

Client Name	
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I am interested in inviting my family or other natural supports other to be involved in my treatment process. I understand this is optional. Below are the specific services I wish for my family or natural supports to participate in:

- Diagnostic Assessment Process
- Functional Assessment Process
- Treatment Planning
- Family Psychoeducation
- Discharge Planning
- Other: _____

I choose to decline involving my family or other natural supports in my treatment process at this time. I am aware that I can change my mind at any time throughout the course of my treatment stay...

Names and contact information of family/other natural supports I wish to have involved in my treatment process include:

Name		Relationship				
Address	City		State		Zip	
Phone	Email					

Name		Relationship				
Address	City		State		Zip	
Phone	Email					

Name		Relationship				
Address	City		State		Zip	
Phone	Email					

Client Signature

Staff Signature

Date

Facility	
Address	
Phone	

Greetings from Thrive Behavioral Network. We are pleased that your family member is coming to our facility for their recovery needs and have signed a confidentiality form/release of information allowing us to contact you. Adjusting to life in recovery and creating new routines can be a challenging, yet rewarding journey. We are here to support you as a family member/support person in collaboration with _____ in making this transition the best it can be.

We are writing to invite you as a family member/support person to partake in the following treatment services:

- o Diagnostic Assessment Process
- o Functional Assessment Process
- o Treatment Planning
- o Family Psychoeducation
- o Discharge Planning
- o Other: _____

Actively involving family and other natural supports in the recovery process can have positive effects on treatment outcomes that can include; increased insight, engagement, quality of life, and positive attitudes toward treatment interventions along with a reduction in relapse and rehospitalization rates. Additionally, it can reduce the stress of the family and support system while providing tools and language to support the individual’s recovery process. We hope that you as a family member/support person will consider joining us.

Please contact _____ at _____ if you would like to join or have any questions / concerns.

Sincerely,