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### **Contract for Substance Abuse Treatment:**

**Please read this document CAREFULLY as it pertains to anyone seeking substance abuse treatment in my office.**

Substance abuse can be a difficult process to go through and I admire your courage in seeking help and taking steps to better yourself. Please note, however, I require that other measures be put in place for people seeking help with addiction (be it past or present). In order to receive treatment from myself you **MUST** meet criteria and agree to all six of the following or you will **NOT** be seen as a patient:

- If you are living at home with small children (anyone under age 18), in which you are the sole provider (there is no other sober parental figure in the house who can care for the children), and you are actively using drugs or alcohol in their presence, you are **NOT** appropriate for my services. I am required to report you to the Department of Child and Family Services, and I will not see you as a patient. Additionally, if you are in a relationship in which you have physically abused your partner, are actively using, and are either still living with this person or have a restraining order in place, you are also **NOT** appropriate for my services and you must be reported as well. If you believe that you may become involved in either of these scenarios, you are **NOT** appropriate for my services and you will be referred. Please consider this prior to our first appointment.
- You **MUST** sign a “full release of information and consent” for a spouse, parent, friend, etc. This person should be someone in whom you trust and can be open and honest. This means that the person you select will have access to your entire medical records and will be notified periodically of your progress or lack thereof. Part of the recovery process is having **ACCOUNTABILITY**. Relapse will happen and individuals will have periods where they are struggling. You will need someone besides myself that you can be accountable to and I require this as a part of seeking treatment with me. Under no circumstances will I see anyone who is not willing to sign a full release, and should you ever revoke the release, you will be terminated and referred out.
- Should you relapse or be under the influence, I ask that you **DO NOT** attend your scheduled in-person session (telehealth is okay). You will not be charged a late cancellation fee if you call me prior to the session. I ask this for safety concerns. If you physically come to our session while under the influence or are suspected to be under the influence, the following will occur: You will be asked to surrender your car keys to myself. Your Emergency Contact will be notified that you are suspected to be under the influence, and they will have to pick you up. If they are unable to pick you up, a car service will be called for you at your expense. Should you choose to not surrender your car keys, a car service, or refuse my request, local authorities will be notified that you are suspected to be under the influence, and you will be reported. **PLEASE DO NOT** attend a session if you have relapsed or are under the influence. You are likely to get a DUI.
- At any point during the treatment process, if I feel that therapy by itself is not effective, efficient, or productive, you will be asked to attend a higher level of care. This may mean that you may be referred to an intensive outpatient program, a residential program, a detox facility or a combination thereof. You may choose to accept or decline the

referral, but you will NOT be allowed to schedule any further appointments, until you have completed a higher level of care.

- You agree to attend at least one sober support meeting a week. Addiction lives and thrives in secrecy and isolation. If you are truly committed to getting better, you must be willing to take the first brave step and be willing to find a community that will enhance the recovery process. This is non-negotiable. I can help you find meetings if you are unfamiliar with how to do so.
- Finally, if your addiction has caused you legal issues, you are NOT appropriate for my services. I will help you find the appropriate level of care and will give you referrals to other facilities that can accommodate your needs. Most people who have legal issues due to their substance abuse, will be required by courts to attend weekly group sessions, have weekly monitored urine drug screens, and facilities will need to have regular contact with the legal entities. My set-up does not allow for this type of care. Should you wish to continue therapy with me beyond your legal obligations, you are more than welcome to see me once you have completed that process. Should you become involved in legal issues while under my care, you will be referred to a different level of care.

**Your signature below indicates that you have read this agreement and agree to the terms.**

I, \_\_\_\_\_, acknowledge that I agree to the terms of this contract for substance abuse treatment. I acknowledge that I have spoken with my therapist prior to my first appointment and provided them with correct information. I agree that I have thoroughly read this document, meet the criteria, and agree to the conditions of substance abuse treatment. Should I have omitted information to my therapist, not meet the criteria, or fail to comply with these terms now or in the future, I understand that I will be terminated from treatment and referred out.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

Date: \_\_\_\_\_