurse Scope of Services		17	Grants from the National Fund for Christian Science Nursing
	7	Initial Three-Week Trial Period		18	Television, Computers and Electronic devices
	8	Patient Expectations at Glenmont		19	Stating Your Wishes Regarding Medical Treatment
	9	Glenmont Patient Bill of Rights		20	Fire Emergency Procedures
	10	Glenmont Residents' Rights Policy		21	Tornado Warning Action Plan
	11	Explanation of Residents' Rights Concerning Transfer and Discharge			

By signing below, the Patient, Sponsor and Glenmont agree to the above.

Patient Signature _____ Date _____

Sponsor Signature _____ Date _____

Witness Signature _____ Date _____

Administrator (or Designee) Signature _____ Date _____

Additional Items for Patient Signature. Please check each box to indicate that a copy of each of these documents has been provided and signed:

Check:

1	Financial Considerations Policy
2	120-Day RCF Waiver
3	Personal Inventory for Patient
4	HIPAA Notice of Privacy Practices
5	Health Care Directive – Emergency Preferences (911 Letter and Form)
6	Request for Side Rails to Enhance Mobility
7	Passenger and Driver Release Form
8	Vaccinations Form
9	Discharge Planning
10	Admissions Information Checklist

[Covenant Agreement- 10-27-2020]

