

TREATMENT CONTRACT / CONSENT TO CARE

I, Client Name consent to Alcohol and Drug Treatment at
Agency Name and agree to the following procedures listed below:

- 1) I will attend all required sessions, on time, as scheduled by my counselor.
- 2) I will pay all fees in accordance with the original payment scheduled developed. If legally required to participate in treatment, I understand that total payment of fees is a direct part of successful completion of this program and a letter of completion will not be sent to the court until those fees are paid.
- 3) I agree to abstain from ingestion or use of all alcohol and drugs for the duration of my program, unless prescribed by my physician for a specific reason/disease.
- 4) I understand that this program requires written assignments and active participation in group discussions, and I am willing to adhere to these conditions.
- 5) While in treatment, my family members will attend each family group sessions with me.
- 6) I am not presently in need of acute medical care and understand that no nursing or no medical services are provided by this organization.
- 7) I'm committed to successfully completing alcohol and drug treatment and abiding by all reasonable recommendations of my counselor or treatment program.

Client Signature

Date

Family Member(s)

Date

Counselor

Date