

Summit Pointe IOP Service Agreement and Consent

It is important that you understand the kinds of services you will be provided and the terms and conditions under which these services will be offered.

I, _____ (Print name), am requesting treatment from the staff of

Summit Pointe. As a condition of that treatment, I acknowledge the following items and agree to them. I understand the following: *(Please initial each item.)*

_____ 1. The Program: The outpatient treatment program I am agreeing to participate in is based on the Matrix Model Intensive Outpatient Alcohol and Drug Treatment Program. The program staff believes the treatment strategies employed provide a useful intervention for substance use disorders. No specific outcome can be guaranteed.

_____ 2. Rules of Participation: Treatment participation requires some basic ground rules. These conditions are essential for a successful treatment experience. Violations of these rules can result in treatment termination. I agree to the following (please circle the letter before each item to show you agree):

- a. Conditions of treatment require an honest attempt to abstain from all alcohol and other drug use for the entire treatment program. If I am unable to make this commitment, I will discuss other treatment options with the program staff.
- b. I will discuss any alcohol or other drug use with the staff and group while in treatment.
- c. Treatment consists of individual and group sessions. Twenty-four hours' notice will be given to reschedule individual appointments if necessary.

Group appointments cannot be rescheduled, and attendance at them is extremely important. The therapist needs to be notified of your absence; please call as soon as possible if you are unable to attend or will be late for group.

- a. Treatment will be terminated if I attempt to sell or encourage alcohol or other drug use by other group members.
- b. I understand that graphic stories of alcohol or other drug use will not be allowed.
- c. I will not become involved romantically or sexually with other group members.
- d. I understand that it is not advisable to be involved in any business transactions with other group members.
- e. All matters discussed in group sessions and the identity of all group members are absolutely confidential and will not be shared with nonmembers.
- f. All treatment is voluntary. When I decide to terminate treatment, I will discuss this decision with the staff.

_____ 3. The Teaching Facility: Services are provided by psychologists, master's-level therapists and social workers, certified Peer Recovery Coaches, or other certified addiction specialist. All non-licensed therapists and staff are supervised by a licensed therapist trained in the treatment of substance use disorders.

_____ 4. Consent to Videotape/Audiotape: To help ensure the high quality of services and training at this facility, therapy sessions may be audiotaped or videotaped for training purposes. The customer and, if applicable, the customer's family consent to observation, audiotaping, and videotaping for these purposes. A customer will always be informed in advance and has the right to decline.

_____ 5. Confidentiality: All information disclosed within these sessions is strictly confidential and may not be revealed to anyone outside this program without the written permission of the customer and/or the customer's family. The only exceptions are when disclosure is required or permitted by law. Those situations typically involve substantial risk of physical harm to oneself or to others, or suspected abuse of children or the elderly.

_____ 6. Cooperation: Accomplishing treatment goals requires the cooperation and active participation of customer and their families. If a customer's behaviors or lack of participation interferes with the group or individual's ability to engage in services, a customer may be asked to discontinue the program. This would also be discussed between the customer and therapist and notice would be sent to the customer.

7. I have watched, reviewed, and/or received the following:

_____ Orientation video

_____ Welcome Letter

_____ Participant Handbook

_____ Authorizations to Disclose Health Information (State)

Customer Signature

Date