



A PINNACLE TREATMENT CENTER NETWORK

Patient Orientation Handbook

Overcoming addiction can be challenging – but you do not have to do it alone. We are here for you every step of the way.

AUGUST 2023

FOREWORD

Pinnacle Treatment Centers (“Pinnacle”) is pleased to provide you with a copy of the Patient Orientation Handbook. We felt the need to develop these materials due to their importance to the treatment process. Our experience has shown that patients who are well informed on both the clinical and regulatory matters of their treatment achieve greater success in the program and feel empowered in the process.

The handbook reflects information on the Opioid Treatment Programs (“OTP”) across the Pinnacle Network, including Pinnacle Treatment Centers, Aegis Treatment Centers, HealthQwest, and Stepping Stone. Please read it carefully upon your initial orientation to the clinic and keep it for the duration of your treatment to reference thereafter.

Should you have any questions about the information contained in this handbook, please do not hesitate to ask. Pinnacle staff members will make every effort to answer your questions to your satisfaction.

We hope this handbook will be of help to you as you begin the journey to lifelong recovery.

ACKNOWLEDGMENTS

Special thanks go to the members of the Patient Advisory and Advocacy Group (PAAG). Their invaluable advice was instrumental in content development.

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LIST OF ABBREVIATIONS

| | |
|---------------|--|
| ADA | Americans with Disabilities Act |
| ADHD | Attention Deficit Hyperactivity Disorder |
| ASAM | American Society of Addiction Medicine |
| BTP | Buprenorphine Treatment Program |
| CARF | Commission on Accreditation of Rehabilitation Facilities |
| CCP | California Code of Civil Procedures |
| CCR | California Code of Regulations |
| CFR | Code of Federal Regulations |
| COD | Co-Occurring Disorder |
| CPS | Child Protective Services |
| CSAM | California Society of Addiction Medicine |
| CSAT | Center for Substance Abuse Treatment |
| DEA | Drug Enforcement Administration |
| DHCS | Department of Health Care Services |
| DOJ | Department of Justice |
| DSS | Department of Social Services |
| FDA | Food and Drug Administration |
| FTS | Failure to Submit Urine Specimen for Urinalysis |
| HIPAA | Health Insurance Portability and Accountability Act |
| K2R | Keys to Recovery |
| LCSW | Licensed Clinical Social Worker |
| LMFT | Licensed Marriage Family Therapist |
| MAT | Medication-Assisted Treatment |
| MMT | Methadone Maintenance Treatment |
| NIDA | National Institute on Drug Abuse |
| ODF | Outpatient Drug-Free |
| ODS | Organized Delivery System |
| OTP | Opioid Treatment Program |
| PAAG | Pinnacle Patient Advisory and Advocacy Group |
| PTSD | Post-Traumatic Stress Disorder |
| PBT | Portable Breathalyzer Testing |
| SAMHSA | Substance Abuse & Mental Health Services Administration |
| UTOX | Urine Toxicology Screening |
| UMDAP | Uniform Method of Determining Ability to Pay |

1 WELCOME TO PINNACLE TREATMENT CENTERS

Our Commitment to Your Recovery

Thank you for giving Pinnacle Treatment Centers the opportunity to join you on your road to lifelong recovery. The primary goal of our treatment programs is to help patients maximize their potential for achieving and maintaining healthy, productive lives that are free from drug use.

Mission

Pinnacle Treatment Centers' purpose and role is to provide high quality treatment services to individuals struggling with substance use disorder ("SUD") in a safe, caring, and confidential environment using the most effective treatment method available and where the whole person is treated, not just the addiction.

Our Mission:

To make recovery possible by transforming lives, communities, and families we serve with treatment that works.

Pinnacle is part of the Pinnacle Treatment Centers ("Pinnacle") Network, which provides a complete range of evidence-based, proven-effective treatment options in over 115 locations in nine states (California, Georgia, Indiana, Kentucky, New Jersey, North Carolina, Ohio, Pennsylvania, and Virginia).

Licensure and Certification

Since beginning its operations, Pinnacle has pursued the most stringent clinical, ethical, and regulatory compliance standards in the treatment of its patients. Our clinics are licensed by the State regulatory bodies, including the Department of Health Care Services. They are also approved at the federal level by the Drug Enforcement Administration ("DEA"), the Substance Abuse and Mental Health Services Administration ("SAMHSA"), and the Center for Substance Abuse Treatment ("CSAT"). Additionally, each clinic holds the highest level of accreditation from the Commission on Accreditation of Rehabilitation Facilities ("CARF").

Harm Reduction Discipline

Pinnacle follows the Harm Reduction Discipline, a health philosophy that recognizes the complexity and hardship of the recovery process and therefore endorses a "one-step-at-a-time" approach. This philosophy applies especially to the treatment of patients with a longer history of substance use. The National Institute on Drug Abuse ("NIDA") and other leading research institutions have conducted extensive clinical trials and studies that show Harm Reduction Discipline to be the most successful method for treating individuals who are recovering from extended periods of drug use, as well as facing multiple other problems and conditions.

Unlike the total abstinence model, Harm Reduction Discipline is a science-based approach and allows for treatment interventions to be introduced more gradually depending on the patient's priorities and needs, thus giving patients time to address substance use and co-occurring conditions.

If all avenues of intervention do not effectively mitigate chronic drug use, we may take the approach of referring a patient to an alternative treatment as this modality may not be fitted to help reach total abstinence for the addiction.

Your success in our treatment program will depend on your willingness to learn new skills and use them to make positive changes in your life. Patients who succeed in achieving and maintaining lifelong recovery are those who accept recommendations made by the treatment team and are fully committed to participating in all services. We know that patients may encounter challenges on their road to recovery. If you are honest about your struggles and are open to the help provided, our team will be there to offer encouragement and skilled help.

Code of Conduct & Ethics and Corporate Compliance Plan

Pinnacle is an organization with strong values of responsibility and integrity. The organization's Code of Conduct contains general guidelines for conducting business with the highest standards of ethics. Pinnacle is committed

to an environment where open, honest communications are the expectation, not the exception.

Patients can access and receive services and not be discriminated against if in need of services regardless of age (if consistent with facility admission criteria), creed, sex, color, culture, ethnicity, race, language, marital status, religion, spirituality, nationality, national origin, ancestry, political affiliations/views, sexual orientation, gender, gender identity, gender expression, physical, developmental or mental challenges (if consistent with the organization's capabilities), veteran status, source of payment / ability to pay, socioeconomic status or lifestyle preferences.

Patients should feel comfortable approaching their counselor or clinic management in instances where they believe violations of policies or standards have occurred. It is the patient's right to express a concern or complaint and receive a prompt response. If a patient is uncomfortable reporting a concern at the facility level, they may file a report with the Regional team, and if the problem is still not resolved then facility management will direct patients to contact Pinnacle's Corporate Office.

Pinnacle have established an effective reporting system, designed to enhance efforts to foster a culture of integrity and ethical decision-making. All communications are handled in a confidential manner, where no retaliation will occur as the result of any comments made. Pinnacle values the opinions of patients and families and uses all comments, both positive and negative, to improve services. Each facility clearly informs patients and families of these practices in written documents.

Communication modes may include but not be limited to meeting announcements, postings, written acknowledgment sign-off forms, electronic postings and/or verbal exchanges supported by documentation of such notification.

Unique Features

Patient Advisory & Advocacy Group ("PAAG") and Keys to Recovery ("K2R"): Pinnacle patients are encouraged to take a bigger role in their recovery process by participating in PAAG and K2R support groups. PAAG Members are selected patients who are doing well in their recovery and treatment who volunteer their time to give back to the clinic and their fellow patients. PAAG Members may participate in a variety of clinic activities at the clinic level to help support the recovery of others. These activities include facilitating Keys to Recovery support groups, participating in community outreach, host in-clinic patient activities, assist in new patient orientations, and regular meetings with management.

Patients are encouraged to attend the clinic K2R meetings. K2R meetings are an essential component for patients seeking additional support in their recovery. Created in the same essence of traditional 12-step meetings, K2R meetings is a great way for patients to share their experience, strengths, and hopes with one another.

Early Recovery Specialists: This is a special program in some Pinnacle clinics that is designed to provide more focused attention to new patients to help them achieve stabilization on their medication and sobriety from illicit opioid use as safely and quickly as possible.

Legislative Efforts: Pinnacle is a strong advocate of SUD patient rights and works closely with a prominent legislative lobbyist who assists in the sponsorship of legislation geared towards the protection of patients' rights and the enhancement of clinical and regulatory standards. Individuals will be notified of their rights under State regulations and accreditation body standards.

Financial Aid & Support: Pinnacle follows federal and state regulatory guidance regarding financial assistance to indigent patients. Pinnacle will work with patients seeking to apply for financial assistance and will provide assistance to those patients who qualify.

Continuing Education / Training of Staff: Pinnacle invests a significant amount of time and resources in the training of its staff and the development of new treatment protocols to provide the best quality treatment to our patients.

2 ELIGIBILITY FOR TREATMENT

Eligibility criteria are set by state and federal regulations. Pinnacle also follows the guidelines of the American Society of Addiction Medicine (“ASAM”) as well as its California chapter (“CSAM”). ASAM’s Principles of Addiction Medicine and CSAM’s Guideline for Physicians Working in California Opioid Treatment Programs set the gold standard for the treatment offered at Pinnacle.

Enrollment Criteria for All Treatment Programs

- Minimum age of 18 years.
- Not currently enrolled in another NTP.
- Not simultaneously receiving medication assisted treatment from another source.
- Comprehensive medical evaluation by the Medical Director to determine: 1) Applicant’s fitness for MAT, and 2) Evidence of applicant’s current physical dependence on opioids.
- Review of patient’s information in the CURES drug-monitoring database for prescriptions of controlled substances.
- To represent one’s best interest and grant informed consent on his/her own behalf or by appointed personal representative with legal decision-making authority.

Additional Enrollment Criteria for the 21-Day Detoxification Program

- At least seven days must have elapsed since the applicant’s termination of the immediately preceding detox treatment.
- The applicant is not in the last trimester of pregnancy.

Additional Enrollment Criteria for Maintenance Treatment

- Documented history of at least one year of addiction to opioids with State exception.
- The Department of Health Care Services (DHCS) or the federal government (SAMHSA/CSAT) may provide a waiver for a person 18-years or older with less than a one-year addiction history or one failed treatment attempt.
- A one-year opioid dependency is not required for pregnant women, HIV positive patients, or buprenorphine patients if the Medical Director finds treatment to be medically justified and finds the applicant to be medically fit to participate in methadone treatment. Priority will be given to pregnant women, patients who have tested positive for HIV, and intravenous (IV) drug users.
- Admission criteria may also be waived for individuals seeking treatment that have been previously treated at a Pinnacle Treatment Centers facility (within 2yrs. of discharge) and/or recently released (within 6-months) from a chronic care facility.

Additional Enrollment Consideration for Buprenorphine

- Patients starting buprenorphine for opioid use disorder must be in definite withdrawal before receiving the first dose of buprenorphine.
- If patients are not having definite opioid withdrawal symptoms before the first dose of buprenorphine, the first dose may cause severe withdrawal that lasts for days, and cannot be reversed, even with heroin. This is more likely if methadone or another long-acting opioid is in the body (even if withdrawal symptoms are present).
- It is easy to switch from buprenorphine to methadone but switching from methadone to buprenorphine can only be done after getting down to 30 mg of methadone for at least a week, then stopping the methadone for two or more days, and having some withdrawal symptoms before the first dose.

Readmission

All requests for readmission will be reviewed on an individual basis and may be subject to conditions associated with your discharge status. Each discharge status has corresponding readmission criteria. Readmission candidates should be willing to comply with treatment recommendations as well as fulfill treatment obligations.

If you are ineligible for readmission, you will be provided the reason for denial in writing. Pinnacle will assist in referring you to an appropriate treatment facility or support system to ensure continuity of care. Pinnacle is committed to provide services that promote your stabilization, recovery, well-being, and re-integration into the community.

Prohibition of Multiple Registrations

Per California Code of Regulations (“CCR”), Title 9, Section 10205, Pinnacle is prohibited from enrolling applicants who are currently registered in another narcotic treatment program. At the time of application for admission, all applicants are required to sign a written statement that confirms or denies such registration.

Per Code of Federal Regulations (“CFR”), Section 2.34, Part 2, Chapter 1, Title 42, all applicants will further be required to sign an authorization allowing Pinnacle to contact each narcotic treatment program within a radius of 50 statute miles to determine if the applicant is simultaneously registered in another program. This authorization will remain active throughout the duration of the patient’s treatment.

Per CCR, Pinnacle must reevaluate each patient’s need for continued participation in Maintenance Treatment annually from admission date or continuous treatment date (“CTD”).

Evaluation must address patient’s progress in achieving treatment goals and risk of patient’s return to opiate addiction if medication-assisted treatment is discontinued. Each patient’s Annual Justification is reviewed by several members of the treatment team, wherein the Medical Director has the final authority to renew eligibility.

If Pinnacle receives written notification from the other program within 72-hours confirming that it has provided treatment to the applicant, Pinnacle will request proof of discharge so that Pinnacle may resume continued treatment.

Annual Renewal of Eligibility for Maintenance Treatment (Annual Justification)

Reevaluation of Eligibility for Patients Admitted During Pregnancy

Per CCR, (Title 9, Section 10270(e)) patients who were admitted during pregnancy must be reevaluated not later than 60 days following the end of pregnancy in order to determine whether continued maintenance treatment at Pinnacle is appropriate.

Right to Refuse Treatment

The Medical Director retains the sole right to refuse treatment to any person for any of the following reasons:

- The applicant does not meet the criteria to be admitted to an NTP.
- The applicant is under the age of eighteen.
- The applicant is not eligible for treatment and may be referred to an alternative treatment program.
- It is determined that the patient is no longer suitable for treatment.
- The patient will better benefit from a different type of treatment program.
- Pinnacle no longer meets the patient’s needs.

3 PATIENTS’ RIGHTS

It is important for you to be aware of your ethical and legal rights, and to know that you deserve to be treated in accordance with those rights. Your rights include:

I. THE RIGHT TO A SAFE TREATMENT ENVIRONMENT

As a patient, you are entitled to be treated in a safe clinical environment, which will include the following:

- Facility orientation, including emergency exits, location of fire extinguishers, first aid kits, etc.
- To be provided safe, healthful, and comfortable accommodations, furnishing and equipment.
- Program rules: prohibition of weapons, illicit drugs, alcohol, smoking, and anything that may compromise

the safety of patients.

- Orientation on potential drug and alcohol interactions with methadone, and adjustment of prescribed medication and treatment plans to mitigate possible risks to the patients.
- Restriction of “take-homes” and the proper handling of “take-homes” in order to protect patients and their families.
- The clinic maintains a contingency management plan in the event of emergencies, which provide accommodations for uninterrupted services to patients. Such accommodations include emergency back-up teams, emergency contacts, and designated, back-up, “sister” clinics.

II. THE RIGHT TO UNDERSTAND PROGRAM RULES, POLICIES, AND PROCEDURES

You are entitled to a copy of the Patient Orientation Handbook, which contains the rules, procedures, rights, and responsibilities of patients in this treatment program. You are responsible for knowing these rights and responsibilities and for acknowledging that you have received the Orientation Handbook, know its contents, and have had any questions answered to your satisfaction.

III. THE RIGHT TO FULLY UNDERSTAND YOUR TREATMENT

You are entitled to know and have explained to your full satisfaction and understanding:

- The nature of your medical condition.
- The nature of the treatment recommended to you.
- The risks of treatment.
- The alternatives to the recommended treatment.
- Your right to participate in decisions regarding your treatment.

IV. THE RIGHT TO PARTICIPATE IN RECOVERY SUPPORT & ADVOCACY GROUPS

As a patient, you have the right to participate in your local Keys to Recovery chapter, which is an independent recovery group system, where you and fellow substances dependent patients can share experience, advice, understanding, and education, while supporting and protecting one another during the recovery process. You also have the right to participate in your local Patient Advisory & Advocacy Group (“PAAG”), which works to voice patient concerns within the Pinnacle community and promotes the rights of substance dependent patients through communication with government agencies and other organizations committed to promoting the rights of substance dependent individuals. For more detailed information, please see the clinic Executive Director.

V. THE RIGHT TO REPORT YOUR COMPLAINTS

Pinnacle seeks to provide the highest quality, professional services at your clinic. We also actively seek and value the advice of our patients on protocols, procedures and practices through the Patient Advisory and Advocacy Group (“PAAG”). PAAG was developed to ensure that patients’ opinions will become an integral part of our decision-making process. PAAG comment cards are available at your local clinic.

- The organization recognizes that complaints and grievances, in general, present opportunities for constructive change and continual improvement of the program to better serve our patients.
- Patients will be informed of this process through their orientation and given a copy of the Patient Orientation Manual (which includes a description of this process) and posted conspicuously in the facility.
- It is our purpose to provide an effective and acceptable means for patients and the public-at-large to bring problems and complaints to the attention of administration.
- A FORMAL COMPLAINT can arise from questions or concerns related to treatment service, status, privileges, exclusions or other issues related to care.
- A GRIEVANCE is the feeling or belief of an individual that he/she has not been treated according to established policies, rules, and regulations or that the administration of the program and/or staff has not lived up to expectations of performance of service; a formal grievance should be filed if an individual disagrees with a decision by this facility about the provision of a treatment service or administrative decision that was based upon facility policy, procedures, rules or regulations at any time or in the event that s/he is not satisfied with the resolution at the informal level.
- The organization has established informal and formal procedures as the mechanisms for expediting the

management and resolution of complaints and grievances.

- Complaints and/or grievances may be issued by patients and the public-at-large without fear of retaliation; concerns may be submitted through various mechanisms to include verbal and/or written means such as suggestion box input, direct communication, telephone contact, email contact, prepared correspondence and formal notices.
- A 4 level procedural process is recommended for the general management of complaints that arise from patients and other stakeholders. PTC Leadership has established informal and formal procedures as the mechanisms for expediting the management and resolution of complaints, grievances and appeals.
- An appeal can be filed if an individual disagrees or is dissatisfied with the terms of facility's decision in response to the complaint or grievance action.
- Matters may be pursued through a formal process, in which the issue to be resolved should clearly be expressed in a written format, which can be submitted to any staff member for resolution. GRIEVANCE FORMS are readily available in the reception desk area or by asking any staff member.
- Any grievance filed will not result in retaliation or barriers to services.
- The program has a form that is posted in the waiting area that is understandable. Additionally program staff will be made available to assist the persons served or other stakeholders in completing the form if needed.
- Any grievance or allegation of serious wrong-doing paramount to the welfare of the individual, treatment milieu or facility and may be subject to litigation, financial injury and/or consequences toward the facility's integrity, treatment delivery and quality of services will be considered Corporate Compliance claims and follow-up accordingly.

As a Pinnacle patient, if you have a complaint, grievance, or comment regarding your treatment, you can submit written or verbal comments directly to the clinic Executive Director. You may also submit them anonymously by dropping a grievance or comment card in the comment box in the lobby. If the concern cannot be resolved on the clinic level, then the Regional Director, and/or Corporate Departments may become involved in resolving the issue.

Additionally, many counties participate in the Drug Medi-Cal Organized Delivery System ("DMC-ODS"), which has its own county grievance and complaint processes. The Notice of Adverse Benefit Determination ("NOABD") and County "Grievance, Appeals, and Expedited Appeals" process enables each beneficiary to resolve problems or concerns about their treatment on the county level. Clinic staff will ensure patients are well informed of the NOABD process by adhering to company policy and providing additional information in the clinic lobby (e.g., notices or brochures) or you may ask the clinic staff for additional information.

VI. THE RIGHT NOT TO BE DISCRIMINATED AGAINST SOLELY BECAUSE YOU ARE IN RECOVERY FROM ADDICTION

The persons served have the right to considerate, respectful care that is free from abuse, financial exploitation, retaliation, humiliation, behavioral disruptions of other patients, and neglect from all members of the health care system at all times and under all circumstances. To be treated with courtesy, consideration, respect, and recognition of the client's dignity, individuality, and right to privacy, including but not limited to, auditory and visual privacy. An environment of mutual respect is essential to maintain a quality health care system.

Being In Recovery, you are considered a protected individual with a disability under the Americans with Disabilities Act of 1990 ("ADA"). Under ADA, employers, public services, and public accommodations may not discriminate against you solely because of your addiction history and participation in the Pinnacle rehabilitation program. There are numerous exceptions under the ADA, which include, but are not limited to:

- You must not currently be using illicit substances; and
- You must not pose a direct threat to the health and safety of others.

You should be aware that the ADA does not protect against all types of discrimination. However, if you think that you have been discriminated against because you are in recovery, you may contact the Clinic Executive Director at your clinic location to discuss your discrimination complaint. If you provide Company In-House Counsel with

all necessary documentation, we may be able to provide you with legal assistance to help you with your discrimination complaint. For more detailed information please visit ADA Home Page: www.usdoj.gov.

VII. THE RIGHT TO HAVE YOUR PARTICIPATION IN THE PROGRAM AND YOUR HEALTH RECORDS KEPT CONFIDENTIAL

The persons served have the right and responsibility to fully participate in all decisions related to their health care. The persons served who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators in accordance with 42 CFR, Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records, 45 C.F.R. Parts 160 and 164 (HIPAA) and CCR Title 9, Section §10155, Confidentiality of Patient Records.

The person served has the right to communicate with health care providers in confidence and to have the confidentiality of their individually identifiable health care information protected. The persons served also have the right to review and receive a copy of their health records.

Your identity as a patient in the program and the privacy of your health records are protected by California and federal confidentiality laws. Staff will not disclose your identity as a patient in our program or release your health records unless:

- You have given your consent by signing an Authorization to Use or Disclose your Protected Health Information.
- All information necessary to identify you is removed from your health records (e.g., name, address, social security number, photograph, and any other personal information which would identify you as an individual).
- You or another individual is involved in a medical emergency requiring immediate medical intervention.
- The Court orders release of your records in compliance with confidentiality laws.
- You committed a crime on the clinic premises, or against a clinic staff member.
- Staff are required to report suspected Child, Elder, or Dependent Adult Abuse or Neglect.
- Required for research, audits and evaluations.
- When program has a business relationship with a Qualified Service Organization, which has signed a Business Associate Agreement, agreeing to abide by confidentiality laws.

If you believe that your confidentiality rights have been violated, you can report the violation to the facility's executive director or regional director.

VIII. THE RIGHT TO CONTINUED METHADONE TREATMENT WHILE INCARCERATED

Under California Health & Safety Code §11222, you have the right to receive continued methadone treatment while incarcerated if:

- It is permitted by the incarcerating authority; and
- The Pinnacle Program Director approves such continued treatment at his/her discretion.

IX. THE RIGHT TO UNDERSTAND YOUR FINANCIAL OBLIGATIONS

The persons served who are eligible for coverage under the terms and conditions of a health care plan or program as required by law must not be discriminated against in marketing, enrollment and treatment practices based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

If you are not Medi-Cal eligible, you have the right to know your financial responsibilities to the program for the cost of your treatment, and to receive a copy of your financial responsibilities in writing. You are also entitled to receive a detailed invoice for any of the charges which are imposed upon you, including monthly fees and fees for service charges.

X. THE RIGHT TO A FAIR HEARING PRIOR TO INVOLUNTARY DISCHARGE

If you are involuntarily discharged from the program (for reasons other than physical threatening behavior), you are entitled to a pre-discharge Fair Hearing. You will be provided with a written notice describing why you are being discharged and explaining your Fair Hearing rights. After receiving this notice, you have 48 hours to request a Fair Hearing, and you are entitled to continued treatment while awaiting the Fair Hearing. The Fair Hearing should be scheduled within seven (7) working days of your request and will be conducted by Pinnacle staff member(s) not directly involved in your treatment. At the hearing you have the right to:

- Bring a representative or an attorney.
- Call witnesses; and
- Cross examine Pinnacle’s Witnesses.

After the Fair Hearing you have the right to request a copy of the hearing record and decision reached. If you are not satisfied with the decision, you are entitled to appeal the Fair Hearing under the California Code of Civil Procedure (“CCP”), Section §1094.5. For more detailed information please refer to Title 9, California Code of Regulations, Section §10420: www.ccr.oal.ca.gov.

All persons served have the right to a fair and efficient process for resolving differences with their health care plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.

4 CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY

Confidentiality of Treatment

Information regarding patient health care, including Alcohol and Drug Abuse patient records is protected by state and federal law: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 & 164, the Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2, and the Confidentiality of Medical Information Act, California Civil Code §56 et seq. Under these laws, Pinnacle must maintain the privacy and confidentiality of each and every patient’s protected health information and must provide each patient with notice of its legal duties and privacy practices with respect to the patient’s protected health information (referred to herein as “medical information” or “health information”). Pinnacle must also notify patients if there is a breach of unsecured health information.

A patient’s right to confidentiality regarding his or her substance abuse treatment is given the highest priority. Federal law requires that the patient’s identity as a person seeking and receiving treatment for substance abuse be protected, except for limited circumstances, including the patient’s written authorization to disclosure. Pinnacle must obtain each patient’s written authorization before it can disclose information about the patient for payment purposes. For example, Pinnacle must obtain the patient’s written authorization before it can disclose information to the patient’s health insurer in order to be paid for services. Generally, the patient must also sign a written authorization before Pinnacle can share information for treatment purposes or for health care operations.

Exceptions to Confidentiality of Treatment

Federal law permits Pinnacle to disclose information without the patient’s written authorization in the following situations:

- Amongst Pinnacle staff members for the purposes of treating you.
- Pursuant to an agreement with a qualified service organization or business associate.
- For audits or investigations of complaints by state and federal regulatory and enforcement agencies.
- Reporting of communicable diseases as defined by state and federal health statutes.
- For research, audit or evaluation purposes.
- To report a crime committed on Pinnacle’ premises or against Pinnacle personnel.

- To medical personnel in a medical emergency.
- To appropriate authorities to report suspected child abuse or neglect.
- To appropriate authorities to report suspected elder or dependent adult abuse or neglect.
- As allowed by a court order issued in compliance with 42 C.F.R. Part 2.
- To comply with certain federal and state laws.

For example, Pinnacle can disclose information without the patient's authorization to obtain legal or financial services, or to a clinical laboratory, as long as there is a business associate agreement in place.

Patient Confidentiality Rights and Responsibilities

- Subject to 42 C.F.R. Part 2, Pinnacle may contact a patient for fundraising purposes, but the patient has the right to opt out in receiving such communication.
- Unless otherwise permitted or required by law other use or uses or disclosures of a patient's health information will be made only with the patient's written authorization, including, but by no means limited to: (1) use or disclosure of your psychotherapy notes, subject to certain limitations; (2) use or disclosure of health information for marketing purposes, subjects to certain exceptions, or; (3) disclosure of health information which is a sale of health information.
- Each patient has a right to revoke or cancel his or her written authorization at any time in writing.
- The patient may request restrictions on certain uses and disclosures of his or her health information. Pinnacle may not be required to agree to the restrictions requested, and any such agreement must be in writing. However, Pinnacle must agree if you request that Pinnacle restrict disclosure of your health information to a health plan if: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or a person on your behalf (other than the health plan) has paid Pinnacle in full.
- Each patient has a right to inspect and copy his or her health information. This right may be limited by the days or hours of access. If the request for information or copying is denied by Pinnacle, the patient will receive a written explanation, and a right to have any denial of access reviewed in accordance with Pinnacle's internal procedures, in addition to any other legal rights the patient may have related thereto, (copying fees may apply).
- Each patient has a right to inspect and copy his or her health information. This right may be limited by the days or hours of access. If the request for information or copying is denied by Pinnacle, the patient will receive a written explanation, and a right to have any denial of access reviewed in accordance with Pinnacle's internal procedures, in addition to any other legal rights the patient may have related thereto, (copying fees may apply).
- Each patient has a right to request that Pinnacle amend, by correcting or supplementing his or her health information, where the patient's health information is incomplete or inaccurate. The patient must state his or her reasons for requesting an amendment in writing. Pinnacle is not required to amend the health information a) if the information was not created by Pinnacle, b) is not part of the medical information the patient has a legal right to see and copy, or c) such information is already accurate and complete. If the patient's request to amend his or her health information has been denied, the patient will be provided with an explanation of Pinnacle's denial reason(s) and information about how the patient can disagree with the denial.
- Each patient has the right to receive his or her health information in a confidential manner. Each patient also has a right to request that Pinnacle communicate with the patient through alternate means or at an alternate location.
- Each patient has a right to receive an accounting of certain disclosures of his or her health information made by Pinnacle. You have the right to receive an accounting from us of disclosures of protected health information about you made for up to the six (6) years prior to your request for the accounting. This right does not apply to: disclosures made to carry out treatment, payment, or health care operations; disclosures made pursuant to an authorization in compliance with federal law; disclosures made for law enforcement purposes; disclosures authorized by law; or disclosures that occurred before April 14, 2003. Any request for an accounting should be sent to the Executive Director.
- Each patient has a right to receive a paper copy of Notice of Privacy Practices upon admission, and at any time upon request. A copy of the organization's Notice of Privacy Practices will also be posted in all of clinic

waiting rooms.

- Each patient should inform their family and friends that Pinnacle cannot answer questions regarding the patient and his or her treatment, either on the phone or in person, unless Pinnacle has valid written consent from the patient.
- Each patient must make sure that his or her child does not come near the dispensing window. It is the patient's responsibility to educate and inform his or her child on the privacy and confidentiality rights of other patients. For example, if the child sees the parent of another child from the child's school, while at the clinic, the child should be instructed to keep the information confidential and not to share it with friends or classmates.

Changes to Confidentiality Rights

Pinnacle reserves the right to amend its Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, Pinnacle is required by law to comply with its current Notice of Privacy Practices.

Complaints

Violation of the Confidentiality Law by a program is a crime and suspected violations may be reported to the appropriate authorities in accordance with 42 C.F.R. Part 2. The patient may complain to Pinnacle and the Secretary of the United States Department of Health and Human Services ("DHHS") if the patient believes that his or her privacy rights have been violated under HIPAA. Patients will not be retaliated against for filing such a complaint. Federal law prohibits retaliation against you for filing such a complaint. Complaints should be directed to the Executive Director or Regional Director, and if it is not resolved on the clinic or regional level, it can then be escalated to corporate.

You can also address your complaint, in writing, to any of the following:

Pinnacle Treatment Centers Privacy Officer
1317 Route 73 N Suite 200
Mount Laurel, NJ 08054

Complaints to the DHHS should be directed to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHS Building
Washington, DC 20201
www.hhs.gov

5 TREATMENT PROGRAM TYPES

Individualized Plans at All Levels of Care

Each person, each recovery path, and each recovery plan are different. Through a wide selection of programs, the treatment team can find the right level of care and create an individualized plan to help individuals struggling with opioid use disorder get their life back.

What is Medication Assisted Treatment ("MAT")?

MAT is scientifically proven to be the most successful treatment in helping persons addicted to opioids attain stability in the brain areas changed by addiction. In many people, continued treatment allows the concerning changes in the brain to gradually move towards a more normal structure. It is this stability that allows patients to stop using heroin and/or other short-acting opioids.

The main factor in MAT's success is the combination of replacement medication (e.g., methadone or buprenorphine) and psychosocial services. By binding to opioid receptors in the brain, replacement medication reduces or eliminates cravings for other opioids. Even if they are taken, there is little place left for them to act within the

brain. These medications also provide comfort to the patient by decreasing or preventing withdrawal symptoms such as muscle aches, diarrhea, nausea, and vomiting. While the medication works on improving patients' physical health, clinical and social services promote their emotional health and raise their overall quality of life. In addition, counseling helps patients develop new roads to healthy behaviors so that, when events that used to trigger use occur, the patient/brain move in a healthier direction.

21-Day Detoxification

For persons without a long history of opioid addiction, a 21-Day detoxification is an introductory program that allows patients to access treatment without a long-term commitment. The program focuses on tapering off of opioid use. It is often a regulatory requirement prior to entering a longer-term program. The determination if this program is a good fit for the candidate will be a discussion between the Medical Director and the potential patient.

Maintenance Treatment Program

Maintenance treatment, whether accompanied by methadone or buprenorphine, is the most common program among Narcotic Treatment Program ("NTP") patients. It allows customized treatment based on each patient's individual conditions, without pre-determined time constraints. The program is designed for all patients and has the highest rate of clinical success.

It is important to note that both buprenorphine and methadone produce physical dependence. This means that withdrawal symptoms occur if it is stopped too quickly (this is not the same as addiction, which refers to the damaging behaviors that occur as the person is driven to "feed" their habit). However, most patients utilizing buprenorphine or methadone are able to slowly taper their medication without experiencing any withdrawal symptoms or cravings. It is believed that this occurs because long-acting opioids allow the brain to recover, so eventually less medication is needed for stability.

The actual length of treatment depends on the medical necessity of the individual patient's needs as determined by thorough and ongoing assessments by the medical and counseling providers at the clinic. If at any point, a patient feels that they would like to begin tapering off the program then they can speak with the clinic's Medical Director. If a prospective patient is unsure about being able to make a long-term commitment to treatment, they can discuss shorter-term detoxification ("detox") options with the Medical Director and clinic management during the admission process.

Treatment with Methadone

Methadone is a long-acting, full opioid agonist and appears to work for everyone. When a medication is a full agonist, it means that when it attaches to the opioid mu receptor, it unlocks everything that that receptor does. Another way of thinking about this is that, once methadone unlocks the door, the door opens all the way. Heroin and short-acting opioid pills are all full-agonists.

Although methadone levels in the body begin to drop at about 4-hours after it is taken, it takes about 4-days before it is undetectable. This very long action is what helps make the brain areas involved in addiction become stable. However, it also means that that the dose cannot be rapidly increased because the doses from each day add together for several days. Thus, a dose that works well on the first day may not be enough to cause an overdose when taken 3 or 4-days in a row. This building effect is called "stacking."

It is important to understand that, because of stacking, it can take many weeks to get a dose of methadone to one that completely eliminates withdrawal symptoms and cravings.

Treatment with Buprenorphine

Buprenorphine is a long-acting "partial" opioid agonist that works well for some people but does not work for everyone. This is due, in part, to genetic differences between people.

When a medication is a partial agonist, it means that when it attaches to the opioid mu receptor, it unlocks only

some of the things that the receptor does. Another way to think of this is that when you unlock the door, it only opens part way, so not everything can go through the door. This is one of the reasons that buprenorphine does not seem to work for all people.

One of the benefits of buprenorphine is that, unlike methadone, it usually does not decrease respiratory rate to the point where a person stops breathing. It also is stronger than methadone in keeping other opioids from attaching to the opioid mu receptor. Finally, it is formulated in a way that produces severe withdrawal if injected, and so is less likely to be used in ways other than the doctor intended.

Because of this, Take Home medications may be earned sooner. Unlike methadone, which works on all patients with opioid use disorder, buprenorphine does not work for everyone.

How are methadone and buprenorphine used within Pinnacle?

Medical Directors prescribe methadone or buprenorphine as one component of our comprehensive treatment program to treat opiate dependence (such as heroin, morphine, or other opiate pain medication). Methadone or buprenorphine is not prescribed for pain management in our treatment centers. The Medical Director will conduct an initial evaluation and shall prescribe the appropriate medication dose. An individualized treatment plan will be oriented based upon the patient's needs and level of care.

Overdose on Opioids

Overdose on opioids (heroin, opioid pain pills, or methadone) is more likely when off of opioids or on a low dose for several days or more (such as in the beginning of treatment), or when tolerance to opioids is low. It is particularly dangerous to combine methadone or buprenorphine with alcohol, benzodiazepines, barbiturates, or other central nervous system depressants.

9-1-1 should always be called if a person is very sleepy or poorly responsive when taking the before mentioned substances. While waiting for the ambulance, rescue breathing, or naloxone (Narcan®) may save a life. A nasal spray version of naloxone is now available and covered by most health insurance plans, including Medi-Cal and Medicare. Most pharmacies have a pharmacist who will write the prescription and dispense the kit so that you do not need to see the doctor to obtain this life-saving medication.

Narcan/Naloxone

With training, education, and the distribution of the Narcan kits, Pinnacle hopes to prevent opioid overdoses amongst our patient population. Narcan (naloxone HCl) Nasal Spray is the first and only FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected opioid overdose.

Narcan Nasal Spray counteracts the life-threatening effects of opioid overdose. Since most accidental overdoses occur in a home setting, it was developed for first responders, as well as family, friends, and caregivers.

Administer in accordance with the Instructions for Use. Repeated doses may be necessary. Narcan Nasal Spray is not a substitute for emergency medical care. Always get help immediately, even if the person wakes up. Narcan wears off quickly, so the person may relapse into respiratory depression. The use of Narcan is likely to result in symptoms of acute opioid withdrawal, but acute opioid withdrawal is not life-threatening.

Treatment at Pinnacle Is Always Voluntary

Patients may terminate participation in a Pinnacle program at any time. Note: If a patient's decision to leave treatment is done against medical advice of the Medical Director, the patient may be required to sign a waiver of release of liability that protects Pinnacle from potential claims.

Court-Supervised Treatment

Patients who are referred to Pinnacle for court-supervised treatment (e.g., PC1000, or the drug court) as an alternative to jail time will be required to participate in all recommended services requested by the legal authority.

Other Levels of Care available at Pinnacle

In addition to the MAT services provided through Pinnacle in California, Pinnacle Treatment Centers also provide other levels of care, available outside of California. The programs include:

Residential/Inpatient Program (Available outside of California)

Patients live on-site with 24/7 support and receive six to eight hours of treatment per day, seven days a week, with additional recovery activities in the evening. The Residential/Inpatient level of care is the most immersive option we offer. Patients receive a full day of therapy, counseling, and activities that promote healing and recovery.

Partial Hospitalization Program (PHP) (Available outside of California)

Patients receive three to five hours of treatment per day, five days a week, but live off-site at home or at a sober living facility. The Partial Hospitalization level of care is one step down from Residential/Inpatient Treatment. It is designed for people who need the rigor and intensity of an inpatient program but, for various reasons, can't live on-site.

Intensive Outpatient Program (IOP) (Available outside of California)

Patients receive three hours of treatment per day, three to five days a week, but live off-site at home or at an affiliated sober living facility. The Intensive Outpatient level of care is one step down from Partial Hospitalization. It is designed for people who need intense, focused treatment but are unable to commit to the five hours a day required at the PHP level or meet the full-time requirements of a residential program.

General Outpatient (GOP) (Available outside of California)

Patients receive up to nine hours of office-based treatment per week, live off-site, and in most cases, keep their typical daily schedules. General outpatient programs are the least structured forms of treatment we offer. You receive the support, education, and high-quality clinical care associated with Pinnacle Treatment Centers while at the same time participating in your life, work, school, and family routines.

Medically Assisted Detoxification (Available outside of California)

Detoxification is the process of removing the harmful by-products of alcohol and drugs of abuse from the body. A "detox" program is designed to be very short-term that is focused on tapering the individual quickly off alcohol or drugs.

Do not try to detox on your own. Without proper medical supervision, this can cause serious medical problems and, in some cases, lead to death. Our inpatient detox programs provide maintenance and medically supervised withdrawal to abstinence with around-the-clock supervision by experienced professionals.

6 METHADONE, BUPRENORPHINE, AND OTHER MEDICATIONS

Medications used to treat opioid use disorder include buprenorphine and methadone, both of which work by binding to the same cell receptors as other opioids. Both medications are long-acting synthetic opioids that help a person wean off the illicit opioid drug and reduce their craving for that drug. This effectively helps the individual stop using heroin or other illicit opioids and return to stable and productive lives.

Methadone

Methadone has been used in the U. S. for the maintenance treatment of opioid use disorder since the 1960s. It is a full opioid agonist. This means that, when it attaches to the mu opioid receptor, it activates a response like other opioids do. It also blocks the effects of other opioids like heroin. In other words, when used in proper doses, methadone helps eliminate cravings and withdrawal symptoms. Because it does all of the things that these other opioids do, it works well for virtually everyone with opioid use disorder.

When used as directed, methadone is a very safe drug that produces minimal side effects. However, because each new dose takes about 4 days to reach its maximum effect, and most people need between 80 – 100 mg, it can take several weeks before the therapeutic dose level is reached. Because methadone is potentially very dangerous if taken incorrectly, there are regulations that determine its use in our setting, including the provision of take-home medications.

Methadone should never be combined with alcohol, benzodiazepines, or other depressant drugs/medications because you could stop breathing. Methadone doses are individually determined based on a individual's opioid tolerance, metabolism, genetics, and other medications that they may be taking, as well as their general health.

Buprenorphine

Buprenorphine hydrochloride is a long-acting synthetic opioid that was originally marketed in the 1980s for pain and is still used in this country to treat pain. Buprenorphine is a relatively recent addition to medications that can be used to treat opioid use disorder. It is a partial opioid agonist, meaning that when it attaches to the opioid mu receptor, it does not trigger the full effects that heroin or other full opioid agonists would do.

In a similar way to methadone, it controls cravings, blocks euphoria from other opioids, and eliminates withdrawal symptoms. It also has fewer adverse effects and has a better safety profile than methadone. Buprenorphine has less impact on breathing rate, so it is harder to overdose using buprenorphine. It also is effective at low doses, usually 18-24mg. Patients can achieve these doses within one to two weeks. The regulations for buprenorphine are also different. This means that, once a patient is stable, they can be given take home medication that is not dependent on how long they have been in treatment. This can be helpful for those with active lives or with heavy work schedules.

Importance of Taking Your Medication Correctly

To get the maximum benefit from your medication, it is important to take your daily medication exactly as prescribed by your clinic doctor. Medication adherence is important. When you take your medication as directed, it effectively blocks the effects of other opioids, reduces cravings, decreases withdrawals, and allows your brain to begin reversing the changes that led to addictive behavior. Because everyone is genetically unique, methadone and buprenorphine work differently on everyone. This means that there are differences in people's metabolism, absorption, and brain response to a given dose of medication. Sudden cessation of methadone or buprenorphine causes withdrawals. Medication should be gradually tapered off under the supervision of a doctor.

Interactions with Other Drugs

Although methadone and buprenorphine are very safe, using them concurrently with other drugs or medications can be dangerous. Other substances, particularly some antidepressants, anti-seizure medications, and HIV medications may increase or reduce methadone or buprenorphine blood levels. In addition, if taken in elevated doses with other opioids or benzodiazepines, methadone and buprenorphine can cause respiratory arrest, especially if the patient has additional medical conditions. Pinnacle therefore requests that all patients disclose to their counselor, and/or the Medical Director, their current or planned use of any additional drugs, prescription or otherwise.

Management of Possible Side Effects and Complications

Possible Side Effects: Methadone may cause constipation, weight gain, sweating, impotence in males, or cessation of periods in females. Patients experiencing symptoms such as fever or difficulty breathing must be seen by their private physician for evaluation to rule out possible side effects and/or provide treatment.

Initial Dosing for New Methadone Patients: To determine any potential allergy/sedative effects that may impair motor skills, patients are given the lowest dose (i.e., 30-40mg for first-time patients) of methadone on the first day of treatment (a split dose may be administered). If satisfactory tolerance and absence of side effects are established, future dosage may be raised.

Reporting of Perceived Symptoms: Upon admission, patients are asked to consent and agree to immediately

report to clinic staff any perceived sedation, impairment, or sleepiness they believe may be due to methadone or buprenorphine. Each patient must exercise individual judgment as to whether the treatment received impairs his/her ability to operate any vehicle or machinery. This may include reporting requirements to the Department of Transportation (DOT) when operating certain types of vehicles or machinery.

Testing and Lab Work: Upon admission, patients are required to consent and agree to be asked to submit to blood, urine, and/or other tests for drugs that may have caused or contributed to sedation, impairment, or sleepiness.

Possible Changes in Treatment: Patients further consent and agree that they may be maintained at a lower dose or discharged from the program if it is believed that the dose causes them to experience sedation, impairment, or sleepiness.

Methadone, Buprenorphine, and Pain

It is important that medical care providers are informed that you are in recovery with methadone or buprenorphine. It is best when the clinic physician and the external provider are able to coordinate your care. If applicable, patients should inform their physician, dentist, or any other health practitioner that methadone does NOT provide acute pain relief after surgery, trauma, or other painful procedure. Methadone patients should be given the same pain reliever in the same or higher dosages. On the other hand, buprenorphine will not allow short acting pain medications to attach to the opioid mu receptor. If you are on buprenorphine, you may need to stop prior to the procedure, or may need additional buprenorphine for pain control.

Withholding a Patient's Medication

- It is the policy of Pinnacle to withhold a medication dose if a patient is suspected of being impaired or under the influence of alcohol, prescription medication, or illicit drugs. In such cases, the patient may be asked to agree to additional urine drug screens (which will be observed) or a PBT test.
- Nurses may determine that a patient is sedated, intoxicated, or impaired. No patient may contest this determination.
- A determination that a patient is impaired may result in dosage being withheld or the patient being asked to wait before leaving the clinic. The patient will be referred to the Medical Director for further evaluation. Patients considered high-risk, who refuse the Medical Director's recommendations, may be discharged involuntarily.
- In the absence of the Medical Director, the dispensing nurse, in conjunction with the on-call physician, bears sole discretion to withhold a patient's medication based upon the patient's physical symptoms and/or the results of a breath alcohol test.
- The patient will be required to see their counselor and the Medical Director on the day of the dose withholding, or on the next scheduled workday (for that Pinnacle staff member) to address treatment issues related to any incident that may have resulted in withholding of medication.
- For patients to achieve positive treatment progress, it is very important that they receive their medication daily, or on their prescribed medication schedule. Pinnacle does not advocate withholding any person's medication, unless administering the medication would pose a serious threat to the person's safety.
- Placebo dosing or blind dosing is not a policy of Pinnacle.

Pregnancy and Prenatal/Postnatal Care

Pregnant patients, who are dependent on opiates, are encouraged to enter drug treatment as early in the pregnancy as possible. This is to help lessen the possible complications resulting from drug use. Replacement therapy is the treatment of choice for pregnancy. Both methadone and buprenorphine are approved, and patients can be treated with either one during pregnancy.

Methadone or buprenorphine maintenance may decrease complications during pregnancy because unexpected withdrawals will not occur; overall lifestyle will generally be enhanced; and medication dispensed by PTC has not been cut or mixed to include other harmful substances (unlike street or illicit drugs). Pregnancy is considered a cause for priority admission to methadone or buprenorphine maintenance treatment.

Infants of patients treated with either methadone or buprenorphine during pregnancy may be born with neonatal abstinence syndrome (NAS). It is important to remind expectant patients that methadone or buprenorphine are not harmful to the fetus, as many pregnant patients want to detox during their pregnancy, thinking that replacement treatment would be harmful to the fetus. The Federal Government has decades of data that show that, during pregnancy, treating opioid use disorder with methadone (or buprenorphine) results in better outcomes for the baby.

Dose reduction during pregnancy risks relapse. In addition, there is no accepted way to monitor the impact of dose reductions on the fetus. The absence of withdrawal symptoms in the expectant patient does not necessarily indicate that absence of withdrawal in the fetus. Dose reduction might be appropriate if the patient complains of sedation. The physician will need to do this assessment.

Treatment dropout should be avoided as opioid withdrawal in the patient can precipitate preterm labor and other complications. It is never recommended in a treatment program except under circumstances where the expectant patient is medicating so irregularly that methadone adds risk to the fetus rather than benefit.

Patient's Duty to Disclose Pregnancy

- Applicants for Pinnacle treatment programs MUST inform the Medical Director if they are pregnant, suspect they may be pregnant, or plan on becoming pregnant.
- All patients already in treatment who become pregnant, suspect they may be pregnant, or plan on becoming pregnant MUST inform the Pinnacle clinic at which they receive treatment by requesting an appointment with the Medical Director or Physician Assistant and specifying the reason for their request.

Methadone or Buprenorphine Use During Pregnancy

- Research the effects of methadone and buprenorphine during pregnancy indicate that the long-term outcomes for both patient and baby are significantly improved when compared to patients with opioid use disorder who did not seek or remain in treatment.
- A patient's abrupt withdrawal from methadone or buprenorphine may adversely affect the unborn child, both via fetal withdrawal and by potential induction of uterine contractions resulting in miscarriage, preterm labor, premature delivery, or other adverse fetal outcome.
- No drugs, prescribed or otherwise, should be taken during pregnancy without disclosure to and approval by the Medical Director. These drugs may interact with methadone or buprenorphine and result in harm to the patient and/or her unborn child.

As long as the mother is HIV negative and not utilizing illicit substances, breast-feeding is encouraged for moms on either methadone or buprenorphine. Babies born to patients utilizing opioids during pregnancy may be born with opioid withdrawal syndrome (OWS). This consists of increased irritability, a high-pitched cry, poor feeding, and other symptoms. The dose of methadone or buprenorphine received during pregnancy does not determine whether the baby will have OWS, or the severity or duration of OWS. Ultimately, breastfeeding is a decision for the patient to make, with input from her OB/GYN, primary care physician, pediatrician, and Pinnacle Medical Director recommendations.

Prenatal Requirements

- Weekly random full-screen urinalysis.
- Adjustment of dosage, if appropriate.
- Pinnacle Scope of Practice does not include OB/GYN treatment. All pregnant patients are therefore required to be in the care of an OB/GYN or Family Medicine practitioner.
- Monthly visit with Medical Director or Physician Assistant.
- Updating of treatment plan with the counselor.

Postnatal Requirements

- Reevaluation of treatment eligibility (no later than 60 days following the end of pregnancy).

- Evaluation of the pregnancy. Verification of hospital summary or discharge records.
- Adjustment of dosage, if appropriate.
- Documentation of pediatric care and immunizations of the child(ren) until the age of three.
- Updating of treatment plan with the counselor.

Special Medication Circumstances

As part of Pinnacle’ accessibility plan and aftercare, Pinnacle recognizes unique circumstances in which provision of medication is not conducted in a regular way. There are four such circumstances allowed by Pinnacle protocols.

Take-Home Exceptions: If a patient is struggling with medical or other conditions (e.g., transportation or work-related issues) that limit his/her accessibility to the clinic, the Medical Director will evaluate benefit over risk and may request SAMHSA/CSAT SMA-162 Exemption to take home medication schedule (see section 15).

Courtesy Medication Services: When take-home exceptions are not appropriate (e.g., based on benefit over risk evaluation) and a patient has to travel for either leisure or work, the clinic may make special arrangements to ensure that the patient receive their daily medication at another clinic (either through Pinnacle or outside of the Pinnacle system) within the United States and its territories. Such services may require additional charges and must be requested with enough advance notice so staff could submit request to outside programs and obtain prior approval.

Jail/Hospitalization Continuation of Medication:

- When a program is aware that the patient has been hospitalized, the program physician shall attempt to cooperate with the attending physician and the hospital staff in order for the hospital to continue a patient’s replacement narcotic therapy.
- When the program is aware that a patient has been incarcerated, the program physician shall attempt to cooperate with the jail’s medical officer in order to ensure the necessary treatment for opiate withdrawal symptoms, whenever it is possible to do so.
- Such medication services may require additional charges. In most cases, if incarceration occurs for an extended period, Pinnacle will consider whenever it is possible to do so, providing a medication tapering schedule for administrative detox (15 days).

Curbside Medication Services: If a patient has a mobility problem that restricts him/her from being medicated inside the clinic or has a highly contagious infectious disease, restricting them from entering the clinic, a Pinnacle nurse may be able to provide medication at the vehicle if deemed safe and approved by the Executive Director. This service is available on a temporary basis only and done at sole discretion of Pinnacle. If staff require medical clearance to return to the clinic, this must be completed within the timeframe given to the patient. Failure to follow through with medical clearance may result in administrative discharge.

7 OTHER MEDICATIONS AND SUPPLEMENTS

Ancillary Medication Prescribed by a Non-Pinnacle Physician

WARNING: Medication prescribed by a non-Pinnacle physician may interact with methadone/buprenorphine and impair the patient’s ability to operate motor vehicles or heavy equipment. Of particular concern are opioids, sedatives, and narcotic analgesics.

Per DEA guidelines, and in accordance with the Pinnacle Clinical Risk Management Policy, Pinnacle routinely obtains information on Schedule II medication for all patients through the Department of Justice CURES database. However, patients are advised of the rules listed below:

- As of admission date and throughout their treatment at Pinnacle, patients MUST inform the Medical Director of any medication they are currently taking.
- Patients are required to submit a copy of any prescription prescribed by a non-Pinnacle physician.
- A release of information is required to allow Pinnacle medical staff to consult with the prescribing physician

and discuss medication interactions.

- The Medical Director reserves the right to recommend that the medication prescribed by a non-Pinnacle physician be discontinued or changed if it conflicts with methadone, buprenorphine, or any other medication prescribed by Pinnacle.

Ancillary Medication Prescribed by a Pinnacle Physician

- While in treatment, patients may require medication for acute medical problems related to their opioid use disorder (e.g., infections/abscesses, withdrawal symptoms). At the sole discretion of the Medical Director, and within his/her scope of practice with Pinnacle, a prescription may be written for the patient in order to treat this acute problem. A copy of the prescription must be filed in the patient record.
- Before a patient receives a prescription for additional medication (such as antibiotics) from the Medical Director, the patient will first be asked whether they are sensitive or allergic to the medication being prescribed. The clinic will not be held responsible if patients are given a medication to which they are allergic.
- Ancillary medications may be eliminated, reduced, or increased solely at the discretion of the Medical Director.
- A restriction may be placed on the patient's ability to drive a motor vehicle while taking a prescribed medication.

Over-the-Counter Supplements at Pinnacle

Pinnacle clinics offer multivitamin pills and fiber pills, at no charge, to help meet patients' supplemental dietary needs. Patients may ask for them at the dispensary window. Patients should consult with their primary care doctor prior to taking multi-vitamins.

Other Supplements

Please note that patients must always advise their counselor and/or the Medical Provider if they begin taking new supplements.

8 MEDICAL TREATMENT SERVICES AND RELATED ISSUES

Limitations to the Diagnosis of Medical Problems

Pinnacle is not responsible for the diagnosis and/or treatment of any chronic medical conditions (e.g., heart disease, cancer, HIV/AIDS, stroke, ulcers, venereal disease, etc.). Patients must inform the clinic of any medical problem that they may have as well as any medications that they are taking. Patients should consult with their own physician for diagnosis and treatment of such conditions.

Mandatory Medical/Mental Health Treatment

- During the admission process, patients are required to disclose any medical or mental conditions, particularly contagious diseases, or serious chronic illnesses, to the Medical Director. The Medical Director may mandate that the patient be treated for any reported conditions. Pinnacle will not allow patients to expose other patients and staff to health risks or let treatable medical/mental conditions progress without treatment while in a Pinnacle program. Examples of such chronic or acute conditions are hepatitis, diabetes, tuberculosis, HIV/AIDS, emphysema, alcoholism, drug use during pregnancy, major depression, bipolar disorder, and schizophrenia.
- Patients who have a heart condition or who are on psychotropic medication may develop a "long QT interval" that can cause arrhythmia (irregular heartbeat), which is a dangerous condition. Pinnacle may require such patients to bring in a recent EKG to continue treatment. It is mandatory that the patient execute a release of information to allow for the Medical Director to openly communicate with the patient's primary physician and coordinate continued care.
- Pinnacle reserves the right to delay a patient's daily medication until the patient sees the Medical Director or has a blood or urine test. Pinnacle may also prohibit continued treatment until a chest X-ray or other test is

obtained to document that a contagious disease is not present.

- The Medical Director may refer the patient to an outside provider if he/she determines that medical or toxicological tests are necessary. This may require a blood test, a diagnostic test, or other treatments. Failure to obtain these tests within a reasonable period may result in discharge for medical safety reasons.
- Patients must be aware that Pinnacle clinics cannot allow a patient to remain in a Pinnacle clinic should the patient fail to obtain the proper treatment for a serious illness.

Medical Testing

Urine Toxicology Testing:

At minimum, random monthly urine toxicology testing (UTox) is required by State and Federal Regulations. UTox testing is used as an objective clinical tool to assess patient progress and thus enhances patient care by allowing the treatment team to address substance misuse at an early stage. Patients may be required to submit more than one monthly test.

a. Patients are required to submit a urine specimen when requested.

b. Regulatory Mandate: As an NTP, Pinnacle is required by the CCR (Title 9, Section 10310) to collect “patient body specimens” to test for illicit drug use, AND to make the collection “random” and “surprise.” Pinnacle clinics implement random urine tests to meet this requirement. The date for the random and surprise UTox testing is determined by the Pinnacle Electronic Health Record System. Pinnacle staff is unaware of the testing date until the patient checks in at the front desk.

- For patients in a maintenance program, the mandate is to perform UTox testing “at least monthly.”
- For pregnant patients in a maintenance program, UTox testing must be performed “at least once each calendar week” (CCR, Title 9, Section 10360).
- Per CCR (Title 9, Section 10315), Pinnacle is required to test for methadone and its primary metabolite; opiates; fentanyl; cocaine; amphetamines; and barbiturates.
- The same regulation further allows Pinnacle to perform urinalysis for other illicit drugs “commonly used in the area served by the program.” Pinnacle clinics additionally test for methamphetamines, oxycodone, and benzodiazepines.

c. Procedure: The urine specimen must belong to the patient and must be provided at the clinic. Urine tests may be observed if there is suspicion of tampering (see item e. below for further information). Observation will be done by a staff member of the same gender as the patient or by a medical staff member. Clinic staff may request saliva testing in addition to a urine specimen.

d. Failure to Submit Urine Specimen (“FTS”): Per CCR (Title 9, Section 10335), failure to cooperate with the request for a urine specimen must be treated as a urinalysis that is positive for “the presence of an illicit drug(s).” Pinnacle must further note such failures to submit in the patient’s records. An FTS will be reported to the Medical Director and the patient’s primary counselor.

e. Tampering with Urine Specimens: In addition to the testing described, Pinnacle clinics also test the temperature of the specimens and creatinine levels. Patients suspected of urine tampering will be required to have a consultation with the Medical Director. Proof of tampering may result in revocation of take-home privileges.

f. Successive urine sample tests that show an unfavorable reading for illicit drugs, negative for prescribed medication by an outside M.D., or absence for methadone metabolite may result in the following:

- Revocation of take-home privileges
- Reduction of take-home privileges
- Discharge from the program

Needle Mark Check

Under the Medical Director’s orders, patients may be required to have a needle mark check on demand.

Additional Laboratory Testing

Upon admission, the following tests will be administered:

- Tuberculosis (TB) (also will be conducted annually)
- Syphilis
- Human Immunodeficiency (HIV), and
- Hepatitis C (HCV).

Patients have the right to refuse the HIV and HCV tests.

9 MODEL OF TREATMENT AND SCOPE OF SERVICES

Healing Mind, Body, and Spirit—The Whole Person

Addiction affects all areas of an individual's life. It affects the mind, body, and spirit. Pinnacle's expert team of doctors, nurses, and clinicians helps patients discover the root causes of their substance use. Through collaboration, the clinical team will develop an individualized treatment plan that gives the patient the best chance of healing on all levels. Through a combination of data-driven, evidence-based techniques, the team works with the patient exactly where they are in their recovery.

Scope of Services

The expanded scope of services that Pinnacle provides addresses the entire biopsychosocial domain of addiction by integrating medication with multidisciplinary, evidence-based clinical interventions that have been proven in research to enhance treatment effectiveness and lead to successful treatment outcomes. These interventions also incorporate, where applicable, the most advanced curriculums available. Treatment interventions include:

- Caseload Management
- Individual Counseling
- Group Counseling
- Crisis Intervention
- Clinical Risk Management
- Case Conferencing
- Keys to Recovery (“K2R”) Support Groups
- Early Recovery Specialists
- Educational Programs

Specialized Services

Pinnacle provides comprehensive care and offers specialized services based upon patient needs. Medical, mental health care, housing, vocational, educational, legal aid, family, and social support needs are addressed with the patient. Services may be provided directly or through referral to appropriate community resources, which include:

Mental Health Services

- Referrals to appropriate community mental health care practitioners
- Coordinated integrated care planning
- Co-occurring education about impact of mental health conditions on substance use

HIV Services

- Coordination of care with early intervention & infectious disease treatment providers
- Counseling & Testing services
- Medical referral and follow-up
- Mental health referrals
- HIV education
- Medication management

Women's Services

- Individual counseling / Gender-specific issues
- Weekly on-site support groups
- Prenatal and high-risk pregnancy referral
- Specialized case management

- Priority admission for pregnant clients
- Mental Health Service needs
- Referrals for family counseling / therapy
- Pregnancy Testing
- Obstetrics / Gynecology referrals
- Gender specific health issues
- Parenting issues
- Relationship issues
- Domestic violence / intimate partner violence issues
- Life skills education

Bilingual Services

- Pinnacle staff available for those requiring communications in multiple languages besides English, including Spanish and Hmong
- Additional needs for interpretation services can be coordinated with a language line and translation service
- Non-English versions of Pinnacle literature and educational materials are available upon request

Special Needs Services

- Pinnacle offers handicapped accessible facilities
- Alternate accommodations may be made to provide treatment services for those who cannot physically attend the clinic
- Telecommunication access (TTY/TDD) to provide services for the hearing impaired
- Service animals permitted as necessary to accommodate patients with disabilities.

Youth Services

- Any consideration of OTP/NTP service delivery must comply with Title 9 of the CA Health and Safety Code allowing adolescents to receive MAT in Opioid Treatment Programs. Patients under the age of 18 years, must have a documented history of two unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period. Patients under the age of 18 years shall also have the witness consent of their parent(s) or guardian prior to admission, which COUNTY shall procure. Evidence-based-practices will usually indicate buprenorphine as the most appropriate medication for adolescents within an OTP/NTP, but this does not preclude the need for the other FDA approved medications if indicated.

Family Services

- Family participation is encouraged throughout every aspect of the treatment process with the patient's consent. It is important to note, however, that strict privacy and confidentiality rules prohibit discussing specific patient information unless the patient has authorized disclosure through a signed Release of Information ("ROI")
- Family consultation may be conducted to address related needs and facilitate referral to community agencies providing family counseling services
- Pinnacle staff may address general inquiries regarding Pinnacle operations, policies, procedures, and practices
- Pinnacle staff and reference material may be available to family members as an educational resource regarding substance use, abuse, and treatment related issues
- Family members may voice any comments or questions through direct communication with staff, written correspondence, or suggestion box input.

Patient Advisory & Advocacy Group ("PAAG")

- Developed internally at Pinnacle, PAAG facilitates informal and mutual communication between Pinnacle staff and patients. Patient participation in PAAG allows Pinnacle to seek advice from its patients regarding policies, procedures, and protocols. In turn, patients are encouraged to express their opinions and concerns directly to the Executive Director and the treatment team. PAAG also provides staff and patients with the opportunity to join forces in community relations and outreach efforts. To find out more information about

becoming a PAAG member please see your Executive Director.

Keys to Recovery Support Group (“K2R”)

- K2R was created internally at Pinnacle in recognition of the central and critical role that patients play in their recovery. By participating in K2R support groups, patients provide additional support to each other, which complements the clinical work of the treatment team. Group members meet to share experiences, understanding, and education and to support and protect one another during the recovery process.

10 PROGRAM RULES AND REGULATIONS

Treatment Environment

In order to maximize each patient’s chance for a successful recovery, Pinnacle is committed to delivering treatment services in a safe, supportive environment to patients who are committed to their recovery. For the same reason, Pinnacle expects patients to behave in a responsible and compliant manner.

Patient Responsibility

In order to maximize patients’ chance for a successful recovery, patients are responsible for understanding the rules and regulations of the program and for complying with them. Patients are further responsible for understanding the consequences of failing to adhere to program rules and regulations.

Patient Code of Conduct on Clinic Premises

The Executive Director or their designees reserve the right to ask any person to leave clinic premises if he/she displays behavior to be inappropriate and/or unsafe. Such situations could include:

- Health and Safety: Participate in steps to limit spread of COVID-19 or any other contagious disease or pandemic. Following all facility protocols such as wearing a protective facemask while in the clinic, washing hands frequently and maintaining social distancing.
- Weapons: No possession, display, or brandishing of a weapon of any kind. “Weapon” refers to any object capable of causing serious bodily injury and includes, but is not limited to, firearms, clubs, knives, sharp objects, brass knuckles, and bats.
- Physical Violence: No threats or use of physical violence against patients or staff. Physical violence may result in immediate discharge.
- Illegal Substances and Alcohol: No possession, distribution, sale, purchase, transfer, and/or use of illegal drugs, illegally obtained medications, or alcohol use on or around clinic premises. A nurse will not administer medication to a patient at the dispensary window when a patient shows evidence of being under the influence of drugs or alcohol.
- Methadone or Buprenorphine Medication Diversion: No selling or giving away of medications prescribed by a Medical Director.
- Property Damage: No willful damaging or defacing of clinic building, clinic property, or another person’s personal property while on clinic premises.
- Theft: No stealing or attempting to steal company property or personal property of other patients or staff members.
- Cell Phone Use: Cell phones are not to be used within the clinic. If patients need to check messages or make phone calls, they must do so outside of the clinic. No cell phone conversations, loud talking, or music inside the clinic premises. No taking pictures of staff or other patients with cell phones. No cell phone recording of patients or staff while on clinic premises.
- Slander/Inappropriate Language/Gestures: No use of disrespectful, obscene, offensive language or gestures against other patients or staff members. Unacceptable language also includes racially or sexually offensive statements.
- Unauthorized Access within the Clinic: No wandering around the inside of clinic. No entry into any office without a staff escort.
- Disruptive Conduct Inside the Clinic: Poor behavior will not be tolerated at the clinic. No under the in-

fluence, over sedation, smelling like marijuana, anger outbursts, slamming of doors/counters, throwing objects, etc.

- **Loitering/Disruptive Conduct:** No loitering inside or outside the clinic or displaying any conduct constituting a nuisance to neighbors and adjacent facilities. Patients are to leave the clinic and its grounds promptly after medicating or attending counseling.
- **Dispensary Window Rules:** Must comply with dispensary rules outlined in this Orientation Handbook.
- **Personal Relationships with Staff Members:** In accordance with company Code of Conduct and Conflict of Interest Policies, personal relationships are prohibited. Staff members may not treat any member of their own family, intimate friends, or close associates. No social or business relationships between staff members, patients, or patient's family members are permitted.
- **Family/Friends/Significant Others:** Visitors are not allowed on clinic premises without prior approval (due to confidentiality of others). By appointment and recommendation of the treatment team, family members, friends, or significant others may be allowed in the clinic to enhance the recovery and goal achievement of the patient. Children may not accompany a patient at the dispensary window.
- **Smoking/Cigarettes, Cigars, E-Cigarettes/Vapor Devices/Hookah Pens, or any other type of smoking device:** We comply with the mandated Non-Smoking ordinance in and around the clinic, which includes both tobacco and cannabis or marijuana products.
- **Tobacco:** Tobacco pouches, chewing tobacco, and spitting tobacco are prohibited on or around clinic premises.
- **Cannabis (i.e., Marijuana, Weed):** Wax, Oil, Edibles, or any other forms of cannabis or cannabis products are prohibited on or around clinic premises.
- **Animals:** Pets or animals are not allowed inside the clinic. Under the Americans with Disabilities Act, service animals are working animals and allowed inside the clinic. Emotional Support Animals are excluded from this protection and are not allowed inside the clinic.
- **Trespassing:** Anyone on clinic property outside the clinic operation hours will be considered trespassing.
- **Vehicle Parking:** Vehicles parked on clinic premises overnight or outside clinic operation hours will be towed at the owner's expense.
- **Volunteer Search:** If a person is suspected of stealing property, bringing drugs into the clinic, or other suspicious behavior staff will request the patient to empty their pockets, purse, backpack, etc. to ensure the patient is not breaking the rules while on clinic property. Failure to participate may result in a request to exit the clinic property.
- **Seclusion or Restraint:** The Company does not promote seclusion or restraint practices. If a patient creates a threatening environment or becomes violent, then law enforcement will be summoned immediately to gain control of the situation/patient.

Compliance with Treatment Services and Requirements

- Patients are expected to adhere to their medication schedule.
- Patients are expected to attend and participate with all scheduled face-to-face or tele-counseling clinic appointments (e.g., counseling, education, and peer-based support group meetings, etc.).
- Patients are expected to participate in random drug testing by submitting unaltered urine samples.
- Patients are expected to participate in portable breathalyzer test (PBT) randomly and when intoxication is suspected. If alcohol use is detected by the PBT test, the patient's medication may be withheld until the PBT value is <0.004 . Patient will be allowed retest only one time on the same day before the dispensary closes. If the PBT is <0.004 , the dispensing nurse will provide the patient with their full dose.
- Patients are expected to keep other patients' participation in treatment confidential. Confidentiality is an integral part of treatment; each patient is responsible for honoring the right to privacy for all patients.
- Patients are expected to show commitment and progress in treatment.

Dress Code on Clinic Premises

Dressing appropriately when coming into our clinics is an important aspect of preserving a positive treatment environment. Patients shall adhere to the following dress code:

- No clothing that displays gang attire or insignia

Failure to Comply with Program Rules and Regulations

Failure to comply with program rules and regulations may result in notification of Law Enforcement disciplinary action and/or involuntary (Administrative) discharge.

Immediate Involuntary (Administrative) Discharge

Immediate or medical discharge may be ordered by the Medical Director. If a patient has continued participation in the program that creates a life-threatening condition to the patient, other patients, or staff, it is required that the patient be discharged immediately (without a fair hearing).

In addition to the causes discussed in this section, medical circumstances justifying an immediate discharge may occur (e.g., contagious disease, driving to the clinic under the influence of drugs or alcohol, etc.). When appropriate, staff will make an effort to transfer the patient to another NTP, a hospital, hospice, or other facility to continue their treatment.

Committing a criminal activity on the premises or against personnel may result in a patient not allowed back on clinic premises or prohibit their candidacy for future admission into treatment after completing a crime. Information related to a patient's crime on the premises or against personnel is not protected, and these crimes will be reported to law enforcement as per CFR 42 §2.22 (3).

Involuntary (Administrative) Discharge

Pinnacle reserves the right to discharge a patient involuntarily. Steps toward discharge may include but are not limited to:

- Failure to pay treatment fees.
- Fourteen (14) days of consecutive no-shows in the maintenance programs without notification to the clinic.
- Failure to attend counseling services agreed upon the treatment plan.
- Refusal of medical treatment for high-risk patients ordered by the Medical Director.
- Medical Director does not renew patient's eligibility for treatment, per Annual Justification.
- The patient may be eligible for a Fair Hearing or an administrative detoxification for a period of fifteen (15) days or as determined by the Medical Director.
- Patients capable of childbearing age will be tested for pregnancy prior to involuntary discharge.

11 CLINICAL CHALLENGES

Addiction vs. Physiologic Dependence

Although they may both be present in the same individual, addiction and physiologic dependence are not the same. Whereas addiction is characterized by the compulsive use of a drug despite a multitude of adverse consequences to the individual, dependence is a physiologic response to the repeated use of a drug. This repeated use results in the development of tolerance to the drug, which in turn causes the individual to use more and more in order to get the same effect. Generally, if the drug is abruptly discontinued, a set of withdrawal symptoms occur.

Most patients who seek SUD treatment suffer from both addiction and dependence. Before addiction sets in and an individual still has some control over their usage, it is possible that usage can be stopped without a great number of adverse consequences. At some indeterminate point in time, this ability to walk away is lost and the individual has become addicted. The brain has been changed. From this point forward, use becomes an overwhelming compulsion, where free choice seems to no longer exist. The individual's loved ones, job, and freedom are all pushed aside by this compulsion. The addicted individual now adopts a whole new set of values and behaviors based on acquiring and using the drug. When the drug cannot be obtained, the physiological abstinence syndrome sets in and the person suffers agonizing symptoms.

Disease Model of Addiction and Multiple Risk Factors

The above description of the addiction process is known as the "disease model of addiction." Although there are still those who see addiction as a moral failing rather than a health problem, scientific research has proven it

to be a chronic brain disease that changes brain structure and functioning. Research has also shown the brain's remarkable capacity to recover, either fully or partially, after a prolonged and sustained abstinence from drug abuse. Accordingly, the Pinnacle treatment team is aware that recovery is not only about helping patients alter negative, unhealthy behaviors learned over the course of addiction, but also involves continued understanding and support as the patient's brain undergoes a slow restorative process.

As with any other disease, addiction is caused by multiple risk factors. An individual's risk for addiction depends on factors such as biology/genetics (e.g., genetic makeup, gender, mental health), environment (e.g., parental use and attitudes, peer influence, chaotic home, and abuse), as well as additional conditions such as route of administration, effects of the drug itself, and age at first use.

In recent years, scientists have been particularly interested in genetic risk factors. Currently, research suggests that genetic factors account for between 40 and 60 percent of a person's susceptibility to addiction. Moreover, it is likely that multiple genes are responsible for transmitting addiction vulnerability from one generation to another, which is known as "polygenic inheritance." It is important to note that the genetic component of addiction can skip generations or affect some members of a family and not others, based on the combination of genes an individual inherits.

(Source: Drugs, Brains, and Behavior: The Science of Addiction by NIDA – NIH Pub No. 07-5606.)

12 PAYMENT FOR SERVICES AND REFUND OF PAYMENT

Financial Responsibility

Patients are financially responsible for payment of all services rendered. It is the patient's responsibility to promptly report any financial hardships or limitations in order for staff to assess for eligibility for financial assistance. Pinnacle will attempt to assist with financial needs and accommodate a payment schedule in accordance with its financial hardship policy. All claims of hardship must be valid and approved by the Pinnacle financial team. Payment agreements may be arranged pursuant to Pinnacle's financial policies.

Pinnacle has in-network contracts with several insurance carriers and therefore accepts beneficiaries participating in these plans. Patients with insurance are responsible to present a current insurance card to front desk staff during activation months. Patients are also responsible to report any changes in insurance status.

Patients who fail to provide accurate verification of insurance coverage, or who fail to meet financial payment responsibilities, may be subject to an administrative detoxification and safely discharged from the program.

21-Day Detoxification

The cost of the 21-day detoxification is listed under the Program Fee Schedule. The cost includes an admission fee plus the total program fee (including medical appointments, medication and counseling), which can be paid in weekly installments or paid in full. Failure to pay on time will result in administrative detoxification.

Methadone Maintenance/Buprenorphine Treatment Programs

There is a monthly charge for the methadone maintenance program and buprenorphine treatment program. Patients may choose to pay monthly, semi-monthly, or weekly. All monthly fees are due by the 1st of each month. Semi-monthly fees are due by the 1st and 15th of each month, and weekly payments are due by the first four Mondays of each month.

Failure to pay on time will result in administrative detoxification and a safe discharge from the program. All female patients of childbearing age will be tested for pregnancy prior to the implementation of an administrative detoxification.

The Self-Pay (“Cash”) Rate

This rate is subject to the Uniform Method of Determining Ability to Pay (“UMDAP”) regulation (California Welfare and Institutions Code Section 5718) and is based on the financial income of the patient. Pinnacle has financial policies drafted in accordance with state and federal requirements to determine the clinic cost for self-pay patients. At the time of admission, the patient’s monthly clinic fee will be determined based on income information. Per policy guidelines, patients interested in the self-pay rate will be required to provide documentation to verify income. Income determinations will be validated by the financial team. Income information must be updated at least annually.

Administrative Fees

Fees may be charged to process late payments, cover the costs incurred for money orders returned for non-sufficient funds (“NSF”), and/or to cover the costs incurred by Pinnacle for any other additional costs to invalid payments. Fees may change from time to time to reflect the associated costs incurred.

Form of Payment

- Visa/Master Card debit cards are accepted.
- Credit cards (by cardholder only) are accepted.
- Money orders (from any party) are accepted. All money orders must be made payable to Pinnacle Treatment Centers, and must be presented within seven (7) days of purchase.
- Cash payments. Coins are discouraged.
- Check payments are not accepted.

No-Shows to Scheduled Appointments or Services

Patients who do not show up for a scheduled appointment or service without proper notification will not be entitled to credit for the services that they have missed.

Refunds

Any unused services are non-transferable and subject to the following:

- a. Credit will be given due to incarceration, hospitalization, or emergency travel. It will be at Pinnacle’s sole discretion whether to accept the reason given. Credit will be issued for a transfer to another Pinnacle location, or to another Pinnacle treatment program. In all circumstances, adequate documentation will be required before credit is issued. Credit will not be given for a patient who is courtesy dosing at a non-Pinnacle location or transferring to a non-Pinnacle location.
- b. Refunds, less an administrative charge, may be given due to incarceration, hospitalization, emergency travel, or involuntary discharge for methadone maintenance patients. It will be at Pinnacle’s sole discretion whether to accept the reason given. No refunds will be issued for a transfer to a Pinnacle sister clinic or non-Pinnacle clinic. In all circumstances, adequate documentation will be required before a refund is issued. A refund will not be given for a patient who is courtesy dosing at a non-Pinnacle clinic.
- c. Retroactive Refunds - There are occasions when a patient requests a refund when an insurance payment has been retroactively approved. Such refunds will be paid only after verified services and eligibility are confirmed. Pinnacle reserves the right to ask for adequate documentation to process any refunds. All refunds must go through our finance department.

13 CLINIC OPERATION AND EMERGENCY PROCEDURES

Hours of Operation

- General Information: Daily hours of operation, including designated dosing hours, are posted at each clinic site and online at www.PinnacleTreatmentCenters.com
- At the end of the day the clinic safe will be locked and the security system will be activated. The system will not be reopened for any patients who were unable to attend during established hours of operation. If

patients cannot make it to a scheduled appointment (e.g., dosing, medical exam, counseling), they are required to notify the clinic as soon as possible and reschedule. This will be documented in the patient record to ensure that the patient is in compliance with clinic attendance.

- Employed Patients: The clinic reserves the right to accommodate early morning dosing and provide other services to employed patients.
- Weekend Rules: Without exception, weekend staff members are NOT able to accommodate requests for dosage changes, letters, forms, referrals, and/or courtesy dosage for travel.
- Evening Hours: Certain Pinnacle clinics operate in the evenings on specific days of the week. Please speak to Pinnacle staff members to find out if your clinic has extended evening hours of operation or visit www.PinnacleTreatmentCenters.com for the hours of operation.
- Holiday Schedule

| | |
|---------------------------|-----------------------------|
| New Year's Day (Jan. 1st) | Martin Luther King Jr. Day |
| Memorial Day | Independence Day (July 4th) |
| Labor Day | Thanksgiving Day |
| Christmas Day (Dec. 25th) | Juneteenth (June 19th) |

Front Desk and Dispensary Window Services and Procedures

At the front desk, patients:

- Must behave in an orderly manner.
- Must comply with all facility protocols (i.e., wearing a mask during a pandemic, etc.).
- Check in and show identification.
- May make payments.
- May ask questions. For questions outside of their area of expertise, front desk staff will direct patients to the appropriate staff member.
- Should notify front desk staff if they have a counseling appointment. Patients are asked to dose following the appointment.
- Should notify front desk staff if they would like to see a counselor but do not have an appointment.

At the dispensary window, patients:

- Must behave in an orderly manner.
- Must comply with all facility protocols (i.e., wearing a mask during a pandemic, etc.).
- Receive medication. NOTE: There are instances when a patient may need to be seen by the Medical Director, the counselor, or another Pinnacle staff member prior to medicating.
- May receive multivitamin and/or fiber pills upon request.
- Must not wear sunglasses.
- Must not wear any type of head covering, including but not limited to, caps, hats, and do-rags with the only exception being cultural or religious head coverings (e.g., hijab, yarmulke, etc.)
- Must provide the nurse a verbal confirmation of their current dose.
- Must speak to the dispensing nurse after receiving medication in order for the nurse to ensure that the dose has been ingested.
- May not be accompanied by individuals who are not Pinnacle patients.
- May not ask extensive questions, as this slows down the line and results in longer waiting periods. Patients should direct questions to the front office staff.

Emergency or Natural Disaster

In the event of an emergency, patients should follow the posted evacuation plans that clearly identify exits, fire extinguishers and first aid kits. During the initial orientation, each patient is given a tour/walk-through of the premises. For additional safety, every clinic is assigned a safety officer who will help patients during an emergency situation.

In the event of a natural disaster (e.g., earthquake, fire, flood, etc.), there may not be medical personnel available, and patients may not receive medication from their home clinic. Temporary solutions in these circumstances will be provided for patients to courtesy medicate at a nearby backup sister clinic. To ensure the health

and safety of Pinnacle patients in the event that the facility suffers excessive building damage, long-term solutions may involve referrals to a hospital, referrals to another NTP, assistance with transfers, or even possible discharge.

For the safety and protection of Pinnacle staff and patients, emergency and disaster drills are conducted during clinic hours of operation. Patients might be present during the execution of drills and will be asked to participate in the process. Patients may report any conditions that they deem unsafe verbally, or in writing, to Pinnacle staff. The clinic's Safety Officer will evaluate the report and make any immediate changes necessary to ensure continued safety at the clinic.

In the event of an emergency, clinics may distribute a Pinnacle identification card to ensure positive identification of the patient and correct recording of attendance and/or medication. The card is for internal use only and belongs to Pinnacle. Pinnacle reserves the right to ask for the surrender of the card at any time.

14 CLINICAL TREATMENT SERVICES

Counseling: A State-Mandated Treatment

Per CCR (Title 9, Section 10345), patients in narcotic maintenance treatment are mandated to complete a minimum of 50 (fifty) minutes of counseling services per calendar month. The recommended best practice at Pinnacle is that patients receive weekly individual counseling for 50 minutes each session. Group counseling may also be advised. This standard is aligned with best clinical practices and promotes efficient resolution of challenges patients face while in treatment. Each patient is considered individually as his or her treatment progresses to determine the best frequency of counseling.

A recommendation for counseling services above the required 50 minutes is mutually agreed upon by the treatment team and discussed with the patient. In order to achieve best results, Pinnacle expects patients to participate in counseling services as prescribed. Patients are required to sign and date either an acceptance or declination of recommended counseling services.

Failure to participate in recommended counseling services may result in a poor treatment outcome, as well as in a loss of clinic privileges, delay in daily medication services, or even an involuntary termination. As with any treatment, patients must do their part to experience progress toward recovery. Successful treatment and recovery are the goal for all patients.

Counseling Services at Pinnacle utilize evidence-based techniques from Cognitive Behavioral Therapy and Motivational interviewing. The two main types of counseling services offered at Pinnacle are:

- Individual counseling provides patients with private, face-to-face or telehealth interaction with the appropriate Pinnacle counseling professional. During individual counseling, the patient and counselor can provide a safe environment to explore their history of relapse and focus on specific goals from their treatment plan in a one-on-one setting with the appropriate Pinnacle counseling professional.
- Group counseling provides patients with group interaction involving the appropriate Pinnacle counseling professional in a group setting with two to twelve Pinnacle patients. These groups provide education to patients about substance use disorders (e.g., opioids, stimulants, depressants, etc.) and may include other conditions that the patients are facing (e.g., Hepatitis C, HIV, co-occurring mental health conditions, etc.). There may also be other counselor-led groups on specialized topics that are designed to help patients during their treatment. Such groups include Relapse Prevention Skills, Coping Skills, Life Skills, Grief and Loss, Young Adults, Women's Support, Men's Support, Seniors' Support, and Artistic Expression.

In general, counseling consists of a three-step, revolving process:

- Assessment
- Treatment Planning
- Intervention (involving case management, referrals, skill building, addressing co-occurring mental health difficulties)

Assessment Process

Biopsychosocial and ASAM assessments are conducted to help guide patient treatment process. Patients will be asked to provide personal current and historical information in multiple life areas (e.g., medical history, mental health history, substance use history, social and legal history, etc.). The purpose is to identify the needs, diagnosis, and appropriate level of services to be provided. Information gathered will serve in the development of individualized and goal-oriented treatment plans. This process will incorporate patient goals, strengths, needs, abilities, aptitudes, skills, interests and presenting problems.

This is an opportunity to set expectations, where the patient may ask themselves – “What do you want to get from your treatment experience?” and “What do you expect to get from Pinnacle?” Pinnacle will address identified needs directly or through referral to appropriate service providers. On-going assessments will be conducted to respond to your changing needs.

Qualified staff will conduct interviews in a respectful manner. Throughout treatment, counseling staff may utilize additional assessments and self-report questionnaires to update the patient assessment data and treatment plan.

Honest input regarding life situation information will contribute to the development of an Interpretive Summary and treatment plan. With patient consent, their family, support network, and referral sources may also contribute pertinent information. Pinnacle strongly encourages family, friends, and peers to actively participate in the treatment process.

Treatment Planning Process

Individual planning is an essential component of the treatment process. The patient will be actively involved in determining the direction of their treatment plan. This process will address significant life factors, or events, that may impact stability and treatment efforts.

Patients will be asked to identify your goals while involved in Pinnacle’ services. Treatment plans are developed to guide efforts in addressing your identified problems and challenges. Goals will incorporate expectations, strengths, needs, abilities, and preferences in order to promote successful outcomes.

Pinnacle will provide services directly or facilitate referrals to appropriate support systems. The primary counselor will be responsible for coordination of such services. The patient will be responsible to actively engage in intervention strategies and activities identified in their treatment plan.

Treatment planning is an on-going process considering changing needs and accomplishments. Each treatment plan is unique. It can be considered a “contract” between the patient and the treatment team. It will serve as a guide to identify “action steps” to accomplish their goals.

Intervention Process

Intervention is a broad term referring to the action steps that are taken to accomplish the mutually-agreed-upon goals from the treatment plan. The purpose of these interventions is to build a patient’s insight into their condition and patterns of behavior; develop safe, alternative coping skills to address any maladaptive or harmful behaviors (e.g., substance use); and help a patient build a relapse prevention plan to maintain a sober lifestyle after treatment is completed. Some of the common types of intervention include:

- a. Psychoeducation that provides increased awareness about the condition or problem area, any associated symptoms or side effects, and its relationship to and impact on your substance use.
- b. Building coping skills and strategies to prevent or limit the degree of any potential relapse. Although relapse is common in the addiction experience, it does not have to be an inevitable part of your treatment experience. Relapse prevention skills can include:
 - Understand that relapse is a process, not an event.
 - Make lifestyle changes to decrease the need for drugs and increase participation in healthy activities,

- which are pleasurable and rewarding alternatives to drug use.
 - Invest time and energy into accomplishing your dreams & goals that may have been interrupted by your drug use.
 - Understand and address social pressures to use substances by avoiding people, places, and things that might trigger drug use.
 - Develop a supportive relapse prevention network and become an advocate or member of a recovery community.
 - Develop methods of coping with negative emotional states and irrational thoughts.
 - Recognize relapse warning signs, including internal & external triggers, and develop a plan to interrupt a relapse.
 - Avoid “war-stories” which tend to glorify or brag about your drug use experience and instead recall the negative aspects of drug use.
 - Overcome the desire to be a “recreational user” or belief that you can “regain control” over your substance use (illegal drugs or abuse of alcohol and prescription drugs).
 - Remember that being drug free is simple but not always easy, and a “drug-free” life still presents everyday issues and problems but that having a sober mind, body and spirit will empower you to overcome obstacles.
 - Do not define yourself by negative labels; be proud of yourself and the positive changes you have made.
 - Ask for help whenever you need support!
- c. Case management, referrals, and coordination of care and treatment with outside providers. In an effort to serve your identified needs throughout treatment, Pinnacle may facilitate your linkage with outside support systems.
- Our Pinnacle facilities have access to a broad range of social services and support systems that can assist in your stability and recovery efforts. These services may address your medical, mental health, financial, social, vocational, and educational needs. Your counselor will facilitate the referral process by identifying appropriate community agencies and providers. It is your responsibility to follow-up on all appointments, visits, or telephone contacts.
- d. Case Conferencing or treatment team meetings entail participation of all staff involved in the treatment of the subject patient. Utilized on as-needed basis, especially as it relates to crisis intervention, relapse prevention, and high-risk conditions.

Co-Occurring Disorders

Co-occurring disorders exist when a patient has a mental health disorder(s) alongside a substance use issue. For example, a patient in SUD treatment may also have a depressive disorder, an anxiety disorder, or PTSD.

Research has found that patients with untreated co-occurring disorders are more likely to fail to complete treatment or to quickly relapse once treatment is completed. It is essential that the co-occurring disorder(s) be identified early and that the patient’s treatment addresses both conditions appropriately.

In order to address the co-occurring disorder(s) appropriately, your counselor may refer you to an outside mental health agency for specialized, concurrent, mental health treatment. The outside agency will provide an evaluation as well as specialized treatment for the mental health condition(s) and will coordinate treatment with your facility. During your counseling sessions, you and your counselor will also work on identifying what these symptoms are, the impact they have on your substance use, and develop safe coping strategies to help prevent or reduce a future relapse.

15 TAKE-HOME MEDICATION

How Take-Home Privileges Are Earned and Maintained

Receiving take home medication is an earned privilege based on compliance with regulatory requirements such as continuous treatment date and length of time in treatment as well as consistent positive improvement in the patient’s lifestyle.

Take-home medication shall only be provided to a patient if the Medical Director has determined that the patient is compliant with regulatory requirements, is responsible in handling narcotic medications, and has documented such rationale in the patient record. The rationale shall be based on consideration of the following criteria:

- Abstinence of abuse of licit / illicit drugs and/or other substances, including alcohol in order to continue ongoing take home privileges.
- Provision of urine specimen samples, saliva samples, BAL testing when asked by the clinic staff members; this includes participation with observation when requested. Failure to submit, alter, and/or tamper urine may result in restriction or revocation of my take home privileges.
- Regular attendance in the clinic, as well as scheduled appointments for individual counseling and physician visits / groups and K2R.
- No current involvement in criminal activity or illicit drug distribution and no history within the previous 12-months. In the event of incarceration or charges of a crime and/or become aware of any pending legal issues the patient shall notify the clinic immediately.
- Absence of serious behavioral problems while attending the clinic. This includes keeping program fees compliant and insurance information updated.
- Maintenance of a stable social and domestic environment; ability to demonstrate mental, emotional, and behavioral stability. I maintain stable housing in order to secure medication failure to do so (e.g., homelessness or housing instability) may result in restriction of take-home medication.
- Provision to the clinic of appropriate documentation to support request for take home medication whenever asked.
- Length of time in maintenance treatment.
- Possession of a properly locking storage container (e.g., has a combination padlock, lock and key, etc.) in which to safely secure the take-home medication. Containers cannot be see-through or display any type of cartoon characters or images that may appeal to children. The nurse will not dispense take home medication if patient does not have the proper locked box with them on my pickup day.
- Consummation of medication as prescribed, one dose daily per the label date. Do not split dose; do not share medication with any other person. If medication is consumed by a child or other adult the outcome may be dangerous to that person or even fatal if ingested.
- If unable to attend in-clinic dosing following a take home schedule, patient must contact their counselor and/or the dispensing nurse within 24-hours to provide justification in order to receive an Excused Absence. Unexcused absences will result in restriction or revocation of take-home medication.
- Returning of all empty bottles for dispensary nurse review and accountability.
- Obtain a police report if take home medication has been lost or stolen.
- Participation in periodic random call-backs which require a patient to appear at the clinic within 24-hours of being contacted for UTOX screening, PBT screening, medication inventory (bottle count), observed medication ingestion, and/or counseling session.
- Whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

Buprenorphine Take-Home Schedule

The Medical Director may prescribe take-home medication privileges for patients once it has been determined that the patient is suitable. The Medical Director may dispense up to a one-week supply of medication, or longer, to qualifying patients. Such a prescription will be done on a case-by-case basis following a thorough evaluation of the patient's lifestyle, clinical conditions, personal preferences, and regulator qualifications.

Locked Containers and Returned Bottles

All patients who receive take-home and/or exception privileges MUST have a storage container with a locking mechanism (e.g., combination padlock, lock and key, etc.) in which to safely secure the take-home medication bottles prior to leaving the dispensary window. Patients are not permitted to use containers that display any type of cartoon characters or images that may appeal to children.

Patients will not be given medication ahead of schedule if the medication/bottles are abused or misplaced. In

some instances, a patient may be asked, on a random basis, to return to the clinic and bring in the locked container to allow an inventory of the empty and full bottles.

Restriction/Revocation

Patients who fail to maintain regulatory criteria for the approval of take-home medication, exhibit behaviors that reflect mental and/or emotional instability, fail to submit to a urine test as requested, or test negative for methadone or its metabolites, will have their take-home medication restricted or revoked. Patients with a creatinine level of less than 20 mg/dL, without medication or illness as the cause, may have their take-home privileges restricted, as low creatinine levels may indicate tampering. Patients who are suspected of urine tampering will be required to have a consultation with the Medical Director. Proof of tampering may result in discharge from the program.

- The Medical Director shall order the restriction or revocation within fifteen (15) days from the date the clinic has obtained evidence that the patient is no longer a suitable candidate for take-home medication privileges or for a specific Step Level (CCR, Title 9, Section 10390).
- The Medical Director shall restrict a patient's take-home medication privileges by moving the patient back one or more steps on the take-home medication schedule.
- Nothing shall prevent the Medical Director from ordering a revocation of patient's take-home medication privileges.
- The Medical Director may grant an exception when it benefits the patient's treatment.

Nothing in this section shall prevent Pinnacle from establishing in its individual protocol any restriction/revocation of medication requirements more stringent than those specified in the restriction/revocation schedule.

Theft or Loss of Medication

If a patient reports theft or loss of medication, a police report will be required before issuing additional medication. Upon approval by the Medical Director, the patient may continue take-home medication, at which time additional education will be provided to the patient on the safety and security of take-home medication.

Recommended Termination Process for Maintenance Programs

- Individualized tapering plans will be developed under the direction of the Medical Director.
- Tapering of dosage is to take place over a period of time of no less than 15 days.

TAKE- HOME REINSTATEMENT PROVISIONS

Reinstatement will be based on meeting the 8 federal and state take-home criteria.

Take Home Bottles (THB) are a privilege. In order to be considered a candidate for reinstatement of this status, an individual's stability, progress and fulfillment of the federal and state provisions will be taken into consideration. Just as THB are granted on a time guideline, the reinstatement, of such, are also based on an established time-frame. The Medical Director may require the client to show stability for at least 30 days prior to consideration for a return to take home privileges.

If an individual demonstrates fulfillment of his/her noted reinstatement criteria, a reinstatement request will be reviewed by the Multi-Disciplinary Treatment Team. The Medical Director is responsible for final approval of all reinstatement requests.

16 TRANSITION PLANNING / AFTERCARE

Purpose of Transition Planning

In accordance with state and federal regulation and CARF accreditation guidelines, Pinnacle transition planning is done upon admission and updated as a patient moves towards completion of treatment or chooses to transfer to another program. This is done in consideration of possible no-shows or involuntary discharges, which, due to

their nature, cannot be planned ahead.

The Transition Plan is based on the clinical and medical condition of each patient and focuses on the patient's plans to continue treatment for identified problem areas after treatment at Pinnacle is completed. As such, it does not include any of the services and interventions employed at Pinnacle (e.g., treatment plan), but instead identifies other programs, practitioners, and community resources that the patient can turn to for support after treatment.

Purpose of Aftercare

The recovery process does not end when patients complete their treatment at Pinnacle. Patients are more likely to succeed in maintaining lasting sobriety if they participate in recovery activities on a long-term basis. Pinnacle therefore facilitates continuity of care by referring patients to a number of resources outside of Pinnacle. Depending on individual needs, patients may be referred to resources such as a 12-Step program, a drug-free community, vocational rehabilitation/employment, psychological treatment, medical treatment, and/or domestic or intimate partner violence services.

Pinnacle will continue to be an integral part of your support network, even after you are no longer an active member. You are strongly encouraged to contact us if you are in need of information and/or services to support your recovery and wellness plans.

Feel free to speak to Pinnacle clinical and medical/nursing service staff to enhance your awareness and address any concerns you may have about issues that may impact your stability and overall wellness. Your needs and interests may include, but are not limited to, addiction, family interaction, relationships, healthy living skills, nutrition, community integration and basic living skills. Pinnacle has available reference materials, brochures, and Internet access to obtain pertinent educational materials.

After leaving our direct services, feel free to contact us at any time regarding any matter that may interrupt or impact your well-being. With your permission, Pinnacle will attempt to contact you to discuss your life conditions since leaving our care. This is also an opportunity for you to share input regarding your experience with Pinnacle.

Recommended Transition Discharge Process for Maintenance Programs

Individual tapering plans will be developed under the direction of the Medical Director.

Ninety-Day Follow-Up

Pinnacle also conducts a post-discharge follow-up for all patients within ninety (90) days of discharge from the clinic. The information gained from the follow-up is documented in the patient's record. This data is made available for outcome measuring.