

TREATMENT PARTICIPATION EXPECTATIONS

In order to participate in the Department substance use disorder treatment program, I HEREBY AGREE TO:

- Remain free of alcohol and other non-prescribed drug use and/or possession. I will provide documentation per DOC 420.380 Drug/Alcohol Testing for any prescribed medication
- Participate in alcohol/drug testing per DOC 420.380 Drug/Alcohol Testing
- Refrain from any and all criminal activity, including behaviors that may result in an infraction
- Refrain from any physical violence, threats of physical violence, abusive arguing, or inappropriate language
- Attend all regularly scheduled individual and group treatment sessions. Unexcused absences may result in an infraction and may result in termination from treatment
- Actively participate in counseling sessions and in planning and implementing my Individual Service Plans
- Ask my treatment professional to explain treatment program expectations, rights, or responsibilities that I do not fully understand, and acknowledge any difficulty I may have in reading, writing, or comprehending English
- Sign and abide by DOC 14-042 Prison Drug Offender Sentencing Alternative Agreement, if sentenced to the Drug Offender Sentencing Alternative (DOSA) program. Failure to do so may result in reclassification of the DOSA sentence
- Respect and protect the privacy, rights, and confidentiality of others. I will not discuss anything that was shared in group unless it is to report safety and security risk to the appropriate employees/contract staff
- Recognize that I am receiving treatment in a correctional setting. I understand that there may be situations in which, due to safety and security, I may be viewed by individuals not engaged in treatment

In order to successfully complete treatment, I HEREBY AGREE TO:

- Participate in treatment and self-help groups as agreed upon with my treatment professional and as required
- Complete the requirements of my Individual Service Plans with my treatment professional
- Remain in treatment until I receive a successful completion certificate

TREATMENT PARTICIPATION RIGHTS

- Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability
- Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others
- Be reasonably accommodated for disability, limited English proficiency, and/or cultural differences
- Be treated with respect, dignity and privacy. Employees/contract staff may conduct reasonable searches to detect and prevent possession or use of contraband
- Be free of any sexual harassment/misconduct
- Be free of exploitation, including physical and financial
- Have all clinical and personal information maintained in confidentiality per state and federal statute and regulation
- Review my clinical record in the presence of an employee/contract staff and be given an opportunity to request corrections, if needed
- For DOSA individuals, appeal my termination from treatment per DOC 580.000 Substance Use Disorder Treatment Services
- File a complaint per DOC 550.100 Offender Grievance Program

GUIDELINES FOR TERMINATION FROM TREATMENT

The following behaviors may result in termination, transfer to a higher level of care, or other treatment plan revision:

- Failure to abide by the treatment participation expectations
- Possession, introduction, or use of contraband
- Providing a positive alcohol/drug test. I understand that “positive” includes insufficient or tampered samples, failure to provide a sample, or positive tests for non-prescribed medications. Treatment professionals have the authority to dismiss individuals from class, groups, or the treatment program for a violation of these rules or “just cause”
- Possession of prescription medications not prescribed to the individual or misuse of prescribed medications
- Two unexcused treatment absences, including absences due to non-mandatory callouts, within the same modality (i.e., method of treatment)
- Behavior that is harmful or disruptive to the treatment environment
- Gang related activities or harassment of others
- Any threat or act of violence toward others or the facility
- Possession of a weapon in group
- A lack of progress toward the goals of a treatment plan as determined by the primary Substance Use Disorder Professional and staffed with their supervisor
- Misconduct resulting in facility violations or toward others, including sexual misconduct as defined per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.
- Serious violation that results in a demotion in custody level
- Three absences within the same treatment modality. Exceptions may be allowed in the event of a legitimate, verifiable reason (e.g., injury, illness, mandatory callout that cannot be rescheduled)
- Failure to follow the conditions of a behavioral or therapeutic intervention (e.g., behavioral contract)

**DOSA individuals who are terminated from treatment will be reclassified per
DOC 580.655 Drug Offender Sentencing Alternative.**

I am refusing to participate in treatment. I understand refusing to sign this agreement will result in a denial of services and will be considered failure to program, which may lead to a custody level demotion. I understand I may change my mind at any time and request treatment services. I am refusing treatment for the following reason(s):

I acknowledge that I have read, or had read to me, the participation requirements and consent to participate in treatment.

Name Signature DOC Number Date

Substance Use Disorder Professional Signature Date

Witness, required if refused to sign Signature Date

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