

Program Rules/ Expectations

I agree to the following:

1. Attend all case management, individual therapy and group sessions;
2. Attend appointments alcohol and drug free;
3. Sign all necessary releases of information;
4. Treat other participants and treatment staff with respect;
5. Participate in treatment activities and discussions;
6. Complete all homework/ practice work as assigned;
7. Keep an open mind;
8. Maintain confidentiality;
9. Ask treatment staff for clarification when needed;
10. Turn cell phones off;
11. Be on time;
12. Have fun while learning;
13. Apply for/ Maintain health care coverage;
14. _____

Progression through treatment and the expectations with each requirement will be based on my performance and progress with my treatment plan.

I will cooperate with all treatment services outlined in my treatment plan and in any later or amended treatment plans from my treatment providers including any additional assessments.

Attendance to all treatment activities is mandatory. Three (3) absences are permitted before I am determined non-compliant. If I am determined non-compliant, a report will be submitted to my Probation Officer. If I am unable to attend an appointment or group session I am expected to contact my case manager or group facilitator prior to the activity.

In addition, **progress, participation, and adherence** to the above treatment rules and expectations will be monitored. Violations of any of the rules will be reported to my Probation Officer.

In an effort to assist me in my success, anything disclosed in treatment may be shared with my Probation Officer. This includes any disclosure of criminal activity, technical violations, or issues of danger to myself or others.

I understand that this treatment is a condition of my community control or Intervention in Lieu of Conviction supervision in an effort to assist me in improving my life. Because of that, any violation of any of the above treatment rules and expectations will be reported to my Probation Officer. At that time, the Probation Officer can issue a sanction up to and including revocation from supervision.

Statement of Acceptance:

I have read or had read to me the above treatment rules and expectations and have had an opportunity to ask any and all relevant questions. I understand that should I fail to abide by treatment rules and expectations termination from treatment as well as community control or Intervention in Lieu of Conviction supervision shall be considered.

I agree to follow these expectations and understand that they are designed to help me improve my life.

Print Name

Signature

Date

Treatment Staff Signature

Date