The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington St, Boston, MA 02108

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Lieutenant Governor

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Secretary

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Commissioner

Tel: 617-624-6000
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SARP: Individual Therapist/Treatment Provider Report

Please complete and return this Report as stipulated in the Consent Agreement for SARP Participation (CASP). This report may be mailed to the address found in the letterhead or faxed to (617)887-8786.

Name of SARP Participant (please print):_____

Frequency of therapy sessions: [ ] Weekly [ ]Bi-weekly [ ]Monthly [ ]PRN

Dates of sessions attended since last Report:

Dates of Attendance

Dates of sessions missed since last report:

Date	Reason for Absence	Rescheduled Session	Date of Completed Session
		[ ] Yes [ ]No	
		[ ] Yes [ ]No	
		[ ] Yes [ ]No	
		[ ] Yes [ ]No	

1.Have you read the Participant's Consent Agreement for SARP Participation (CASP)? [ ] Yes [ ] No

2.Is the Participant making satisfactory progress? [ ] Yes [ ] No [ ] Unsure

3.Have there been any breaks of abstinence since the last Report? [ ] Yes [ ] No [ ] Unsure

Comments section for questions 1, 2, and 3

_____

_____

_____

_____

1. New or Additional Compliance Concerns Since Last Report: _[ ] None_____

_____

_____

_____

2. What are the Participant's treatment goals and objectives?

_____
_____

_____

3. If it applies, what are the participant's education plans?

_____

_____

_____
_____

4. As it applies, please share your recommendations for this participant (please attach additional documents as needed):

_____
_____
_____

_____

Name of Therapist/Counselor (please print):	
License/Registration/Certification #:	
Number of years working with participant:	
Type of Degree (Phd/Psyd, LICSW, LMHC, etc.)	Years of practice:
Do you hold a substance use disorder license/cert?	[ ]No [ ]LADCI-II [ ]CADCI-II [ ]Other:
Agency name or Independent Practice:	
Address:	
Phone:	

Signature of Therapist/Counselor **Date Signed**

This report may be mailed to the address found in the letterhead or faxed to (617)887-8786. Please refrain from giving the report to the SARP participant to send in on your behalf.

Revised January 6, 2023