

**NORTH KENT GUIDANCE SERVICES  
INITIAL TREATMENT AGREEMENT**

Name (please print) \_\_\_\_\_ Case# \_\_\_\_\_

What brings you to North Kent Guidance Services and what do you expect from treatment?

\_\_\_\_\_

Please list any physical, geographical, time, or other personal restrictions we need to be aware of:

\_\_\_\_\_

I agree to:

- a) Attend all scheduled appointments. Exceptions would include emergency situations or timely notification.
- b) Follow through with assigned tasks as agreed upon between myself and my therapist (i.e., reading literature, attending a support group..).
- c) Inform my therapist of any changes such as address, phone number, insurance carrier, job status, or treatment needs/concerns.
- d) Participate in mental health and/or substance abuse counseling at NKGS.

I understand:

- a) I may be asked to evaluate the program and that no personal information will be included in any reporting.
- b) That my case may be reviewed in supervision as required by law and agency policy.
- c) Other therapists in this practice will have access to my case information (written and verbal) as warranted by "internal agency confidentiality".
- d) North Kent Guidance Services agrees to address concerns in the most appropriate and professional way and to make referrals to other services as needed or requested.

I have received:

- a) Recipient Rights information and have access to Client Feedback Forms
- b) The program's rules and policies about discharge.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (can be clinician)

\_\_\_\_\_  
Date