



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

REPLY TO  
ATTENTION OF

MCHK-BHP-T  
 Addictions Medicine Intensive Outpatient Program (AMIOP)  
 1 Jarrett White Rd.  
 Tripler Army Medical Center, HI 96859-5000

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

MEMORANDUM FOR \_\_\_\_\_

SUBJECT: **Memorandum of Agreement with Command for** \_\_\_\_\_

1. The Service Member was evaluated for a chemical addictions rehabilitation program and has been assessed to be appropriate for Addictions Medicine Intensive Outpatient Program (AMIOP), Tripler Army Medical Center (TAMC). Arrangements have been made for this Service Member to begin this intensive addictions rehabilitation program on the next available date.

2. This Service Member will be required to be present on 8<sup>th</sup> floor C wing, AMIOP, wearing the prescribed service branch working uniform at 0730 hours on the above start date. The program is 5 weeks duration.

3. The Service Member's spouse/significant other is strongly encouraged to participate in AMIOP's Family Program. They are invited to attend the orientation day and can meet with the Family Program Director to schedule individual and couples appointments.

4. REQUIREMENTS FOR COMMAND SUPPORT.

a. An essential component of recovery and continued sobriety is a healthy living environment. If the Service Member lives in the barracks every effort should be made to place this Service Member in a room with **non-drinking roommates**.

b. Self-help meetings (Alcoholic's Anonymous, Narcotic's Anonymous, etc.) are an integral part of AMIOP's treatment program. Patients are required to attend a **minimum of 3 self-help meetings per week**. If the Service Member is unable to do so, review of the appropriateness for treatment will be conducted by the clinical team. Therefore, Service Members **must be excused** from any duty obligations that could interfere with this vital treatment requirement. (Be advised that AA/NA meetings are generally no longer than 1 to 1 ½ hours long).

**(Approving Official initial here: \_\_\_\_\_)**

c. The Service Member and command share the responsibility of ensuring the Service Member attends the entire AMIOP treatment day. The command must refrain from scheduling activities such as non-emergent appointments, training activities, formation, and PT, during treatment hours. (AMIOP Treatment hours are : 0800 – 1530). If the Service Member must stand duty the night before a AMIOP treatment day, they must be allowed to get to sleep no later than midnight.

**(Approving Official initial here: \_\_\_\_\_)**

FULL NAME:

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

DOB \_\_\_\_\_

d. Attending the entire program is critical. Service Members will not be allowed to take leave during their treatment at AMIOP, unless of course, a family emergency. In the event the service member is on restriction and/or extra duty during treatment, we encourage the command to allow the member to attend the mandatory 3 to 5 scheduled AA/NA meetings per week.

**(Approving Official initial here: \_\_\_\_\_)**

5. REQUIREMENTS OF SERVICE MEMBER.

a. The Service Member must comply with all of AMIOP's rules and regulations. Failure to do so will be reported to the Service Member's command and will be discussed by the treatment team to determine continued treatment at AMIOP.

b. The Service Member must attend the entire AMIOP treatment day. Command will be notified of an unauthorized absence.

c. **The Service Member will be required to wear their working uniform while in treatment.** While in AMIOP you will be responsible to do your own self-regulatory physical fitness on your free time or with your Unit.

6. AMIOP's program is an intensive addictions treatment program. It is based on individual need with a varying length of stay. AMIOP will provide the command with an approximate release date, once identified.

7. For further information, please contact **SARP, ADAPT, ASAP, SACC INFORMATION HERE**

Case Manager Name \_\_\_\_\_

Signature \_\_\_\_\_

I, as the Approving Official, have read the above requirements and support \_\_\_\_\_ to fully participate in AMIOP's intensive addictions treatment program based on these written requirements.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Revised: 13Sep2013

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