



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: _____

Client Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____



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, 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)

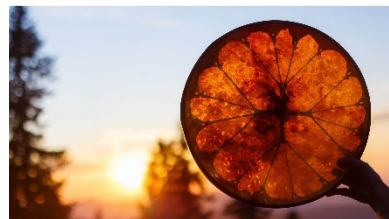
Witness Signature: _____

Date: _____
(mm/dd/yyyy)



Client Rules & Expectations

All clients will adhere to all rules, policies, and procedures at Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre. This includes the following:



- 01 Clients shall refrain from using all-mind altering substances while at the Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre.
- 02 Clients will refrain from possessing, using or disturbing any form of contraband while at Ka-Na-Chi-Hih.
- 03 Disruptive, violent aggressive behaviour will not be tolerated.
- 04 Clients are not permitted any weapons (guns, knives, crossbows, restricted or prohibited weapons) on the premises of Ka-Na-Chi-Hih.
- 05 Clients are expected to actively participate in all aspects of treatment and treatment related activities.
- 06 Willful damage to Ka-Na-Chi-Hih property or others' personal property will not be tolerated.
- 07 Clients will respect the privacy and boundaries of both clients and staff during their stay at Ka-Na-Chi-Hih.
- 08 Clients will behave in a responsible and respectful manner on and off Ka-Na-Chi-Hih property.
- 09 Clients are not permitted to sell, trade, or barter personal items.
- 10 Clients will be permitted personal phone calls only at their scheduled times and will be monitored. Family may call throughout the week.
- 11 Food and beverages will only be allowed in designated areas.
- 12 No purchasing or consuming of any sort of energy drinks/powders will be permitted at Ka-Na-Chi-Hih.
- 13 Clients are not allowed to access unrelated treatment areas without staff supervision.
- 14 Smoking will only be allowed in designated areas and at scheduled times. Clients under the age of 19 will not be granted the purchase of cigarettes.
- 15 There will be no purchasing/using of vapes on the premises.
- 16 A leave of absence without permission may be considered a voluntary discharge and will be dealt with accordingly.
- 17 Clients are not permitted to bring cellphones, iPod, iPad/tablets, laptops or any other form of communicative devices to treatment. MP3 players are allowed for music only.
- 18 Clients are expected to keep themselves and their living quarters hygienic and cleanly. It is the responsibility of the client to do their own laundry and bedding, which should be changed weekly.
- 19 Clients are expected to abide by the scheduled wake up and bedtimes for programming purposes.
- 20 At no times will clients engage in teasing, bullying and/or harassment of any kind.



Acknowledgement of Client Rules & Expectations

A client in breach of the above rules can immediately be discharged at the discretion of the Treatment Team, Treatment Coordinator and/or Chief Executive Director.

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

Client Name: _____

Client Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____