

COPE Program Treatment Contract

1. I understand that this treatment will last 12 sessions and I agree to participate in each session.
2. I agree to attend all sessions and to arrive on time. If it is absolutely necessary that I cancel a session, I will call in advance to reschedule. I also agree to call in advance if I will be late to a session.
3. I agree to come to sessions drug- and alcohol-free. I understand that I will be asked to leave any session that I attend after using alcohol or drugs. I will be asked to arrange safe transportation home.
4. I understand that I will be expected to complete “homework” exercises between sessions. I agree to bring in the homework forms each week to discuss with my therapist.
5. The goals I want to accomplish in therapy are:
 - 1.
 - 2.
 - 3.

6. The most important reasons that I want to make these changes are:

Patient Signature

Date

Therapist Signature

Date