



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, PACIFIC REGIONAL MEDICAL COMMAND  
1 JARRETT WHITE ROAD  
TRIPLER AMC, HAWAII 96859-5000

MCHK-BHP-T  
Addictions Medicine Intensive Outpatient Program (AMIOP)

Date: \_\_\_\_\_

SUBJECT: AMIOP INFORMED CONSENT & TREATMENT CONTRACT

I, \_\_\_\_\_, understand the following:

Please initial in the blank space next to each statement below to acknowledge your understanding.

**ATTENDANCE**

- \_\_\_\_\_ I will make my own transportation arrangements and will be on time for all scheduled treatment activities.
- \_\_\_\_\_ I will call AMIOP if I will be late. I will fill out, in advance, the Request To Be Excused From Treatment form and submit it to my counselor for approval for any pre-existing appointments. I will be considered an Unauthorized Absence if I do not comply with the above and my **Command will be notified of my absence immediately.**

**TREATMENT**

- \_\_\_\_\_ I will follow my treatment plan and maintain abstinence during treatment.
- \_\_\_\_\_ I **will abstain** from any alcohol, illegal drugs, prescription drugs that have not been prescribed for my use in treatment. I **will abstain** from non-alcohol drinks such as Near Beer, O'Douls, Coors Cutter, etc.
- \_\_\_\_\_ I **will abstain** from all substances deemed illegal by the military (spice, bath salts).
- \_\_\_\_\_ I will not use tobacco products, to include dip and chew, except during designated times and places. See AMIOP Handbook for more information.
- \_\_\_\_\_ I will not use E cigarettes except during designated times and places.
- \_\_\_\_\_ I am subject to **weekly and random drug and alcohol screening** during treatment.
- \_\_\_\_\_ Tripler is a training hospital; therefore, interns, residents or other professionals-in-training may participate in my care.

**AFTER-HOURS RECOVERY ACTIVITIES**

- \_\_\_\_\_ I will complete daily journals and all homework assignments.
- \_\_\_\_\_ I will not go to activities or places that are dispensers of alcohol and/or illegal or non-prescribed drugs of abuse (liquor stores, Raves, head shops, concerts, bars, strip clubs and other clubs). I will not permit drinking parties in my room. I will not attend drinking parties in the barracks or in other people's homes.
- \_\_\_\_\_ I will **not be a designated driver** for others during the duration of treatment at AMIOP.
- \_\_\_\_\_ I will attend **three 12-Step meetings** (AA, NA, ACOA, OA, SLAA, etc.) a week while I am in treatment. I will begin attending 12-Step meetings in my **first week of treatment.**
- \_\_\_\_\_ I will get signature verifications for all 12-Step meetings I attend while in treatment and submit the form to my counselor regularly.
- \_\_\_\_\_ I understand that any deviations from my treatment plan will be reviewed by the AMIOP Treatment Team and can result in **Critical Status** and/or termination of treatment.
- \_\_\_\_\_ I understand on a weekly basis my counselor will communicate with my Clinic Case Manager the following information:
  - (1) Attendance (Patient is on time for treatment)
  - (2) Patient participated in all activities
  - (3) Stages of Change (engaged/not engaged)
  - (4) Denial level
  - (5) Substance Use

PATIENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

COUNSELOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FULL NAME:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

DOB: \_\_\_\_\_

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