

The Substance Abuse Program

General Guidelines and Informed Consent to Participate

1. I agree to come to the Substance Abuse Program completely “straight,” not under the influence of any mood-altering chemicals.
2. I agree to abstain from the use of alcohol and mood-altering chemicals throughout my enrollment in the Substance abuse Program.
3. I agree to attend all sessions and to arrive on time without fail. Noncompliance may lead to treatment termination.
4. I agree to preserve the anonymity and confidentiality of all the Substance Abuse Program members. I will not divulge the identity of any members to persons outside of The Substance Abuse Program.
5. I agree to complete the program. If I have an impulse or desire to end treatment early, I will raise this issue for discussion in session before acting on these feelings.
6. I agree to not become involved romantically, sexually, or financially with other program members.
7. I agree to accept immediate termination from the Substance abuse Program if I offer drugs or alcohol to any member of the program or use these substances together with any program member.
8. I agree to comply with requests for oral drug testing or to provide urine samples upon request by counseling staff for the purpose of drug screening. I understand that noncompliance counts as a positive test. I understand that the results of drug screenings will be kept confidential except by court order showing just cause and in those instances where I provide the Substance Abuse Program with my express written permission to release information. The written release of information will specifically authorize The Substance Abuse Program to release drug screening information to an individual or party named in the release of information. I understand that Substance Abuse Program bears no liability for the way in which the recipient of the drug screening results utilizes the information. In addition, I understand that the Substance Abuse Program will internally utilize drug screening results to monitor my program compliance and to help me to plan treatment.
9. I agree to raise for discussion any issue which threatens my own or another member’s recovery. I will not keep secrets regarding another member’s drug use or other destructive behavior.

I understand these guidelines, agree to adhere to them, and consent to admission into the Substance Abuse Treatment Program. I understand that my participation in the program is voluntary and that various group and individual therapy sessions are given as part of the treatment package.

Client Signature

_____/_____/_____
Date

Witness Signature

_____/_____/_____
Date