**Behavioral Contract**

Clients who participate in the Family Health Centers of San Diego Medication Assisted Treatment (MAT) Program are responsible for promoting and maintaining a safe and respectful environment.

Every client, staff member, visitor and volunteer who comes to the Family Health Centers of San Diego Medication Assisted Treatment (MAT) Program can expect to be treated respectfully and feel safe at all times.

**Agreement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agrees to abide by the following rules of this contract.

I agree to not sell and/or give away any MAT medication received from FHCSD.

I agree to not buy and or seek out prescriptions for opiates from other providers while in the MAT Program.

I agree to not use any opiates (unless prescribed) while in the MAT Program.

I agree to make all scheduled MAT appointments and/or Groups.

I have read and I understand the above terms of this Behavior Contract, or I have had it read and explained to me. I have been given the opportunity to ask questions and my questions have been answered satisfactorily. I understand that if I do not meet requirements of this agreement, I could be discharged or given consequences for my behavior.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_