

DAYMARK RECOVERY SERVICES, INC.

Medicaid No.: _____ Record Number: _____
Client: _____ DOB: _____

OUTPATIENT TREATMENT AGREEMENT

- 1. I understand my diagnosis. I will participate in developing a plan, including goals that meet my needs and preferences. I understand I can ask questions about my service plan to understand what my therapist and/or physician have recommended.
2. I understand that in order to get better and see changes in my life, I will need to work on the things I learn in therapy between sessions.
3. I (and/or my legally responsible person) have been reminded of my payment responsibilities. I agree to provide my insurance information and sign Financial Agreements and releases as required.
4. Coordination of Care with other Behavioral Healthcare and Medical Providers is an important part of your treatment. Please inform your therapist or Doctor if you are seeing another Provider.
5. If I become dissatisfied or unhappy with any services that I am receiving from Daymark Recovery Services, Inc., I know that I have the right to complain to my therapist, any supervisor, the Center Director, Support Supervisor or member of Senior Management.
6. I understand that benefits of therapy and/or medication may include: understanding myself better; being able to get along better with my family, friends, and coworkers; feeling better about my life, my relationships, and/or my job. Everyone is different and no one has promised I will get all these benefits, even if I do everything my therapist and doctor recommend.
7. I will not talk about other people I may see or what I hear other people talk about out of respect for their confidentiality.
8. Daymark provides a family-oriented recovery program which can improve the benefits of services. My family/friends and/or legally responsible person will be encouraged to participate on a regular basis as appropriate. However, it is my choice as to who is involved in my treatment unless legally mandated otherwise.
9. Daymark agrees to evaluate and/ or treat the patient with an aim toward wellness and recovery. Daymark does not determine disability or make recommendations on custody or fitness to parent, but can refer patients to other agencies that can provide disability evaluations and/or custody evaluations.
10. Daymark Recovery Services does not offer expert opinions for custody evaluations, parenting evaluations, fitness evaluations for any type of work or disability. In the event our employees or contractors are ordered to testify in court on your behalf, you may be charged the cost of the time the staff member is out of work to testify on your behalf. This includes court preparation time, driving time, wait time and testimony time.
11. I understand that if I am on probation or otherwise involved in the legal system, my court counselor, probation officer or attorney may obtain information regarding my treatment including that covered by both State and Federal confidentiality guidelines. I have the right to refuse them access to that information; however, I understand that a court order can be obtained which requires the releasing of information. This information could include attendance, response to treatment, results of drug screens, and other aspects of my treatment. Sharing of this information could include my having to return to court and face further sanctions for non-compliance if I am not following treatment recommendations.
12. If I do not follow through with what my therapist and/or doctor recommends, I understand that my current and future services may be reduced, changed, or terminated. Examples of not following through include: not coming to my scheduled appointments; not taking my medications as directed; not working on my problems outside of therapy; not cooperating with center staff who are trying to help me; and/or failure to meet agreed upon financial obligations.
13. I understand that if I am taking medications (prescribed by Daymark), I need to take them exactly as prescribed and that I should report any problems with the medications to the physician. If I have a problem with my medications after regular business hours, I know that I can contact Daymark Emergency Crisis Intervention Service at 1-866-275-9552. I will receive an immediate response with proper attention to my problem. This service is available at all times, 24/7/365. Also, I may elect to go to the emergency room.
14. If I am in substance Abuse Treatment, I understand that the goal of the treatment program is abstinence from alcohol and other mood altering substances (except for medications I am taking in a prescribed manner under the supervision of a physician) while I am a client here. I understand that it is very important to report all medications prescribed by other physicians to my Daymark physician. If I am having any difficulty staying abstinent, I agree to discuss this with my therapist.
15. I understand that if my therapist and/or physician believe I may have a substance abuse problem, I will be required to go to a substance abuse evaluation (which may include a urine drug screen) and possibly substance abuse treatment.
16. If I am in substance abuse treatment I will learn about substances and how they affect my family and me. I will learn about the recovery process and what I will need to no longer have problems as a result of my use.
17. If DWI, I have been informed of other agencies in this area that also provide DWI services and I have chosen Daymark as my provider.
18. I agree to drug testing (i.e., urinalysis and/or breath analysis). The results of which will be discussed with my therapist.
19. If I am in substance abuse treatment, I agree to participate in a support group as agreed upon with my therapist.
20. I understand that Daymark does not deny or suspend services to any consumer except in select circumstances in which it is consumer choice to suspend or discontinue services or in which ongoing treatment of an individual consumer may jeopardize the safety and/or welfare of other consumers or the agency as a whole.
21. I understand that there are no cell phones allowed within view in treatment areas and must remain in purse or pocket at all times. If I am expecting an emergency call, I understand I will need to put my phone on vibrate. All audio/video recording devices are prohibited, and I understand that is to protect the confidentiality of all Daymark clients.

I have read and understand the above agreement. I understand that successful treatment depends on compliance with my treatment plan agreement. Failure to comply with this agreement will result in reassessment of treatment and possible referral to other services.

I also understand that I can call or walk into the center during normal business hours if I have an emergency situation. After hours, I can call the Daymark Emergency Crisis Intervention Service any time, 24/7/365 at (1-866-275-9552). It includes all the help, services and treatments needed to respond to and stabilize my situation. This service includes face to face treatment in the home or other safe location.

Client Signature _____ Date _____ Therapist's / Credentials _____ Date _____
Legally Responsible Person Signature (if applicable) _____ Date _____ Collateral's Signature (if applicable) _____ Date _____