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FIRST at Blue Ridge, Inc.

AGREEMENT TO ACCEPT TREATMENT AT FIRST AT BLUE RIDGE

I, _____ (print name), acknowledge and agree to each of the following:

As a client and participant in the long-term treatment program offered at FIRST at Blue Ridge, I am expected to participate in work therapy assignments under the direction of FIRST staff and its community partners. I understand this means that any and all situations where my ability to participate in work therapy as directed is compromised or otherwise affected may conflict with FIRST's goals for my long-term treatment, and therefore such situations require FIRST's reconsideration as to my appropriateness for the program.

_____ (initial and date)

Such situations include, but are not limited to: recommendation for Intensive Outpatient Programs, medical diagnosis that affect my ability to participate in work therapy, changes in medication that affect my ability to participate in work therapy, prescriptions for medications that are not allowed in the FIRST program, operations and surgery that affect my ability to participate in work therapy, and recommendations for treatment that conflict with, or are contrary to, FIRST's recommendations for treatment.

_____ (initial and date)

I understand and agree that FIRST makes every effort to assist with transition planning for its clients, and that my acceptance and pursuit of other treatment recommendations may mean that my transition would best be handled by those making such recommendations. This includes, but is not limited to, other agencies and their personnel, family, friends, doctors, and other medical providers.

_____ (initial and date)

By signing and dating below, I am acknowledging and agreeing to the above and confirming that I desire the treatment provided by FIRST at Blue Ridge.

_____ (sign name)

_____ (date)

_____ (witness to the agreement)



Established 1991
Non-Profit Tax Exempt Corporation
Licensed by the State Of North Carolina

