

DATE OF CONTRACT: _____ CLIENT DATE OF BIRTH: _____
 CLINICIAN: _____ TREATMENT PROGRAM: _____

I, _____ understand and agree to comply with the following treatment recommendations. I understand that I must follow these conditions in order to remain in my treatment program. In signing this contract, I agree to meet the following conditions:

_____ I will attend my therapy sessions on time with one absence allowed for an emergency.

_____ I will attend _____ support group meetings per week and document my attendance.

_____ I will get a support group sponsor and meet with him/her _____ times each week, and if requested will have my sponsor talk with my therapist to confirm I am doing this.

_____ I will call 911 or the Crisis Line, if I feel I might kill or hurt myself or someone else (or this local emergency number _____)

_____ Other condition: _____

_____ Other condition: _____

I am committing myself to honoring this contract for the following time period: t ____ / ____ / ____ o

- / - / - or until a specific event takes place as follows: _____

I understand that if I do not comply with these requirements, the consequences will be as follows:

I understand that I will retain a copy of this contract and a copy will be kept by the program staff.

I will remain free from all mind altering substances unless prescribed by a physician. If I am taking any prescribed medications, I will take them in the way the doctor instructs me.

CLIENT/GUARDIAN'S NAME:	SIGNATURE	DATE
COUNSELOR'S NAME:	SIGNATURE	DATE
ADDICTION COUNSELOR SIGNATURE		DATE

CLIENT LAST NAME: _____ FIRST: _____ HCH#: _____