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.