



Ka-Na-Chi-Hih
Treatment Centre

VOLUNTARY PROGRAM PARTICIPATION AGREEMENT

I understand that Ka-Na-Chi-Hih is a voluntary treatment program; therefore, I am willing to attend treatment and comply with all treatment-related programming.

I am aware that should I choose to not participate in programming or follow the rules at Ka-Na-Chi-Hih, it could result in my discharge.

Client Name: _____
(please print)

Client Signature: _____

Date: _____
(mm/dd/yyyy)

Witness Name: _____
(please print)

Witness Signature: _____

Date: _____
(mm/dd/yyyy)

PRE-ADMISSION AGENT AGREEMENT

It is the policy of the Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre that:

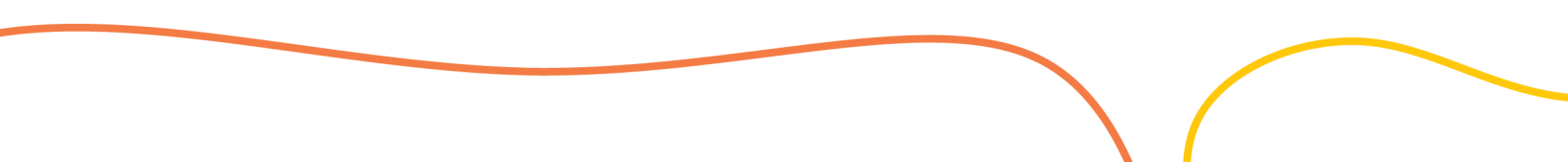
- ❖ Any person for treatment must be substance-free for at least 72 hours prior to admission.
- ❖ The referring agent is responsible for making all travel arrangements and designates an appropriate escort for the safety of the client to and from Ka-Na-Chi-Hih. The referring agent MUST fax a copy of the travel itinerary or notify the intake department a minimum of 24 hours prior to the client's arrival.
- ❖ The referring agent contacts Ka-Na-Chi-Hih once a month to review the progress of the client.
- ❖ The client may be returned to the referring agent if there is non-compliance with the treatment program.
- ❖ The referring agent understands that Ka-Na-Chi-Hih has a 30-day assessment period, if the Treatment Team is unable to provide the care required to meet the specific needs of the client.
- ❖ It is the responsibility of the referring agent to ensure that all information provided is correct. Any false, misleading, fabricated, or withheld information may lead to a client's dismissal from the treatment program due to inaccurate representation.

I understand the policies of Ka-Na-Chi-Hih and I agree to the responsibilities as the referring agent.

Agent Name: _____

Agent Signature: _____ Date: _____

Title: _____ Organization: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, _____,
(Client Name) (D.O.B - mm/dd/yyyy)
of _____,
(Address)

hereby do consent and authorize to the release, disclosure, and/or transmittal of the following information:

treatment updates; obtaining and releasing information; medical, dental, legal, educational, and family history; identification; and any other areas of information to assist with treatment planning as necessary.

From: court workers, parole or probation officers, lawyers, social workers, medical or psychiatry, practitioners, educators, NNADAP workers or other relevant professionals.
(Agency Providing Information)

To: Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre
(Agency or Individual Receiving Information)

For the purpose of: treatment and providing appropriate services to client.

I understand the confidential nature of this information and the purpose for the release, disclosure and/or transmittal of the information noted above. This authorization will be valid for a period from the date of signing until 1 year from discharge or completion of the program.

Client Name: _____
(please print)

Client Signature: _____

Date: _____
(mm/dd/yyyy)

Witness Name: _____
(please print)

Witness Signature: _____

Date: _____
(mm/dd/yyyy)

CLIENT RULES & EXPECTATIONS

1. Clients shall refrain from using all mind-altering substances while on Ka-Na-Chi-Hih property.
2. Clients will refrain from possessing, using, or distributing any form of contraband while at Ka-Na-Chi-Hih.
3. Disruptive, violent behaviour will not be tolerated.
4. Clients are not permitted any weapons (guns, knives, crossbows, restricted or prohibited weapons) on the premises of Ka-Na-Chi-Hih.
5. Clients are expected to participate in all aspects of the program and related activities.
6. Willful damage to Ka-Na-Chi-Hih property or others' personal property will not be tolerated.
7. Clients will respect the privacy and boundaries of both clients and staff.
8. Clients will behave in a responsible and respectful manner on and off Ka-Na-Chi-Hih property.
9. Clients are not permitted to sell, trade, gift, or barter personal items.
10. Food and beverage will only be allowed in designated areas.
11. Clients will not be allowed to access unrelated treatment areas without staff supervision.
12. Smoking will be allowed in designated areas during scheduled times. Clients will be accompanied by staff during smoke breaks.
13. A leave of absence, without discussion or permission, for three or more days will result in discharge from the program. If a leave of absence is due to unforeseeable circumstances, please contact Case Manager, Natasha Moro-Godzik at nmorogodzik@kanachihih.ca or Clinical Lead, Marinna Read at mread@kanachihih.ca to make arrangements for make-up sessions.
14. All cellphones, cigarettes, medications, and personal items, unless deemed necessary, will be placed in individual bins and double locked during the duration of the day program.
15. At no time will clients engage in teasing, bullying, and/or harassment of any kind.

A client breach of the rules can be immediately discharged at the discretion of the Ka-Na-Chi-Hih team, Treatment Manager, and/or Chief Executive Director.

I have read and agree to the above rules and expectations, and I agree to abide by them.

Client Name: _____

Client Signature: _____

Date: _____

(mm/dd/yyyy)

Witness Name: _____

Witness Signature: _____

Date: _____

(mm/dd/yyyy)

