**PHASE I - IOP SCHEDULE**

Name (Please Print):

IOP Start Date: Anticipated Phase I Completion Date:

* 8 weeks (24 Sessions/72 Hours of Treatment)
* Monday, Wednesday, and Thursday’s 5:30 pm to 8:30 PM
* You are allowed three (3) absences. After your 3rd absence, you will be required to meet with a member of the clinical staff to assess continued treatment. Absences are not excused or unexcused – **ANY** absence is an absence.

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| **ASSIGNMENT** | **DUE DATE** | **PRESENT or HAND IN** | **DATE COMPLETED** |
| Autobiography- Including Progression of Use History | Due by the beginning of the 4th week | Turn in to Clinician |  |
| Present in IOP |  |
| Cost of Addiction  | Due by 5th week | Hand in to Clinical Staff |  |
| Present “Cost of Addiction”  |  |
| Amend Letters | Due by 6th week | Hand in to Clinical Staff |  |
| Present “Amend Letters” |  |
| **THERAPY** |  |  |  |
| (4) Individual Sessions | Bi-Weekly **YOU ARE RESPONSIBLE FOR MAKING THESE APPOINTMENTS** | Session I |  |
| Session II |  |
| Session III |  |
| Session IV |  |
|  | - Phase Change/Financial Update- Case Management Appointment | Schedule when there are 4 groups left in Phase I |  |  |

* You **WILL NOT** move to the next phase until **ALL** **assignments and therapy appointments** are thoroughly completed, and you have demonstrated an appropriate level of understanding of each assignment.
* I understand that I may be assigned additional and/or different assignments per my counselor's instructions/directions.

Client Signature Date

Witness Signature Date ·