SUD PROGRAM EXPECTATIONS AGREEMENT

This page outlines the program and expectations for LifeStance Health, Inc. ("LifeStance") SUD Program services, including:

Level of Care: Your Assessment resulted in a level of care to match your recovery needs. LifeStance provides Intensive Outpatient and varying Outpatient levels of care. You may move up or down a level depending upon your needs.

Intensive Outpatient (IOP): This level of care is for 9 (6 for Youth) hours or more of contact treatment per week, which means 3 group meetings a week for 3 hours each (2 hours for Youth). Clients in IOP will also work with a Counselor in Individual Counseling. Family participation is a part of this level of care for at least 3 sessions. Community recovery support meetings are a part of this level of care too, with no less than 1 per week throughout IOP. The length of service can vary depending upon you response to treatment.

Outpatient (OP): This level of care is for 1-9 hours (1-6 for Youth) per week. This is primarily through groups. Individual Counseling is at least once a month. Family sessions are also a part of care for at least 3 sessions. Community recovery support meetings are a part of this level of care with no less than 1 per week throughout IOP. The amount and length of treatment can vary depending upon your needs, response to treatment, and urinalysis results.

Discharge Session: Each level of care will end with a discharge session. This session is to finalize your treatment and plan for the next phase of your recovery.

Financial Responsibilities: It is important to stay current on paying co-pays and deductibles. A co-pay is when you have to pay a part of the bill for a session. A deductible is when you pay for all of the cost for service. Note: If you drop below one day a week, your insurance may not pay for your treatment. You would have to pay privately if that happens.

Use of Substances while in Treatment: We are an "abstinence-based program." This means we ask clients to be clean from all abusable substances during treatment.

Be aware that there are many prescribed medications and over-the-counter medications that contain abusable substances. These will be detected in a urinalysis (UA). They include:

- Sedatives, Hypnotics, or Anxiolytics
- Opioid Medications/propoxyphene
- Amphetamines
- OTC medications such as ephedrine, pseudoephedrine, dextromethorphan, and Nyquil
- Cough syrup with alcohol or codeine or dextromethorphan
- Alcohol: Mouthwash and hand sanitizers
- Non-alcoholic beer
- Food products containing alcohol (extracts such as vanilla)
- Anabolic Steroids
- Sleep Aids (Tylenol PM, etc.)
- Cannabinoids including CB or Synthetics
- Foods containing poppy seeds
- Inhalants or solvents
- Kratom
- Diet pills, energy supplements, energy drinks including Kombucha

If your medical provider wants you to take any of the above, you may need to sign the Authorization to Disclose Information in order for us to disclose and coordinate care with those providers you include on the Authorization to Disclose Information form. If you are prescribed a Controlled Substance by a provider, you may need to sign a *Controlled Substance Prescription Agreement*.

Do not discontinue any medications without consulting your doctor. You agree to tell your Counselor if your medications change for any reason.

Urinalysis (UAs): UAs are a regular part of treatment. Your Counselor will ask for a UA on random days. If you refuse to produce a sample, we will report this to legal authorities, referents, or parents (for Youth).

Nicotine: LifeStance sites are smoke- and nicotine-free. We will be glad to help facilitate support for our abstinence from nicotine/tobacco.

Group Sessions: Group sessions will begin and end on time. Arrive early to make sure you are on time as late members are unable to join the group session.

If you have to miss a group session, contact your Counselor 24 hours prior to the appointment. Your Counselor will decide if the absence is "excused" or "unexcused."

In Intensive Outpatient, more than two "excused" absences per month means you are not meeting program expectations. In Outpatient Treatment, more than one "excused" absence per month means you are not meeting program expectations.

Behavior Towards Others: The purpose of the program is to support recovery for everyone. No intimidating, threatening, assaultive, or destructive behavior is allowed. We may have to report any of this behavior to authorities and end treatment.

Court or Other Legal Monitoring: If you are required to attend treatment for a legal reason, your Counselor will submit monthly compliance reports to the appropriate entity. This will include attendance, payment, behavior, UA results, completion of assignments, and participation.

Confidentiality: You and your family members agree not to identify or share information about another client or family member in treatments.

Recovery-Oriented Activity and Community Support Meetings: You agree to do recovery-oriented activities outside of treatment. For youth, this might be working, extracurricular school activities, sports, clubs, arts, or music, church groups, volunteering, or recovery support meetings. For adults, we ask for engagement with a community support meeting such as 12-step (AA, NA, MA, CA, Al-Anon, ACOA, WFS, GA), Smart Recovery, Rational Recovery, or Faith-Based Recovery meetings. We encourage a variety of groups and activities. We ask you to be able to show proof of attending two meetings per week for the duration of your treatment episode, for a minimum of 24 community support meetings.

Romantic Relationships with Other Clients: We strongly discourage romantic relationships with other clients. We may need to take steps to handle any problems that may arise if this occurs. This could include discharge from the program.

Contact Information: You agree to tell your Counselor or the Front Desk if you have a change in name, addresses, phone number, legal status, or insurance coverage.

I have read and understand the points above. I will abide by this agreement.

Date: _____

Signature: _____

Name of Patient Representative, if applicable: _____

Description of Patient Representative's Relationship to Patient, if applicable: _____