Substance Abuse Treatment Plan Agreement

Client Name	
Date of Birth	
Date	
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	_
Diagnosis	
Treatment Goals	
Treatment Goals	
Objectives	
Interventions	
	_

Client Responsibilities

Dravidar Daananaihilitiaa	
Provider Responsibilities	
Attendance Policy	
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Confidentiality	
Commondanty	
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Consent & Agreement	
Client Signature	
Data	
Date	
Provider Signature	
Date	