

**AGREEMENT TO PARTICIPATE IN THE BUREAU OF PRISONS
DRUG EDUCATION COURSE**

The Federal Bureau of Prisons offers a full range of drug education and treatment programs for inmates with alcohol and other drug abuse problems. Bureau of Prisons Staff commit to providing quality drug abuse programming to inmates who choose to participate in any one of these program options. Inmates who choose to participate in any of the Bureau's drug programs must acknowledge and agree to a number of program rules and policies prior to admission.

All program participant agree to participate in classes/counseling/group sessions as designated by the BOP Psychology and Drug Treatment Staff.

All program participant agree to refrain from any behavior disruptive to the program or to the participants and staff of the program.

All program participants agree to complete all tasks as assigned.

All program participants agree to take part in the program activities, including group work and homework as assigned.

All program participants agree to accept responsibility for not disclosing inmate information.

All program participants have been informed and understand that they may be expelled from the program for failure to comply with program rules and regulations. Ordinarily, immediate expulsion will result if the participant, pursuant to an incident report is found by the DHO to have: 1) Use or possessed alcohol or drugs; 2) Been violent or threatened violence against staff or another inmate; 3) Committed a 100 series prohibited act.

In addition to the agreements listed above, I understand that if I am required to participate in drug education; and then if I withdraw, am expelled, or fail to meet the program requirements, I will be restricted to the lowest pay grade while in the institution and I will be prohibited from participation in community programs unless or until complete the Drug Education Course.

I understand and consent to the release of information specified below by Bureau of Prisons staff to the appropriate U.S. Probation Staff, Community Corrections Staff, and Treatment Program Staff for the purpose of developing a treatment plan.

The extent and nature of the information to be disclosed includes; substance abuse history; drug program assessment summary; treatment progress; relapse prevention plan; and recommendations for continued treatment.

AGREEMENT/SIGNATURE

I have read, or have had this document read to me, and I understand and agree to the rules and regulations for participation in the treatment in the treatment option(s) I have initiated in the box(es) above.

Inmate Name Printed	Staff Name Printed
Inmate Signature	Staff Signature
Register Number	Staff Title
Date	Date