

**SUBSTANCE ABUSE REHABILITATION PROGRAM
TREATMENT RECORD**

LEFT COVER PAGE

- _____ Record of Disclosure
- _____ Treatment Enrollment Letter (Facility Specific – No Sample Provided)
- _____ Voluntary Consent To Drug and Alcohol Testing
- _____ Treatment Intake
- _____ Individual Treatment Plan
- _____ Audio/Video Consent Form
- _____ Treatment Completion/Disenrollment Letter (Facility Specific – No Sample Provided)
- _____ Continuing Care Enrollment Letter (Facility Specific – No Sample Provided)
- _____ Recommended Continuing Care Plan
- _____ Continuing Care Completion Letter (Facility Specific – No Sample Provided)
- _____ Clinical Progress Note (Sample Provided)
- _____ Performance Improvement (Facility Specific - No Sample Provided)
- _____ Consent to Obtain Information
- _____ Additional Pertinent Information

All items checked above can be found in this clinical package in the order they are listed. For whatever reason forms are removed, they should be replaced as soon as possible. Any information disclosed by authorization will be so noted on the Disclosure Accounting Form.