

## CLIENT EXPECTATIONS

1. I am responsible for my behavior during treatment, and for its consequences.
2. I am responsible to participate in the treatment program I have arranged with my counselor.
3. I am responsible for keeping all appointments. If I must cancel, it is up to me to call the counselor ahead of time. Failure to cancel will result in a \$10.00 “no show” charge.
4. I am responsible to follow my treatment plan and to complete “homework” assignments.
5. I am responsible for rescheduling missed or canceled appointments.
6. I am responsible for being on time.
7. I am responsible for attending each session sober and free from the affects of alcohol and all other mind altering drugs. If I seem to be under the influence, I will be told to leave the premises and will have to negotiate further sessions with my counselor.
8. I am responsible to submit to drug / alcohol screen urinalysis upon request by clinical staff. I understand the drug and alcohol screening is a valid and necessary therapeutic service.
9. I am responsible for participation actively in each treatment session. My recovery will depend directly upon my own efforts.
10. I am responsible for treating staff and other clients with respect and courtesy at all times.
11. I am responsible for protecting the confidentiality and privacy as others, as I want them to protect mine.
12. I am responsible for paying for my treatment according to the plan worked out with my counselor. If I am unable to pay, or can pay only part of the cost, I am responsible for making arrangements with the program. I WILL NOT BE REFUSED SERVICE BECAUSE I CAN NOT PAY. However, I may be refused service if I am able to pay and refuse to do so. If I have agreed to pay and failed to do so, my discharge or reports to the court may be held until my bill is settled.
13. I am responsible for notifying my counselor or other program staff if I have a complaint or program-related problem. If I make my needs known, the program is responsible to consider my situation.
14. I am responsible for the care and safety of my children. PLEASE DO NOT LEAVE THEM UNATTENDED IN THE RECEPTION AREA. If possible, I will make arrangements to have someone watch my children until my business with Recovery Services has been completed.

## **RECOVERY SERVICES OF NORTHWEST OHIO**