

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES  
TRINITY COUNTY ALCOHOL AND OTHER DRUG SERVICES  
**DRUG FREE TREATMENT PROGRAM**

**OUTPATIENT TREATMENT ADMISSION AGREEMENT**

Welcome to the Trinity County Alcohol and Other Drug Services (AODS) Outpatient Treatment. Your program has been designed with your immediate treatment needs in mind. Your success in the program is determined by your active participation. This contract is your commitment to yourself and the potential for a new alcohol and other drug free lifestyle. We want you to succeed. Please read the following. Your signature is your agreement to attend and participate in the program to the best of your ability.

I \_\_\_\_\_ understand and agree to attend the program. I also understand that I will be monitored for motivation, compliance, and overall participation in the following outpatient program:

**OUTPATIENT PROGRAM: INTENSIVE HAYFORK WEAVERVILLE**

\_\_\_\_\_  
**INITIALS**

I understand satisfactory completion of the program requirements are determined by my primary counselor and the clinical team. Regular reviews of my progress will be provided through individual treatment planning and possible meetings with the clinical team. I understand I will continue to attend treatment for as long as I meet criteria for medical necessity.

\_\_\_\_\_  
**DATE**

I will be expected to participate in groups and understand that I will be offered many new ideas. I will approach these with an open mind. The staff is here to assist me through any treatment issues that arise. I will follow my signed Code of Conduct, and this Admission Agreement.

I understand that it is my responsibility to demonstrate a commitment and maintain attendance to the program. However, if I choose to be noncompliant with the AODS regulations, I will be sent a NOA (Notice of Action) and my file will be closed if I do not respond within 10 business days of receipt of the letter. I understand that I also have the right to appeal this action.

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

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_