

## **ALBANY COUNTY SHERIFF'S OFFICE**

Albany County Correctional Facility 840 Albany Shaker Road, Albany, New York 12211 (518) 869-2752 FAX (518) 869-2792



MICHAEL S. MONTELEONE UNDERSHERIFF CRAIG D. APPLE, SR. SHERIFF

MICHAEL J. LYONS SUPERINTENDENT

## ALBANY COUNTY SHERIFF'S OFFICE / ACCF MAT PROGRAM

## MUTUAL AGREEMENT CONTRACT

I agree to actively and appropriately participate in the ACCF MAT program. I understand that I am expected to:

- Behave responsibly and abide by all MAT program rules and guidelines
- Adhere to program guidelines related to required engagement (attend one individual session and one group session each one time / biweekly)
- Treat staff and other participants with courtesy and respect
- Be mindful and respectful in group settings of other people's feelings / experiences
- While in group: no interrupting, monopolizing, or engaging in aggressive behavior
- Respect other participants' rights to confidentiality and safety
- Refrain from misuse / abuse or diversion of medication of any kind

In return, I have the right to expect the program to:

- Provide a safe and meaningful treatment experience
- Provide individual and group sessions, as well as discharge planning as identified by my verbalized need
- Treat me with dignity and respect, honor my personal rights, including confidentiality and reasonable privacy
- Provide opportunities for positive, supportive interaction with staff and fellow participants
- Develop, collaboratively with me, appropriate discharge plans to ensure that my needs are met post –release for both substance abuse counseling and MAT prescribing

I am aware that the guidelines of this program were developed to ensure a safe treatment experience and to support me in addressing my needs and working toward achieving meaningful recovery. I understand that any incidence of non-compliance will be addressed therapeutically by the CASAC and medical staff, and I agree to work collaboratively with this team to effectively engage in Medication Assisted Treatment.

## I HAVE REVIEWED THIS CONTRACT AND AGREE TO ITS CONDITIONS.

**MAT Participant Signature** 

Date