



MID-STATE HEALTH CENTER
101 Boulder Point Drive, Suite 1
Plymouth, NH 03264
P: 603-536-4000 | F: 603-536-4001
midstatehealth.org

**RISE Recovery Services
Intensive Outpatient Program
Treatment Agreement**

Participant: _____ **DOB:** _____

I understand that the goal of treatment is to develop a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA). RISE Recovery Services Intensive Outpatient Program uses research backed methodology to provide useful interventions for substance use disorder, however, no specific outcome is guaranteed.

It is important to understand the kinds of services available and the terms and conditions under which these services will be offered.

As a condition of IOP treatment, I acknowledge and agree to the following:

Please initial each item.

1. _____ I understand all treatment options offered by Rise Recovery Services are voluntary. I understand that I may withdraw from services at any time. Should I chose this option, I understand I will be expected to discuss this decision with program staff and provide appropriate written documentation.
2. _____ I understand that services are available from psychologists, master's level counselors, counselors-in-training, and other qualified recovery support workers. All non-licensed counselors are supervised by a licensed counselor trained in the treatment of addictions.
3. _____ I understand that all matters discussed during group sessions and the identity of all participants are strictly confidential and may not be revealed to anyone outside of program staff. I will not share the information I see or hear during IOP with anyone. An exception may only occur when disclosures are required by law. Those situations typically involve substantial risk of physical harm to oneself or others, or suspected abuse of children or elderly.
4. _____ I will arrive to all individual and group appointments on time and be prepared to provide random urine or breath-alcohol screenings.
5. _____ I understand the expectation is to remain abstinent from all non-prescribed drugs, alcohol, and other substances while receiving treatment. I will discuss any alcohol or substance use with the appropriate staff while engaged in treatment. If I am unable to make this commitment, I will discuss my treatment options with program staff.
6. _____ I understand that group appointments cannot be rescheduled and my attendance is vital for group success. I will notify RISE Recovery staff in advance either in person or by telephone if I am unable to attend a group session. Missed group sessions will be made up



MID-STATE HEALTH CENTER
101 Boulder Point Drive, Suite 1
Plymouth, NH 03264
P: 603-536-4000 | F: 603-536-4001
midstatehealth.org

**RISE Recovery Services
Intensive Outpatient Program
Treatment Agreement**

on an individual basis. Upon missing three group sessions, participants will be asked to restart the IOP program if they wish to continue.

7. _____ I understand that the use of cell phones or other electronic devices will not be tolerated during group and individual appointments as this can be a disruption for other participants and facilitators. Emergency situations should be discussed with RISE Recovery staff and attended to in a private manner.
8. _____ I understand treatment will be terminated if I attempt to sell drugs or encourage drug use among other participants. Additionally, I understand that it is not appropriate to be involved in business transactions with other participants.
9. _____ I understand that graphic stories of drug or alcohol use will not be tolerated.
10. _____ I agree not to become romantically or sexually involved with other participants or staff.
11. _____ To help ensure the quality of services provided by RISE Recovery Services, some group therapy sessions may be audio and/or videotaped for training purposes only. Written consent will be obtained if recordings are to take place.
12. _____ Accomplishing treatment goals requires the active participation of clients and their families. Lack of cooperation may interfere with the program's ability to render services effectively to any and all participants. I understand that I may be terminated from the program if my behavior becomes problematic or disruptive to staff or other participants.
13. _____ Basic expectations for treatment participation are essential for a successful treatment experience. Disregard for these expectations may result in verbal or written warning, up to discharge from the program depending on the severity of circumstance.

I have read and understand the above agreement and hereby authorize and consent to treatment from Mid-State Health Center's RISE Recovery Services.

Signed: _____ Date: _____

Witness: _____ Date: _____