

ROSE PROJECT COUNSELING & CONSULTING LLC
ENROLLMENT AGREEMENT FOR BIP/ANGER MANAGEMENT



I understand:

1. I am enrolling in an educational program. I am not receiving any type of treatment and this program does not include psychiatric or psychological diagnosis, intervention or prognosis.
2. I agree the reason I am enrolling in this program is to learn not to be violent or abusive toward myself or anyone else. No promises or guarantees are being made as to the results of attending this program. Ultimately, I am the only one responsible for making changes in myself, and my life, that result in my own happiness and ending abusive behavior.
3. I agree to participate openly, honestly and actively in class discussions, and I will abide by all program rules. I agree I will not abuse anyone else or myself, in session or in my personal life while I am in this program. This includes verbal abuse, mental abuse, physical abuse, substance abuse, threats of suicide, threats of violence, or other threats of abuse.
4. If I make a mistake and break any of these promises not to be violent or abusive, I will immediately talk about what happened with program staff and accept the consequences for my behavior.
5. Safety to others and myself is priority and will be enforced by program staff. I understand this program reserves the right to refuse services to any person, at any time, for any reason and reserves the right to terminate services at any time, for any reason.
6. The program's policy is to maintain confidentiality. But I understand confidentiality is not guaranteed and this program is required to break confidentiality when ordered or required by legal authority or legal duty. Suspected child abuse and neglect, or suspected battery, neglect, or exploitation of an endangered adult will be reported to appropriate authorities pursuant to Indiana law.
7. I understand program staff and others who work with them have the right to contact the individuals listed, to refer them to counseling or to give them, their counselor, or advocate, information program staff believes is necessary for their safety or well-being.
8. I understand that program staff can contact my attorney to contact my attorney, any Court, Probation, Prosecutor, Police, Protective Service Agency, DCS, past and/or present spouse, life partner, and/or anyone I've been accused of abusing, plus their advocate. I waive and release this program, and everyone above, from any liability for acting in reliance upon this release. I understand I may not be informed of any communications that take place.
9. I understand that as part of my enrollment in this course, I will be asked to complete questionnaires, rating scales, or similar forms. The questions on these forms will ask me about my behavior and attitudes and will be used collectively to measure the effectiveness of the program. My name will not be connected to the responses I provide on these forms, and I pledge to answer all questions accurately and honestly.
10. I understand I must attend 26 weekly sessions (usually 1.5 to 2 hours long) plus comply with all program rules to successfully complete this program. I am expected to arrive a minimum of 15 minutes before the scheduled class time. If I arrive late, I may not be allowed to attend I will be counted as absent. If I am absent, I do not receive credit for class and must make up the class. I understand I will be unsuccessful discharged if I am absent a total of four (4) sessions, or two (2) weeks in a row.
11. I agree to pay all necessary costs to repair or replace any property I damage (such as carpet stained from greasy or muddy shoes, spilled coffee or soda), including fees for staff member's time to arrange and supervise replacement and/or repair of damaged property.
12. If I am paying for my own program, I agree to pay my class fees at the beginning of each session.
13. I understand class fees are usually not covered by insurance and no money paid is ever refunded. If I ever pay by check and the check is returned for any reason, I will be required to

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pay a fee of \$35-\$40 per class, and a minimum of \$100 for any assessments.

14. If DCS is paying for my program, I understand I still may be required to pay additional fees not covered by DCS to pay for property I damage (such as carpet stained from greasy or muddy shoes, spilled coffee or soda), or to pay for services I receive after my DCS case is closed. **To avoid this I understand I must immediately notify program staff if my case with DCS is closed before I complete the program.**

15. I understand that even though the use of drugs and/or alcohol does not cause me to be abusive, they can significantly interfere with my ability to think clearly about the choices I make. Thus:

- For the period of time in which I am enrolled in this program, whether I am in session or on my own time, I agree and give my word that I will not drink alcohol or use any mood-altering chemicals.
- I understand if I fail to comply with these conditions, I can be unsuccessfully discharged from the program and not allowed to re-enroll until I have obtained an assessment as directed and have fully complied with all of the assessment treatment recommendations.
- I agree that if problems come up such as alcohol or drug abuse, or mental health issues, I will seek appropriate assessment and treatment as a condition of being in this program.
- I agree to voluntarily cooperate if program staff requests me to obtain an assessment for any of these problems.
- I agree to voluntarily submit to testing, at my own expense, whenever requested by program staff, to verify that I am not using any mood-altering chemicals.
- I agree to attend ____ twelve step meetings weekly and complete worksheets to be turned in at every class I attend.

If I am unsuccessfully discharged, I understand I will be required to complete an "Acknowledgment of Rule Violation and Request to Start Over Agreement" if I wish to return. I have read this agreement and understand that it is a legally binding agreement. I understand I can be unsuccessfully discharged if I violate any part of this agreement. I understand I can consult with my attorney if I so desire, before signing this agreement.

CLIENT NAME & SIGNATURE

DATE

CERTIFIED FACILITATOR SIGNATURE

DATE