



Knew Creations Christian Counseling  
210 N. Auburn  
Farmington, NM 87401  
505-402-6886  
knewcreationsnm@gmail.com

## **8-Week Intensive Outpatient Program (IOP)**

### **Participant Contract**

#### **IOP Program Rules and Expectations**

##### **1. Commitment to Attendance**

- I agree to attend all scheduled sessions (3 times per week for 8 weeks).
- I understand that excessive absences (2 or more unexcused) may result in dismissal from the program.
- I will attend an initial assessment and individual therapy weekly for the eight-week program.

##### **2. Substance-Free Policy**

- I agree to abstain from all substances, including drugs and alcohol, during the program.
- I consent to random drug and alcohol screenings at any point in the program.
- A positive test result may result in additional support requirements or termination from the program.

##### **3. Confidentiality Agreement**

- I understand that all program sessions are confidential and agree to respect the privacy of others.
- I will not share details of group discussions outside the program.

##### **4. Participation and Behavior**

- I agree to actively participate in group discussions, workshops, and assignments.
- I will conduct myself respectfully toward facilitators and fellow participants.
- I understand that disruptive, violent, or disrespectful behavior will not be tolerated.

##### **5. Legal and Reporting Requirements**



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- If participating under legal recommendations, I agree to allow program staff to communicate progress with referring agencies (e.g., probation, court).
- I understand that any violation of program terms will be reported to the referring agency, if applicable.

#### **6. Payment Agreement**

- I agree to pay the total program fee of **\$5,675.00** plus individual sessions as follows:
  - Full Payment: Due before program start. (\$5,391.20 if paid in full).
  - Payment Plan: Initial deposit of \$1,500 and weekly payments of \$521.86.
- I understand that failure to make payments on time may result in suspension or dismissal from the program.

#### **7. Termination and Re-Entry**

- I understand that program termination may occur for noncompliance, including:
    - Substance use during the program.
    - Failure to attend sessions.
    - Nonpayment of fees.
  - Re-entry will be considered on a case-by-case basis.
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## **Consent and Signature**

### **Participant Agreement**

By signing below, I agree to the terms and conditions outlined in this contract. I understand the commitment and responsibilities of participating in this program.

**Participant Name (Printed):**

**Participant Signature:**

**Date:**

### **Program Staff Agreement**

**| Staff Name (Printed):**

**| Staff Signature:**

**| Date: |**

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## **Supporting Documentation Checklist**

Please attach or provide the following documents:

- Photo ID
- Referral letter or court/legal documentation (if applicable)
- Proof of payment or payment plan agreement