



FOUNTAINS OF HEALTH, LLC

7 TAGGART DRIVE, SUITE E

NASHUA NH 03060

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603-943-8906 (Fax)

AGREEMENT FOR THERAPY for CLIENTS ON SUBOXONE

It is in the policy of Fountains of Health for patients who are being treated for Opioid Use Disorders to be followed by a Counselor or Psychologist or be enrolled in a Group therapy.

I _____ hereby agree to abide to this policy.

I will attend _____ sessions at _____

Located at _____

Failure to abide to this agreement WILL result in termination of services.

Signature

Date