

**York / Adams Drug and Alcohol Commission**

**TREATMENT AGREEMENT FORM**

I, \_\_\_\_\_, agree that I will follow through with any and all treatment recommendations.

As my full treatment picture emerges through continued evaluation, my placement decisions and length of stay shall be reconsidered throughout my entire treatment episode. By following the recommendations of the facility staff, I will participate in the level or levels of care recommended until I have developed the coping skills sufficient to support a self-directed recovery program. The recommendation may include inpatient rehab, halfway house and outpatient treatment.

I understand that the Pennsylvania Client placement Criteria for Adults (PCPC) shall be utilized to guide my treatment placement. The PCPC will be used by my therapist to assess the appropriate level of care for admission into the treatment continuum; then at specific intervals during my treatment episode (continued stay reviews) to determine if and when to make a referral to a different level of care within the treatment continuum; and to determine when I have met the criteria for a successful discharge from all treatment services within the treatment continuum.

In the event that I, \_\_\_\_\_, do not follow through with all treatment recommendations of which may include the full range of treatment services (that is: detox; rehab; halfway house; IOP; OP), I may be jeopardizing future funding eligibility with the York/Adams Drug and Alcohol Commission, in that funding for future residential services may be denied.

\_\_\_\_\_  
Client Signature & Date

\_\_\_\_\_  
Witness Signature & Date

Client accepted a copy: YES  NO