

## Contingency Management Patient Agreement Homeless Person Health Project MAT Program

I agree to accept the following treatment contract for participating in the contingency management program:

1. I understand that in order to participate in the contingency management program, I must be enrolled in the MAT program.
2. I understand that I must be in Tier 2 or Tier 3 to participate in the program. Transitioning out of the specified Tiers for any reason into an ineligible Tier, will automatically disqualify me from participating into the contingency management program.
3. I understand that I may start participation in the program at any time during the 12 weeks when transitioning into an eligible Tier.
4. I understand that the MAT Nurse and MAT Case Manager will keep track of all attendance, urine drug screens, and any prizes won. The MAT nurse and MAT Case Manager can disqualify me at their discretion from the contingency management program at any time.
5. Tier 2: I understand I will be asked to submit urine drug screens on Tuesday and Friday. Non-submissions will not negatively affect my participation in the program. I understand that I must submit a negative UDS to be eligible to draw from the fishbowl (except THC and Buprenorphine/Suboxone). I understand a negative UDS on Tuesday will result in one drawing from the fishbowl. I understand an additional negative UDS on Friday will result in two drawings from the fishbowl. Every week there will be a chance to earn a maximum of 3 drawings from the fishbowl.
6. Tier 3: I understand I will be asked to submit urine drug screens every other Tuesday. Non-submissions will not negatively affect my participation in the program. I understand that I must submit a negative UDS to be eligible to draw from the fishbowl (except THC and Buprenorphine/Suboxone). I understand a negative UDS on every other Tuesday will result in one drawing from the fishbowl. Every other week there will be a chance to earn a maximum of 1 drawing from the fishbowl.
7. I understand this program rewards me in a positive manner for any negative urine drug screens submitted.
8. I understand this program is not punitive, and positive drug screens will not affect further participation in the program.
9. I understand the clinic will collect my information throughout the 12 week program in order to analyze the data collected.
10. I understand my personal and medical information will be protected according to HIPPA and will only be shared when medically necessary.
11. I understand I will be able to submit any feedback during the program. I will also be able to fill out an evaluation form after the program has concluded.

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Patient name, Please Print

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date