



Social Services

P.O. Box 1019
Loyalton, California 96118
202 Front Street
530-993-6720
Fax 530-993-6767

Downieville, California

P.O. Box 38
Downieville, California 95936
22 Maiden Lane
530-289-3711
CPS 530-289-3720
Fax 530-289-3716

Mental Health/Drug/Alcohol

P.O. Box 265
Loyalton, California 96118
704 Mill Street
530-993-6746
Fax 530-993-6759

Health Department

P.O. Box 7
Loyalton, California 96118
202 Front Street
530-993-6700
Fax 530-993-6790

**SIERRA COUNTY DRUG/ALCOHOL PROGRAMS
P.O. BOX 265
LOYALTON, CA 96118**

CLIENT AGREEMENT AND CONSENT TO TREATMENT

I, _____, have been informed of treatment. I agree to participate in the counseling process and will aid to the formation and completion of my treatment plan. Appointments will be set up for me and I agree to attend as scheduled. If I am unable to make a scheduled appointment, I will call to cancel/reschedule as soon as possible (preferably 24 hours in advance). I further understand that I am obligated to pay for services according to the sliding scale as explained to me by my counselor. All counseling sessions are confidential, but I understand that my counselor is obligated by law to inform appropriate parties if I am in danger or I am causing DANGER TO SOMEONE ELSE.

Signature of Client

Signature of Witness

Signature of Parent or Legal
Guardian when applicable

Date