

**EXAMPLE: Client Tobacco-Free Treatment Agreement**

On (EFFECTIVE DATE), (AGENCY NAME) became a tobacco free facility. Please support our mission and prioritization of health, wellness, and recovery of our clients staff and broader community by refraining from the use of any tobacco products during treatment and on (AGENCY NAME) grounds.

To support wellness and recovery, I agree to the following:

- Nicotine dependence is treated the same as other addictive substances. I understand treatment goals specific to tobacco use disorder will be included in my treatment plan.
- I will receive treatment and support from (AGENCY NAME) staff to address my tobacco use.
- I will not use any type of tobacco products while on (AGENCY NAME) grounds. I understand this includes any agency grounds, parking lots, and personal vehicles while in the parking lot.
- I understand that if I bring tobacco products or paraphernalia onto (AGENCY NAME) grounds, staff will confiscate these items.
- I understand there will be revisions to my treatment plan if I violate this policy. In the event of continued violations, there will be progressive consequences and I can be asked to leave treatment if I continue to violate the policy and smoke on (AGENCY NAME) property.

I understand that by signing this agreement, I am agreeing to not use or possess tobacco products or related paraphernalia while on (AGENCY NAME) property. I understand that (AGENCY NAME) is committed to supporting my health and wellness and offers resources to change my tobacco use.

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Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

**(Given to outpatient clients at time of admission)**