

Client Name: _____

Clinician Name:

PROGRAM RULES

- Keep your appointments as scheduled whenever possible. Please discuss scheduling needs with your counselor.
- Reschedule if needed with a 24 hour notice. When clients miss several appointments it is within the counselor's discretion of whether or not to reschedule. Your counselor will discuss this with you if it should become a concern.
- Commit to assigned homework to build and practice new skills and help you reach your identified goals. As with any new skill practice is of importance to be able to use new skills and create healthier habits.
- Communication between providers is important to improve outcomes. Keep your counselor informed of any other providers you are working with, as well as, changes in your symptoms or situation. Sign releases to allow coordination of care when you feel it will be of benefit. You have the right to accept or refuse this.
- Actively participate in the service planning process as goals are being developed and evaluated. You are the expert in what you want to accomplish as a result of counseling.

STATEMENT OF CONFIDENTIALITY

The confidentiality of all alcohol and drug abuse client records are protected by Federal law and regulations. The program may not disclose any information outside of the program identifying a client as an alcohol or drug user unless: **the client consents in writing; the disclosure is permitted by a court order; the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation; or a review is being conducted by an accredited licensing body.**

Federal law and regulations **do not protect** any information **relating to a crime committed either at the program or against any person who works for the program or about any threat to commit such a crime;** nor any information **relating to suspected child abuse or neglect** from being reported under State law to appropriate State or local authorities.

Violations of Federal laws and regulations by a program are a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. I understand that I have a legal right to report any violation to the director of this program, or to the **Substance Abuse Mental Health Services (SAMHS), Department of Health and Human**

Services, 41 Anthony Ave., Augusta, ME 04333.

My Signature below acknowledges that I understand the program rules, fee schedule and confidentiality of receiving services.

Client Signature: _____ Date

Parent/Guardian Signature: _____ Date:

Clinician Signature: _____ Date:

10/3/18