



## FAMILY AGREEMENT

### You can expect us to ...

- Treat you fairly and respectfully at all times
- Protect your privacy and dignity
- Give a reasonable response to your questions and requests
- Educate you about addictive diseases and facilitate positive communication in your family

### We expect you to ...

- Treat other participants and staff with respect
- Remain active in the Family Program unless excused for a specific reason
- Abstain from the use of alcohol and other mood altering chemicals for this week, and to take only prescribed medications
- Smoke in the areas designated for family participants
- Observe rules for limited contact with clients in treatment except at approved times
- Honor the confidentiality of other family participants and clients. Information disclosed in sessions is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure must be made in the following situations: where there is a reasonable suspicion of child abuse; where there is a reasonable suspicion that the client presents a danger of harm to self or others unless protective measures are taken. Also, disclosure may be required pursuant to a court order.
- Understand that if you do not follow these expectations and cooperate with the program and staff, you may be asked to leave the Family Program.

**I hereby certify that this form has been fully explained to me and that I have read and understood its contents.**

\_\_\_\_\_

Date

\_\_\_\_\_

Print your name

\_\_\_\_\_

Signature

\_\_\_\_\_

Parent of Guardian if under age 18 or disabled

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PATIENT NAME