Name: _____ Date: _____

Treatment Contract: Individual Counselling

My therapist has discussed with me my goals related to my substance use and my reasons for wanting to change my pattern of substance use. The Structured Relapse Prevention (SRP) counselling program has also been explained to me.

I have reached the decision that I want to work hard toward changing my alcohol or other drug use by entering SRP counselling. I understand that, in order to remain in SRP counselling, I must comply fully with the terms outlined below.

I agree to the following:

ATTENDANCE

I will be **on time** for all treatment sessions. If I am ill, or if an emergency arises, I will telephone my therapist to cancel and reschedule my appointment.

SUBSTANCE USE

I will remain fully committed to discussing and learning about my use of alcohol or other drugs. If I change my substance use goal, I will discuss the change openly with my therapist.

PARTICIPATION

I agree to participate fully in the treatment process. This includes:

- completing self-monitoring and homework exercises
- treating other clients and staff, and agency property, with respect.

CONFIDENTIALITY

I understand that my treatment progress will be documented. I understand that my therapist will write notes in my chart reflecting what is said during counselling sessions.

I understand that staff will maintain complete confidentiality, except where they are required by law to do otherwise. I understand that these specific exceptions to client confidentiality include:

- clinical consultation as needed with other members of the therapeutic team
- court subpoena or summons
- information regarding particular infectious diseases
- medical information in the case of an emergency (released to the attending physician)
- suspected child abuse or neglect
- threat to harm myself or others
- threat to the welfare of a child
- risk of driving when impaired.

I understand that there may be occasions when treatment sessions will be observed by authorized staff, students or community health care professionals (either in person or through a one-way mirror) for the purposes of training, treatment planning and program development. All guidelines of staff confidentiality will apply in these cases.

I have discussed these terms of agreement with my therapist and I agree to follow them.

_____ _____

Signed Witness

_____

Date