

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES

**Guidelines for
Participation in Treatment Services
and
Client Code of Conduct**

1. **Enrollment is strictly voluntary.** Individuals directed here by the court always have the choice to return to court.
2. **The program is strictly confidential.** Information shared by participants must remain in the group. Who is here and what is said here stays here. Please respect others.
3. **It is required that you be on time for all scheduled sessions.** You may not be allowed to stay for your group or other sessions if you are late.
4. **Regular attendance is required.** If you do not communicate with your treatment provider within 30 days your file will be closed per treatment guidelines.
5. **Clients may not attend treatment while under the influence of alcohol and/or drugs.**
6. **No alcohol or drugs allowed on the Trinity County Behavioral Health Services (TCBHS) property.**
7. **Violence or threats of violence will not be tolerated.** Verbal, emotional, or sexual abuse is not tolerated. Absolutely no weapons allowed on the TCBHS premises.
8. **Client may smoke in designated smoking areas only.**

I, _____, agree to follow these
(PRINT NAME)

Guidelines for Participation in Treatment Services and to follow the Client Code of Conduct.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____