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### **Treatment Agreement**

I \_\_\_\_\_, agree to enter outpatient treatment with Alternatives' Behavior Health Program and agree to abide by the following program rules.

The fee for my treatment is \$\_\_\_\_\_ per \_\_\_\_\_ I attend. I will remain current in payments and understand that I may be discharged if I fall two or more sessions behind in payment.

I will attend treatment regularly, free from the effects of drugs and/or alcohol and on time. If I cannot attend I will call 24 hours in advance if possible. If I am more than 15 minutes late for a session I know that I may be refused entry. I will not leave a session early without having received prior permission from the program and understand that regularly leaving sessions early can be grounds for discharge. I agree to participate in discussions and other activities such as presentations, written assignments and homework to the best of my ability.

If I am referred to treatment by the court or some other oversight agency for which I have signed a release of confidentiality, I will provide written documentation of the reason for any absence. If I do not provide satisfactory documentation **within a seven day period** I understand that the absence will be reported as unexcused.

I understand that attending a treatment session under the influence of drugs or alcohol can cause me to be excluded from the session and can result in my discharge.

I agree not to engage in **any** form of violence while at the program including physical violence, verbal threats, or insults. I understand that violating this rule can result in my **immediate** discharge from the program.

I understand that committing a crime or possessing a weapon at the program can result in **immediate** discharge, as well as criminal charges being filed against me by Alternatives.

Alternatives agrees to provide competent, trained and adequately supervised staff to provide treatment. These staff will read and sign a Code of Conduct contained in a separate document. The Code is publicly posted for clients to read.

Alternatives agrees to abide by the Client's Rights described in a separate document which the client signs and a copy of which the client receives. Specifically the agency agrees to respect the client's right to have any information kept confidential as required under Federal law (CFR 42, Part 2).

The agency agrees to provide advance written notice of any involuntary reduction or denial of services and to provide access to the grievance procedure discussed in the Client's Rights document for such actions.

The agency agrees to objectively respond to client grievances as discussed in the Client's Rights document and to refrain from any retribution toward clients who grieve the agency's actions.

Your signature below means you understand this agreement, have had any questions answered, and agree to follow its terms. You will be given a copy of this agreement.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

The program would like to contact you by telephone or by mail after you leave the program so we can evaluate the services we provided to you and your satisfaction with them. By signing below you are agreeing to these contacts.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Check box if you disagree: ☐

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I have met with the Client and answered any questions he/she asked about this form.

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_