

Addiction Recovery Contract

This **Addiction Recovery Contract** ("**Contract**") is made effective as of ("**Effective Date**") by and between ("**Participant**") and ("**Support Provider**").

1. Purpose

The purpose of this Contract is to record the Participant's voluntary recovery commitments and the support arrangements agreed upon by the parties. It is intended to promote accountability, communication, and access to appropriate support while the Participant works toward recovery from

.

This Contract does not replace medical, mental health, addiction treatment, emergency, or legal services. The Participant remains responsible for seeking qualified professional care when needed.

2. Participant Commitments

The Participant voluntarily agrees to take reasonable and good-faith steps to support recovery. These commitments include attending agreed treatment, counseling, recovery meetings, or support appointments; following any treatment or recovery plan established with qualified professionals; and avoiding the use of and participation in .

The Participant agrees to communicate honestly with the Support Provider about significant recovery challenges, including cravings, relapse, missed treatment, or circumstances that may increase the risk of relapse.

The Participant agrees to maintain a recovery-supportive environment to the extent reasonably possible, including avoiding people, places, activities, or situations identified as personal triggers.

3. Support Provider Commitments

The Support Provider agrees to provide reasonable support within the boundaries of this Contract and their personal or professional capacity. Support may include regular check-ins, encouragement, transportation assistance, help locating recovery resources, participation in recovery planning, or communication with treatment providers when the Participant has provided written authorization.

The Support Provider is not responsible for supervising the Participant at all times, preventing a relapse, providing medical treatment, or taking actions beyond their training, authority, or reasonable ability.

4. Recovery Plan

The Participant agrees to follow the recovery plan described below:

Recovery Activity	Frequency or Schedule	Responsible Person	

The parties may revise this recovery plan by mutual written agreement.

5. Communication and Check-Ins

The Participant and Support Provider will communicate on the following schedule:

The Participant agrees to notify the Support Provider as soon as reasonably possible if the Participant experiences a relapse, believes a relapse may occur, misses a material recovery activity, or faces an urgent recovery-related concern.

The Support Provider will respond in a respectful and nonjudgmental manner, subject to availability and reasonable personal boundaries.

6. Relapse Response

If the Participant relapses or experiences a serious risk of relapse, the parties agree to follow this response plan:

A relapse does not automatically end this Contract. The parties will review the circumstances and determine whether the recovery plan or support arrangements should be adjusted.

7. Health and Emergency Support

If the Participant experiences a medical emergency, overdose, risk of self-harm, risk of harm to another person, or another immediate safety concern, the Support Provider may contact emergency services or an appropriate emergency contact.

The Participant acknowledges that urgent medical or mental health concerns require qualified emergency or professional assistance.

8. Privacy and Information Sharing

The Support Provider will treat information shared by the Participant as private and will not disclose it unnecessarily. However, the Support Provider may share information when the Participant gives permission, when disclosure is required by law, or when disclosure is reasonably necessary to address an immediate safety concern.

This Contract does not create a health-care provider relationship or guarantee legal confidentiality.

9. Boundaries

The parties agree to treat one another with dignity and respect. Neither party is required to accept abusive, threatening, unsafe, or unlawful conduct.

The Support Provider may set reasonable limits on availability, communication methods, financial assistance, transportation, housing, or other support. Any such limits should be communicated clearly to the Participant.

10. Term and Review

This Contract begins on the Effective Date and continues until . The parties will review this Contract on or before and may update it by mutual written agreement.

11. Termination

Either party may terminate this Contract at any time by providing written notice to the other party. The Support Provider may end support immediately if continuing the arrangement presents a safety risk, exceeds the Support Provider’s capacity, or involves abusive, threatening, or unlawful conduct.

Termination does not prevent either party from seeking appropriate professional, emergency, or community-based support. The privacy commitments in the Privacy and Information Sharing clause continue after termination to the extent applicable.

12. Voluntary Agreement

The Participant confirms that participation in this Contract is voluntary and that the Participant has had the opportunity to ask questions before signing. This Contract is intended to support recovery planning and personal accountability and does not guarantee any particular recovery outcome.

13. Governing Law

This Contract is governed by the laws of the State of , without regard to conflict-of-law rules.

14. Entire Agreement and Amendments

This Contract represents the entire agreement between the parties regarding its subject matter. Any amendment must be in writing and signed by both parties.

Signatures

By signing below, the parties acknowledge that they have read, understood, and voluntarily agree to this Contract.

Support Provider

Name

Date

Signature

Participant

Name

Date

Signature



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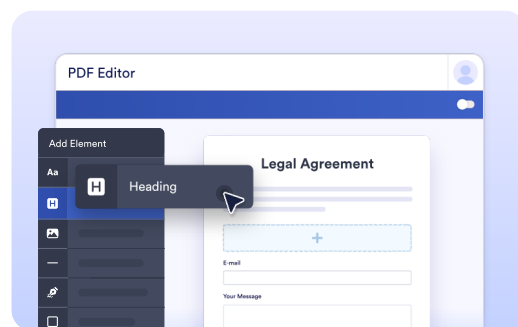
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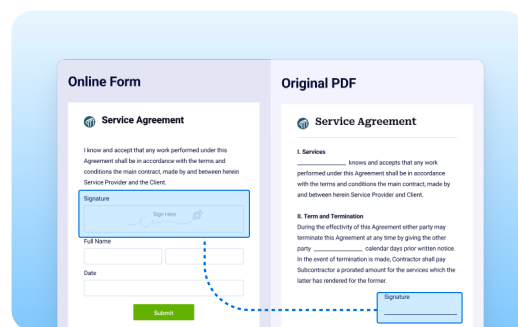
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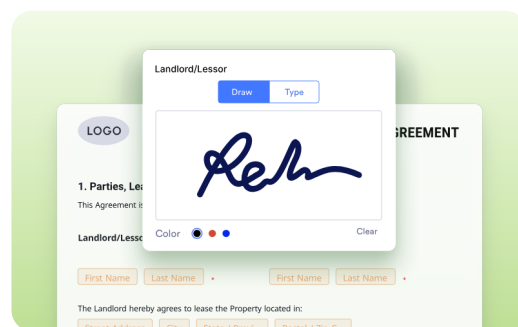
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