WATERSTONE
Addiction & Recovery Services
A Division of Waterstone Health
3190 Whitney Ave, Hamden | 32 Wall St, Madison | 400 Bayonet St, New London

PATIENT TREATMENT AGREEMENT

Patient Name: _____ **Date: _____**

At Waterstone we want the best outcomes for patients and as such having a treatment agreement to help the treatment team and the patient to work together on a safe and effective plan for success is the best way to achieve the goals.

Patient Responsibilities:
As a participant in my treatment at Waterstone, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep, and be on time to, all my scheduled appointments and groups both with the physician and with my therapist. If I am more than 10 minutes late for my appointment or group, I understand I will be on stand-by and Waterstone will do their best to accommodate me at the earliest possible opening.

2. I agree to adhere to the payment/financial policy outlined by this office, payment at the time of visit with cash, check, or debit/credit card is accepted. **Your copayment is due at the time of your appointment.**

3. I understand that my insurance must be verified in advance of my appointment. Waterstone will work with me, however, it is my responsibility to make payment in the event there are any changes or cancellations of services to my insurance policy that do not allow Waterstone to collect from my insurance. I agree to pay any amount that my insurance doesn't cover.

4. I understand that if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medication is filled, that the behavior will be reported to Waterstone and could result in my treatment being terminated without any recourse for appeal.

5. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I understand that **lost medication will not be replaced** regardless of why it was lost.

6. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.

7. I agree not to sell, lend or in any way give my medication to another person.

8. I agree that I will safely dispose of unused medication by returning it to a designated place recommended by my treatment team or a pharmacist.

9. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (except nicotine).

10. I agree to provide urine samples and have my doctor test my blood alcohol level.

11. I understand that a missed appointment, without giving a minimum of 24 hours' notice, will result in being charged for the full appointment. If you normally use your insurance, the no-show charge will be your responsibility.

12. I agree to call the office at (203)245-0412 with any questions, concerns and or when I need to clarify something.

13. I understand that any attempt to reach a Waterstone staff through social media will not be responded to as staff are told not to return any attempted communication through any social media platform.

14. I understand if I see a Waterstone staff person outside of the agency they will not approach me nor will they act like they know me. I am however free to approach them if I choose to.

Treatment Team Responsibilities:
Waterstone Addiction & Recovery also has responsibilities to you as a patient while you are receiving your care here:

1. Waterstone will provide clinically indicated assessments so that a treatment plan for you is based on medical necessity. The treatment plan will be made with your goals for your treatment to allow for future success.

2. Waterstone staff will listen to your story and provide you a forum to tell your story how you want it told and provide an environment where you can freely ask questions.

3. Waterstone's treatment team will educate you on the risks and benefits of any proposed treatment or medications.

4. Waterstone staff will follow the law in protecting your confidentiality, except when it is necessary by law to keep you or someone else safe. (See Notice of Privacy Practices.)

5. Waterstone will offer me evidenced based treatment depending on our mutually agreed upon goals.

6. Waterstone will make sure you have phone numbers and understand what the procedure is when you have a medication issue or other questions.

7. Waterstone agrees to involve you in all aspects of your treatment so you can make informed decisions about what will be best for you.

I understand that violations of any of the above may be grounds for an involuntary reduction or termination of my treatment.

Patient Signature: _____ Date: _____

Staff reviewing contract:_____

Tel: (203)245-0412 Fax: (203)612-9030
CTADDICTION.COM