



Treatment Contract

Client Name: _____ ID#: _____

1. I will show up on time for treatment sessions. If I am not able to attend, I will call as soon as possible to explain my absence.
 - a. All absences are reported to referral sources.
 - b. Only absences due to death of an immediate family member or for illness (self or dependant) **WITH A MEDICAL PROVIDER'S NOTE** are excused.
2. I agree to abstain from the use of all drugs and alcohol unless prescribed by a medical provider.
3. I agree to comply with the program's policies and rules on medications. Only drugs prescribed by your medical provider with dosing information are allowed, and only if you notify us of their use and provide a release to speak with your medical provider.
4. I understand that violence or threats of violence to staff, property, or other clients may result in immediate discharge from the program and notification to law enforcement.
5. I will avoid offensive language or behavior during treatment, and treat all persons with respect and courtesy.
6. I agree to maintain confidentiality of any information discussed in groups. I know that the clinic staff will share information with the rest of the treatment team.
7. I understand that staff is required to report suspected child abuse or neglect, any threats to harm myself or another person, and abuse or neglect of the elderly.
8. I will follow the approved grievance procedure in the event of a conflict.
9. I understand that should I not comply with any of the program's policies, I may be discharged from the program.

I have read all of the above conditions, understand them, and I am willing to comply.

Client's Signature at Admission Intake
(Initial acknowledging discussion during Assessment with Counselor)

Date

Signature of Intake Staff

Date

Counselor's Acknowledgment of Second Discussion

Date