



**HEALTHQWEST**  
A PINNACLE TREATMENT CENTER NETWORK

# Orientation Handbook

JULY 2023

# Welcome to HealthQwest Douglasville

## Vision

Pinnacle Treatment Centers, Inc. will continue to provide quality treatment services to chemically dependent addicted individuals, while fostering growth and development of new programming to support a greater number of individuals suffering from addiction.

*Our Vision: We envision a better world where lives and communities are made whole again through our comprehensive treatment of people with substance use disorder.*

## Mission Statement

The central purpose and role of Pinnacle Treatment Centers, Inc. is defined as:

Pinnacle Treatment Centers, Inc. is to provide high quality treatment services to addicted individuals 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.*

## Corporate Values

The corporate values governing Pinnacle Treatment Centers' development will include the following:



### COMPASSION

We will treat people with kindness, appreciate others perspectives and value relationships with everyone we encounter



### ACCOUNTABILITY

We will take ownership for what we do and what we say as well as hold others accountable



### RESPECT

We will treat people fairly, treat others the way we want to be treated, recognize and respect individuality/diversity



### ETHICS

We will conduct ourselves with uncompromising integrity through responsible actions and strive for excellence

Your journey begins today as you have taken an important step in changing your life. Pinnacle Treatment Centers, PTC staff would like to congratulate you on accomplishing your first goal by entering treatment. You are now a member of the PTC Community. Each of us is committed to helping you as you begin on your pathway to recovery.

Remember, recovery is a lifelong process that requires your time, energy and commitment. In order to ensure a successful experience, you must make treatment a high priority, especially during your introduction into PTC services. Your participation in this initial phase of treatment will serve as the foundation for your building blocks of your stability and recovery efforts.

While involved in PTC services, you will discover the effects of your addiction in physical, mental, and spiritual terms.

You will realize how and why this disease has brought you here today. You will identify your triggers and learn new coping mechanisms. You will make lasting changes and improve the quality of your life.

Your dignity and hope will return as you gain knowledge of the disease known as addiction. With hard work and determination, you will set and accomplish goals that will restore your self-worth, respect and confidence.

You will gain a greater understanding of yourself, your behavior, your feelings and your needs as you move forward in the treatment process. You will feel safe to share your feelings as you develop healthy relationships. Your strengths, needs, abilities and preferences will drive your treatment course.

You will begin to truly like yourself as you accomplish your goals by keeping commitments to yourself and family. You will be proud of yourself, which will strengthen your stability and continued growth. Others will celebrate your renewal and support your mission of recovery.

Being part of PTC offers you the opportunity to reconnect with family, friends and the community. You will learn tools to strengthen and build healthy relationships to strengthen your support network and recovery environment.

Many, like you, have achieved their recovery here. PTC Community Members have found security, happiness as well as a life of continuous recovery by learning and accepting the same principles and practices you are about to learn.

PTC will prepare you and guide you on your way, with the support of your family and friends, to a successful outcome on this day-to-day yet lifetime journey!

PTC offers a wide range of support services that will be tailored to meet your needs. Counseling and guidance are an important part of your recovery. Our counselors are dedicated people with the skill and knowledge necessary to help you define and reach your recovery goals. Your individual counselor knows you as a person, not a case. Your counselor will be deeply involved in your recovery process. A treatment plan will be developed that

will include goals agreed upon between you and your counselor.

Nearly all addictions cause severe damage to relationships with family and friends. Along with your individual counseling, PTC offers a variety of family, marital and group counseling.

Addiction is more than psychological and PTC-helps you to take good care of your physical health while you are in recovery. In addition to methadone maintenance treatment and outpatient detoxification, offers other services to enhance your physical recovery from drug abuse. We offer other medical care: physicals and testing. Medical information and referral services are available from your counselor.

PTC works closely with available community resources, such as local employment agencies and vocational training centers. Your counselor will be able to assist you in obtaining educational assistance or job placement.

PTC strives to deliver all of these services in a warm, accepting and informal atmosphere, while keeping a high level of professionalism. We work hard to help you meet your treatment goals and to see that you have good memories of the time you spend with PTC. We are here to help you help yourself achieve successful outcomes.

## HQ DOUGLASVILLE HOURS OF OPERATION

<b>MEDICATION:</b>	
MONDAY – FRIDAY	5:45AM – 12:00PM
SATURDAY	7:30AM – 9:30AM
SUNDAY	CLOSED
HOLIDAYS	7:30AM – 9:30AM
<b>COUNSELING:</b>	
MONDAY – FRIDAY	5:45AM – 2:00PM

### CONTACT US:

2109 FAIRBURN RD UNIT A  
DOUGLASVILLE, GA 30135  
(770) 726-7958 (P)  
(770) 693-0829 (F)

### HQ DOUGLASVILLE EMERGENCY CONTACT 24/7

For information about unscheduled closings due to weather or any unforeseen emergency event, please contact the HQ DOUGLASVILLE MESSAGE CENTER:  
770-826-0400 or [www.pinnacle-treatment.com](http://www.pinnacle-treatment.com)

### HOLIDAY SCHEDULE

New Year's Day	Independence Day
MLK Day	Labor Day
Memorial Day	Thanksgiving Day
Juneteenth	Christmas Day

# PTC CLIENTS' BILL OF RIGHTS

## As a valued member of the PTC Treatment community, you have the right:

- As a client at PTC you retain all civil rights and liberties as provided by law. You will not be deprived of any civil right by reason of treatment and as such your confidentiality regarding your participation at is strictly guarded and will not be released without your consent.
- You will not be discriminated against in the provision of services and have the right to access to treatment on the basis of age, race, creed, sex, gender, culture, ethnicity, color, national origin, marital status, sexual orientation, gender identity, physical handicap, developmental or mental challenge, religion, spirituality political affiliation or source of payment.
- You may inspect your records subject to some limitations as included in policies. These limitations will be provided to you upon request.
- PTC clients have the right to submit grievances concerning any aspect of their treatment at PTC through the following procedure. Any grievance you may have will be quickly resolved in accordance with PTC and State requirements. Analysis of formal grievances will be conducted annually, including documentation whether formal complaints/grievances were received.
- PTC clients will become familiarized with Advanced Directives or "Living Wills" and how to obtain and formalize this document.
- PTC clients are encouraged to provide feedback about their treatment and suggestions about how to improve services through use of the suggestion box located in the lobby or any means of appropriate verbal or written communications.

## INFORMATION DISSEMINATION

- All clients will be made aware of the BILL OF RIGHTS at admission through the acceptance of the orientation material.
- Facility will ensure that the consumer Bill of Rights shall be conspicuously posted throughout the facility at all times; facility shall ensure that the individual has access to this information in a manner that is understandable
  - If required, the material will be provided via alternate means to accommodate language or communication barriers: translated to his/her primary language of communication; large print; or spoken word to ensure that the lan-

guage is understandable

- Arrangements will be made by the facility to provide translation, interpreters, assistive devices and/or sign language as needed upon reasonable accommodation requests;
- Staff will provide clarification of any and all rights during orientation, subsequent annual reviews and ad hoc inquiries
- All staff shall be trained during new hire orientation as well as annually about the facility's established practices to support and protect the consumers bill of rights
- Information regarding amendments will be disseminated in a timely manner to provide clarification of any modifications (additions, revisions, and deletions) made regarding the rights of individuals enrolled in this facility's treatment services
- Clients' Bill of Rights will be reviewed with any individual continuously involved in services extending beyond 1 year from admission; this information will be presented to the returning consumer for review, in the event of changes and modifications, for every treatment episode in which he/she is seeking services provided by this facility
- Facility established consumer rights will reflect accreditation, regulatory bodies and corporate leadership expectations to provide quality care
  - Facility shall make available the established client rights promulgated by the state Department of Health – Mental Health and Addiction Services for residential and/or outpatient substance abuse treatment facilities
- Facility leadership will ensure that the milieu extends visual, spatial, auditory, posturing and communication practices reflective of considerate, respectful, humane, adequate care, wellness and recovery support embodying a therapeutic and professional tone from all team members, at all times, and under all circumstances in any verbal, written or non-verbal interactions

This facility affords these rights to all clientele. This facility's leadership will engage in on-going reviews to evaluate the quality and efficiency of its services and restrictions placed on client's rights or privileges. Also, this facility encourages clients to express concern regarding safeguards of these rights and any violations of such. This facility is committed to evaluating and improving the quality of care provided. This facility ensures that provisions governing the rights of clients are in strict adherence to all applicable federal and state regulations.

Individuals will be afforded promulgated rights under State regulations and accreditation body standards.

As a PTC Client, you also have...

- The right to obtain copies of all consents that you sign. Verbal requests for copies of consents will be honored within 24-hours by either your counselor or the program director.
- The right to individualized treatment and services within the least restrictive environment possible.
- The right to participate in the formulation of your treatment plan
- The right to protection from harassment by any other client, outside agency or person. PTC will exercise confidentiality laws to the fullest extent.
- The right to air grievances according to the facility's internal grievance procedure and/or pursue informal or formal avenue to resolve any expressed concerns

## CONSUMER BILL OF RIGHTS

As a valued member of this treatment community, individuals shall be afforded the State's Licensing authority's promulgated rights:

- The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;
- The right to receive services in the least restrictive, feasible environment;
- The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
- The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
- The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;
- The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
- The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
- The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
- The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
- The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
- The right to be informed of the reason for denial of a service;
- The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
- The right to know the cost of services;
- The right to be verbally informed of all client rights, and to receive a written copy upon request;
- The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- The right to file a grievance;
- The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- The right to be informed of one's own condition; and
- The right to consult with an independent treatment specialist or legal counsel at one's own expense.

## Provision of Client Rights:

- The right to humane treatment that affords reasonable protection from harm, exploitation, and coercion.
- The right to be free from physical abuse and verbal abuse.
- The right to be informed about the individual treatment plan and to participate in the planning as able.
- The right to be promptly and fully informed of any changes in the plan of treatment.
- The right to accept or refuse treatment.
- The right to confidentiality of patient records.
- The right to be informed of the program's complaint policy and procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the program within a reasonable period of time.
- The right to receive a written notice of the address and telephone number of the state licensing authority, (The Department of Community Health) and the right to file a complaint with the Department.

**GA Department of Community Health  
2 Martin Luther King Jr. Drive SE  
17th Floor East Tower | Atlanta, GA 30334  
Ph: (800) 878-6442 | Complaint: (470) 877-9904  
[www.dch.georgia.gov/hfr-file-complaint](http://www.dch.georgia.gov/hfr-file-complaint)**

- The right to an informal review and appeal of any involuntary discharge.

\*Withdrawal from participation may necessitate a delay in readmission. Also, if participation in this program is the result of involvement with the criminal justice system, the person's legal status may be jeopardized by withdrawal with court, probation, or parole permission. Persons served should make certain of their individual situations before withdrawing.

This facility shall communicate the client rights policy to all clients and staff. This is covered in the staff orientation and is provided to clients during the admission process. Information is posted in the open area.

Moreover as a quality care provider, this facility affords individuals the following rights:

- To be fully informed of these rights, as evidenced by the client's written acknowledgement, receipt of orientation material or by documentation by staff in the clients records that the client was offered a written copy of these rights and given a

written and verbal explanation of these rights, in terms the client could understand. These rights shall be given prior to or at the initiation of services and annually for persons served for more than a year. These rights are available at all times for review and clarification if needed.

- To maintain confidentiality while in treatment and privacy of information about the client. Information in the client's medical and clinical records shall not be released to anyone outside the facility without the client's approval unless allowed by applicable State and Federal law. The facility may release data about the client for studies containing aggregated statistics when the client's identity is masked.
- To be free from mental and physical abuse, free from financial or other exploitation, and free from use of coercive acts, restraints, retaliation or humiliation and neglect as well as protected from behavioral disruptions of others.
- To be informed of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate. A financial services agreement shall be evident in the record to acknowledgment financial obligations.
- To have access to and obtain a copy of his or her clinical and medical records, in accordance with the facility's policies and procedures and applicable Federal and State laws and rules. The client shall also be to participate in the planning of their care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the client's medical record. Clients shall have access to information pertinent to their treatment be informed of any risks and/or consequences in a timely fashion in order to make a treatment decision.
- The facility shall have a means to notify clients of any rules and regulation it has adopted governing client conduct in the facility, informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the client's care. 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.
- To informed consent or refusal or expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team and involvement

in research projects. To be fully informed of all aspects of his/her treatment in the program, including termination of or substantial change in treatment, and to receive the information in terms to which he/she can give his/her informed consent.

- To be included in experimental research only when the client gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent client in accordance with law, rule and regulation. The client may refuse to participate in experimental research, including the investigation of new drugs and medical devices. Adherence to research guidelines and ethics are to be followed when persons served are involved.
- To be informed and have access to referrals to legal entities for appropriate representation, self-help support services, and advocacy support services.
- To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives on of the client's choice either individually or as a group. Clients are to be informed of formal complaint, grievance and appeals procedures. This notification will clarify the category terms for formal complaint and grievance with the steps to proceed with internal levels and/or external processes. Information will be conspicuously posted as well covered in orientation process and readily available throughout the treatment episode. Grievance forms will be made readily available and outcome determinations of the decision will be in writing affording opportunity to be able to appeal to unbiased sources, as applicable within State regulations. Clients have the right to an investigation and resolution of alleged infringement of rights.
- To be actively involved in his/her treatment planning process.
  - 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.
  - To exercise civil, religious and spiritual liberties, including the right to independent personal decisions. No religious beliefs or practices, or religious events attendance shall be imposed upon any client.
  - To not be discriminated against because of political affiliation, sexual orientation, gender, gender identity, gender expression, religion, nationality, national origin, culture, ethnicity,

race, physical, developmental or mental challenges, age, disability, ability to pay or payer source or be deprived of any constitutional, civil, and/or legal rights;

- To be notified in writing and to have the opportunity to appeal an involuntary discharge, as indicated in accordance with facility policy.
- This facility shall uphold the established consumer rights as indicated by the State licensing authority and other legal rights as applicable.

## PRINCIPLES

Individuals involved in any service provide by this facility have the right to treatment that:

- is given with full informed consent;
  - is individualized and participatory;
  - responds adequately to his/her needs;
  - promotes dignity and is humane;
  - promotes autonomy and responsibility;
  - protects confidentiality;
  - protects and promotes overall health and well-being;
  - protects against exploitation and/or retaliation of any kind;
  - adheres to ethical codes of business and professional codes of conduct as well as adheres to research guidelines, as indicated
- Program administration obtains and is responsive to consumer and stakeholder feedback concerning his/her care;
  - Programs develop and implement policies and procedures to promote and protect consumer rights as well as health, well-being and recovery efforts;
  - Programs must inform individuals involved in services about program rules, regulations, expectations as well as his/her rights, responsibilities and obligations;
  - Facility shall establish a system to investigate and resolve alleged and actual infringement of rights;
  - Facility shall ensure protection of all legal rights;
  - Facility shall uphold the established consumer rights as indicated by the State licensing authority

## CLIENT CONFIDENTIALITY & PRIVACY NOTICE

**EFFECTIVE DATE:** This notice is effective April 14, 2003

This notice describes how medical and drug and alcohol

related information about you may be used and disclosed and how you can get access to this information. Please read it carefully. By signing you have received the PTC Community Member handbook acknowledgment, you are also indicating you have received a copy of this notice.

## GENERAL INFORMATION

Information regarding your health care, including payment for health care, is protected by two federal laws:

- HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (“HIPAA”), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164,
- CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2

Under these laws, PTC may not say to a person outside of this agency that you attend the program, nor may PTC disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Federal Law requires that this agency maintain privacy of protected health information about you. PTC is not allowed to use or disclose it to another person, or agency, unless PTC receives written consent or authorization signed by you, or as otherwise permitted by law. Protected Health Information includes, but is not limited to, information that can be verbal, in writing or another recorded format, that is:

- Created by a health care provider, and
- Relates to past, present or future medical or mental health conditions, or
- Relates to the provision of health care services, or
- Relates to the past, present or future payment of health care services.

PTC has legal responsibilities with respect to protected health information about you, including the responsibility to inform you of how and when this agency might use and disclose your protected health information. We must also inform you of your rights and our duties related to your protected health information.

### PTC DUTIES:

#### ▶ CONFIDENTIAL FACILITY

- PTC is required to safeguard your protected health information to the best of its abilities.

- PTC is required to develop and implement policies and procedures to assure that your protected health information remains confidential
- PTC is required to train its staff in procedures to assure that your information is kept strictly confidential.
- PTC is required to designate a staff person who is responsible for assuring the protections of health care information and for reviewing our agency’s policies and procedures.
- PTC has the responsibility to abide by all the information contained in this consent form. If PTC changes any of the information in this consent form, we must notify you of any changes.

#### ▶ USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

There are three types of disclosures related to your protected health information: those required by law, those for which we need your written consent and those that do not require your written consent. PTC must maintain a written record of all disclosures of your protected health information.

#### REQUIRED DISCLOSURES

In some cases PTC may be required by law or other federal or state regulation to disclose your protected health information. This could include any of the following circumstances:

- Audits by state and federal regulatory and enforcement agencies
- Investigations of complaints by state and federal regulatory and enforcement agencies
- Reporting of communicable diseases as defined by state and federal health statutes

#### DISCLOSURES REQUIRING YOUR CONSENT

For all other situations, Federal law prohibits PTC from disclosing protected health information without your proper written consent. If PTC has a need to make any other disclosures of your personal health information we must obtain your written consent to do so. These may include written consent for any of the following activities:

- for purposes of treatment, payment and health care operations
- to communicate with agency staff and business associates in the coordination of your treatment and health related services
- to communicate with other treatment agencies and service providers regarding your past, present or future treatment needs and experiences



- to communicate with your family and significant others
- to communicate with criminal justice system representatives regarding your case (if applicable)

#### DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT

While we may not necessarily make all of the uses and disclosures described below, federal law permits use or disclosure of protected health information without your written consent or authorization under the following circumstances:

- Your protected health information is required by a court order in a specific legal case.
- Your protected health information is necessary to help medical personnel in a medical emergency related to you.
- Your protected health information is used for the purposes of research, audit, or program evaluation.
- If PTC reasonably believes that you may try to harm yourself or someone else;
- If you are suspected of child abuse or neglect, or
- If you commit, or threaten to commit, a specific crime on premises or against PTC staff.

#### RECORD OF DISCLOSURES

PTC will maintain a written record of all disclosures made regarding your personal health information. This record will include the name of the person or agency to which the information was disclosed, the type of information disclosed, and the date on which the disclosure was made.

#### ▶ ACCESS TO RECORDS

PTC is required, with certain exceptions, to provide you with access to inspect and obtain a copy of health information about you that we maintain in our record system.

#### ▶ NEED FOR AUTHORIZATION

PTC will not make any uses or disclosures other than those mentioned above without your written authorization in accordance with federal law.

#### ▶ INFORM CLIENT OF BREACH

PTC reasonably believes that there has been a breach of your confidentiality, we have an obligation to inform you of the breach including the information that was shared, to whom the information was shared and our plan for corrective action.

#### **YOUR RIGHTS:**

#### ▶ INFORMED CONSENT

Federal Law requires that you be informed of your rights in regard to your protected health information and that you authorize the use and disclosure of your protected health information at PTC

#### ▶ REVOCATION

You have the right to revoke your consent to disclose your protected health information. You may revoke your authorization either verbally or in writing except under two conditions. Your revocation will not be effective if:

(1) PTC took action relying on the written authorization before it was revoked, or

(2) PTC obtained the authorization as a condition of a court order, probation or parole placement.

In these cases we are authorized to continue to communicate with the identified court officers up to and including your discharge from treatment.

#### ▶ RESTRICTED ACCESS

You have the right to request that restrictions be placed on certain uses and disclosures of your protected health information as permitted by law. To assure that PTC staff fully understands your wishes regarding your protected health information you will be asked to consent to specific health information on each consent form. Such a form is attached for your review.

#### ▶ RIGHT TO INSPECT RECORDS

You have the right to inspect and copy protected health information about you, except for any psychotherapy notes, information relating to civil, criminal, or administrative proceedings, and certain information prohibited by law from disclosure. We are allowed by law to deny access in some circumstances. PTC has developed policies and procedures related to access of your record. If you desire to review a copy of your record you must request access through your primary counselor.

#### ▶ RIGHT TO AMEND

You have the right to request that we amend protected health information about you maintained in our records. We are permitted to deny your request if we did not create the information in the record. We will review any such request in accordance with federal law and respond

to you in writing. Any such request should be in writing addressed to the Executive Director of PTC. All requests for amendment should provide necessary details, including your name, address, dates of service and a reason supporting your request for the amendment.

▶ RIGHT TO AN ACCOUNTING

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 PTC's Facility Executive Director

▶ RIGHT TO BE INFORMED OF BREACH

You have the right to be informed of any breach of your confidential information within 4 days of the time of the breach or the time when PTC became aware of the breach, including the information that was shared, to whom the information was shared and our plan for corrective action.

▶ RIGHT TO COMPLAIN / GRIEVANCE PROCEDURE

If you believe your privacy rights have been violated, you have the right to complain. You can address your complaint, in writing, to any of the following:

**FACILITY DIRECTOR**

2109 FAIRBURN RD UNIT A  
DOUGLASVILLE, GA 30135

**PTC PRIVACY OFFICER**

1317 ROUTE 73 N SUITE 200 | MOUNT LAUREL, NJ 08054

**SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

HUBERT H. HUMPHREY BUILDING 200  
INDEPENDENCE AVENUE WASHINGTON, DC 20201

Federal law prohibits retaliation against you for filing such a complaint.

**ADDITIONAL INFORMATION**

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. PTC is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. PTC will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by PTC except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in PTC's records, and to request and receive an accounting of disclosures of your health related information made by PTC during the six years prior to your request. You also have the right to receive a paper copy of this notice.

PTC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. PTC is required by law to abide by the terms of this notice. PTC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. All clients will receive notice upon admission.

You may file a complaint with PTC and/or the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. If you wish to file a complaint, you may contact the PTC Privacy Officer. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality of Alcohol and Drug Abuse Client Records by a program is a crime. Suspected violations of the Confidentiality of Alcohol and Drug Abuse Client Records may be reported to the United States Attorney in the district where the violation occurs.

PTC must obtain your written consent before it can disclose information about you for payment purposes. For example, PTC must obtain your written consent before it can disclose information to your health insurer in order

to be paid for services. Generally, you must also sign a written consent before PTC can share information for treatment purposes or for health care operations.

For example, PTC can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide healthcare to you, as long as there is a qualified service organization/business associate agreement in place.

Before PTC can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent; however, this action must be in writing.

The confidentiality of alcohol and drug abuse patient records maintained by this program are protected by Federal and state laws and regulations- Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless it falls into allowable Federal exceptions:

- Written consent
- Internal communications
- No patient-identifying information
- Medical emergency
- Court order
- Research, audit, or program evaluation
- Crime on the premises or against personnel
- Child abuse reporting
- Qualified Service Organization / Business Associate Agreement

Violation of Federal laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with Federal regulations.

Federal and state laws and regulations do not protect any information about a crime committed by a patient, either at the program, against any person who works for the program, or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported to the appropriate state or local authorities.

A crime who has given written consent to release information may revoke that consent, at any time either verbally (supported by written notification on record) or in writing by meeting with their counselor or if unavailable, with the counselor's direct supervisor.

## PTC GUIDELINES, RULES, RESPONSIBILITIES & EXPECTATIONS

### TREATMENT

- You are required to sign a formal agreement of Informed Consent stating that you agree to start methadone /buprenorphine treatment at PTC, Inc.;
- Within established program regulations, take-home bottle (THB) dosing privileges can be obtained once you demonstrate abstinence from alcohol and illicit substances and compliance with PTC program requirements. You are expected to satisfy eligibility requirements indicated in THB Protocol;
- You are expected to participate in and follow through with your individual treatment plan, which includes following up with referrals for additional services as needed (such as mental health, medical, social services, education/vocational services);
- You are expected to comply with the service delivery requirements regarding counseling sessions and urinalysis collections. Meeting with your counselor on a regular basis is mandatory. Your counselor will inform you of the requirements regarding individual sessions, group sessions and urinalysis collections;
- Random urine screenings are conducted on a monthly basis at minimum. Collections are determined by your treatment status and set by the treatment team. Please do not "volunteer" a specimen; PTC clinical and medical staff set the random collection schedules. Any claims that you have difficulty submitting upon request must be supported by medical evidence;
- A licensed medical professional or same sex staff teammate will monitor your urine collection in a respectful manner. Please keep in mind that this is an observed process to ensure the integrity of the specimen;
- It is expected that UA collection requests will be satisfied in a timely manner (within 3 hours). If you are unable to satisfy this request, this unsuccessful collection will be recorded as a refusal considered as an inappropriate result. Your dosing may be held until you satisfy this request or assigned a 15 minute pre-closure dosing clearance;
- You must inform all non-program physicians that you are on methadone/buprenorphine. You are expected to comply with efforts to coordinate

medical services with outside physicians. You are expected to provide written documentation that you are under a physician's care for a diagnosed medical condition. You may either provide written documentation that your private physician is aware of your methadone treatment or authorize communication between PTC staff and your private physician;

- Prescription drug use must be reported to PTC medical and clinical staff prior to taking any medication. Please be aware that the use of certain medications may be medically contraindicated and dangerous while on methadone. Also, certain medications may not be recommended due to the potential for misuse/abuse. PTC Medical Director will determine if the use of prescribed medications is approved and incorporated into your treatment. If prescription drug use is not approved, such use will be considered as non-compliance with treatment and all use identified by drug screening shall be considered a positive drug screening result;
- You are expected to submit to all required health screenings and medical referrals;
- You will be informed of requirements regarding eligibility for treatment privileges; remember, THB status is a privilege rather than a right;
  - Your full cooperation with PTC Rules and Regulations is appreciated and expected. Any disregard or lack of fulfillment may result in restriction of treatment privileges or termination from services;
- Please be aware that treatment privileges are granted based on compliance with PTC Rules and Regulations. Involvement in inappropriate events, behaviors, actions and/or attitudes may be considered as non-compliance and a violation of treatment privilege eligibility. Treatment privileges may be restricted and are subject to reinstatement provisions;
- You are expected to follow treatment interventions including those recommending higher levels of care, including but not limited to: group therapy; self-help groups; 12-Step Programs; in-patient treatment (detoxification or residential)

## ATTENDANCE

- You are expected to report to the clinic according to your designated dosing schedule during routine program hours;
- **All** take-home bottles (THB) **must** be returned immediately following the take-home day. If you do not return your bottles **for any reason**, your

THB privileges may be reduced or revoked. You may be asked to leave the premises in order to retrieve any THBs that are due prior to dosing that day. If you report that your THBs have been stolen, you must submit an official police report attesting to this claim

- Fourteen (14) consecutive missed doses will result in termination from our program. If terminated, you may request consideration for readmission. PTC Medical Director will determine your reinstatement eligibility based on review of your treatment status and recommendations from the Multi-disciplinary Treatment Team
- If you miss consecutive dosing days, the PTC program physician has the discretion to adjust your dosage;
- Patterns of poor attendance will be considered as a lack of commitment and minimal engagement in the treatment process which may interfere with earning treatment privileges and/or subject to administrative action;

## BEHAVIOR

- It is **illegal** to sell, give away, or otherwise divert your dose of methadone/buprenorphine;
- You must **not** report to the clinic under the influence of alcohol or other drugs. Your dosage may be adjusted if such is determined by direct observation from PTC Medical and Nursing services.
- If it is suspected that you may be under the influence, you will be subject to an instant urinalysis screening. You are expected to show respect to PTC's property, staff, visitors and fellow clients;
- You are expected to show respect to our surrounding neighbors and their property;
- **No** verbal or physical threats of violence, acts of violence, or verbal abuse toward PTC staff, visitors or other community members will be tolerated;
- **No** weapons are allowed to be on clinic property, including but not limited to knives, guns, tools, clubs, pepper spray, box cutters, etc. All such items will be confiscated immediately and you will be subject to administrative action and legal consequences;
- **No** illegal drugs are allowed on the premises. Any illegal substance found will be confiscated immediately and you will be subject to administrative action and legal consequences;
- **No** alcohol is to be brought onto the premises;
- Smoking is greatly **discouraged**; however, if you choose to do so please keep to the designated tobacco area outside of the facility. Please do

your part in keeping the area clear of debris and safely extinguish all smoking related items. PTC is a smoke-free facility!

## AS A PTC COMMUNITY MEMBER...

- You are expected to fulfill financial obligations for PTC treatment participation. You will be informed of your financial obligations and payment schedule, if indicated;
- It is your responsibility to report any changes or limitations of your financial status. PTC will make every effort to address your financial needs and facilitate appropriate referrals;
- Payment is expected prior to services rendered. You must successfully satisfy all PTC financial obligations prior to consideration for treatment privileges;
- If waiting for appointments or transportation, you must wait in the designated waiting area. Loitering will not be tolerated in, or around, PTC and the surrounding vicinity;
- Photographic identification (i.e. license, valid residency card; Employer's ID) must be submitted and is required to be maintained on your person at all times. PTC ID Card will remain on-site to ensure proper verification of enrollment;
- Please refrain, whenever possible, from bringing children. It is expected that you arrange for responsible child-care during the time you are within the facility;
- You are expected to comply with PTC policies, procedures and practices governing client conduct and treatment;
- You are expected to uphold the confidentiality and protect the privacy of all those in treatment at all times;
- You are expected to conduct yourself in a manner that helps reduce the stigma and discrimination regrettably associated with this most effective treatment approach;
- You are expected to let us know if there are any changes in your contact information;
- You are expected to inform all other healthcare providers that you are involved in this type of treatment'
- You are expected to be proud of your decision to seek treatment and actively participate in this rewarding journey and be receptive to advocacy campaigns
- You are encouraged to seek alternate treatment if you object to our non-denominational approach toward treatment. As part of the CHARITABLE CHOICE movement, if you object to the religious

or non-religious character of this agency, please let us know so we can link you with an agency that reflects your preferred views;

- You will encounter a Multi-disciplinary Treatment Team approach to guide your individualized care planning process. PTC Team is comprised of qualified professionals in various disciplines to support your recovery plans and well-being. You will be assigned a Primary Counselor to serve as your primary care coordinator to advocate for your treatment planning needs and goals. The team approach includes input and recommendations from PTC's Medical Director & program physicians, Facility Director, Clinical Supervisors, Counselors and Nursing team members;
- You are expected to respect the recovery efforts of all PTC Community members;
- You are aware that mandated reporting applies to this facility for cases of suspected / actual child abuse;
- You are aware that this agency complies with allowable communication exchanges , with or without consent, regarding information with criminal justice involvement;
- You are encouraged to include your family in your treatment experience;
- You are encouraged to join in PTC's efforts to support your own recovery
- You are expected to reach out to any PTC Team member if you, or anyone you allow to participate in your treatment, have any questions, comments or concerns about PTC GUIDELINES, RULES, RESPONSIBILITIES & EXPECTATIONS

## WHAT PTC EXPECTS OF YOU

### PTC Program Rules

PTC has a number of rules that every patient must follow. These rules were written for your good, for the good of the clinic, and to comply with state and federal regulations. Program Rules will be presented and discussed in detail at the time of intake. Accepting and following reasonable rules are part of your recovery from the disordered life of drug abuse.

PTC does not tolerate the possession of weapons, illicit drugs, or alcohol. Patients are expected to treat themselves, their fellow patients, and the staff with respect. Verbal and physical abuse of other patients and staff members can result in immediate discharge. There is no smoking and everyone must wear shoes and shirts to the treatment center. Patients are not allowed to loiter at PTC or on the streets near the building or surrounding

property.

PTC expects you to take this life-saving treatment seriously. Every patient must keep his or her appointments with PTC staff. You must maintain daily attendance for maintenance/detoxification services. Patients are required to pay all weekly patient fees on their scheduled day as part of their treatment plan and goals.

### Take-Home Privileges

To get medication take-home privileges you must prove compliance with all state and federal requirements, be responsible in handling medication and have a valid need to use the medication away from the facility. The disabled, parents of dependent children, some students, and patients with employment schedule conflicts may be allowed take-home medication. To qualify for take-homes, you must show good participation in the program, have a stable home life, and be clean and sober.

Site Interdisciplinary Teams (ITM) shall utilize the criteria outlined in the Federal Opioid Treatment Standards at 42 CFR Part 8.12 in determining whether or not a client is eligible to receive take home medication and meets all eligibility criteria.

When determining the person's served eligibility for any take-home medication, the program documents that all medical and clinical decisions regarding take-home medications are based on:

- The absence of illicit opiate use.
- The absence of abuse of alcohol.
- The absence of abuse of illicit drugs.
- The absence of abuse of licit drugs.
- Regular program attendance.
- The length of time in treatment.
- The level of maintenance in treatment.
- The absence of recent criminal activity.
- The absence of serious behavioral problems, such as disruption of therapeutic environment.
- The stability of the living situation.
- The stability of social relationships.
- The ability to safely store take-home medications.
- Written documentation that the person served has been oriented to the risks of accidental methadone (or other opioid agonist treatment medications) poisoning of children and family members.
- Documentation that the person served has made a commitment to store take-home medication safely.
- The daily life schedule of persons served, includ-

ing but not limited to:

- Work.
- School.
- Family responsibilities.
- Travel distance to program.
- Disabilities that impair activities of daily living.

Special take-home doses may be granted in cases of real hardship or emergency. These would include medical emergency, acute illness, family crisis, job related travel, etc. Vacation, holiday and travel doses may be granted to a reliable patient if the physician thinks the request is reasonable.

Non-emergency take-home requests should be made at least seven working days prior to the pick-up date.

It is illegal to remove methadone from its container for any reason other than to take the medication as legally prescribed- The empty medication bottles must be returned to on your next visit. You must not alter or destroy the take-home medication bottles. Please remember that take-home medication is a privilege. If you abuse it, you lose it.

### TAKE-HOME SUSPENSION

The Medical Director can invoke the decision to reduce or suspend unsupervised dosing privileges due to violations of any of the established eligibility criteria.

- Mandatory suspension of all unsupervised dosing (THB) privileges:
  - 1 positive (+) opiate urinalysis result, or;
  - 2 positive (+) drug screen (any category) within 90 days, or;
  - Physical indication of intravenous (IV) drug use – “track marks”, or;
  - Physical indication of opiate use based upon Medical Director's examination, or;
  - Self report of opiate use, or; ▪ Failure to comply with financial obligations, despite facility's attempts to address this matter
- THB Suspension Indicators
  - Supply of THBs suspended is based upon Multi-Disciplinary Treatment Team recommendations and Medical Director's discretion to ensure safe dosing practices and limit risk of manipulation of the dosage
  - Involvement in any of the following activity is subject to loss of any, or all, THB privileges contingent upon treatment status:

▶ PHASE STATUS CONTINGENT UPON EARNED PRIVI-

## LEGES

- Documentation of involvement in any activity warranting mandatory loss of all THB privileges = loss of all THBs
- 1 positive (+) drug screen (any category) = written and verbal warning;
- 2 positive (+) drug screen results within 90 days = loss of THBs
- Self report of drug use (any category)
- Violation of any clinic rule & regulation;
- Non-compliance with any THB rules, regulations and responsibilities;
- Non-compliance with any THB Eligibility Criteria;
- Non-compliance with any Phase System Requirement;
- Non-compliance with bottle recall / call-back procedure
- Non-compliance with Take Home Medication Agreement;
- Failure to comply with treatment interventions;
- As per Multi-disciplinary Treatment Team recommendation that are based upon client's rehabilitation status in treatment;
- Medical Director's determination of THB eligibility and carrier status
  - Consideration of the best interest of each client to customize THB schedule
- Drug use as indicated via urinalysis / serum / oral collection report; physical examination or self-report
  - Opiate: loss of all THB privileges
  - Benzodiazepine: loss of all THB privileges
  - Other drug category
    - 1 positive (+) indication
      - Reduction in level
    - 2 positive indications
      - Loss of remaining THBs
      - Return to Phase I status
- Counseling and urinalysis collection as per corresponding Phase System requirements, at a minimum;
- Re-instatement criteria as per applicable regulations and the Medical Director's orders

Evidence of the justification for suspending any, or all, unsupervised dosing privileges will be documented and maintained in his/her records. Information regarding methods to be considered a candidate for restoration of treatment privilege shall also be documented.

## 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. 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 timeframe. 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.

## Urinalysis

During your treatment at PTC, you will be required to take urinalysis tests at least monthly. The tests are given to all patients on a fair and random basis. To assure you that the results are reliable, PTC uses only state and federally approved labs to test urine.

The purpose of the drug screen is not to punish patients who relapse, but to give your counselor an objective view of your progress toward your treatment goal. Tests are important to the counseling and medical staff to screen for illicit drug use and are required by Federal regulation. Urinalysis results help your counselor to determine the direction of your counseling and help set reasonable goals for your treatment. The drug screen is also an important factor when the PTC medical staff is making decisions about your medication needs and dosage adjustments. If you have a confirmed positive drug screen, you must meet with your counselor to discuss helpful intervention to arrest the relapse.

Although the state and federally approved labs are extremely reliable, all screens that test positive may be given a second analysis upon request. There will be a fee for this service.

Every patient has the chance for a new beginning. Many options will be opened to you. PTC will help you to follow your own path at your own speed. You have begun methadone treatment and have adjusted to a stable daily medication; you will set your own goal- PTC is here to help you reach it.

Many patients find that methadone treatment brings them a fully functioning and rewarding life- They use their time in counseling to deal with problems and stress-

es that might cause them to relapse into drug abuse. Patients sometimes find that the continuing use of methadone is necessary to prevent their relapse into opiate use.

### **Gradual Dose Reduction**

You may find yourself motivated to discontinue methadone/buprenorphine. Considering the life-destroying nature of heroin addiction, strongly advises you to think long and hard before taking any abrupt action. Meet with your counselor to discuss the process of “weaning off” (gradually discontinuing methadone under a carefully monitored program). The schedule of weaning off is almost entirely individual and depends upon many things, including your tolerance, dosage, motivation, length of time you have been addicted, and your current life situation.

Patients usually wean off over a long period of time, taking “rest stops” between dosage reductions. This minimizes the physical and emotional discomforts of withdrawal. During this period, you must take good care of your emotional life, your nutrition and your treatment program. Discuss these matters with your counselor and the medical staff. Be sure to develop an aftercare and relapse prevention plan with them.

## **YOUR FUTURE WITH PTC**

### **Abrupt Termination**

Abrupt and impulsive termination of methadone maintenance is dangerous. It can cause severe withdrawal symptoms and will almost certainly cause a return to illicit drug abuse.

### **Involuntary Termination**

Involuntary termination is the withdrawal of treatment services due to one or more of the following reasons. Following program rules is important to continuing your relationship with the clinic. You will be notified by your counselor that you are not following program rules and a formal letter will be given to all patients who are terminated for the following reasons:

1. Discharge because the patient has presented danger to him/herself, other patients or has committed threats or acts of physical violence in or around the facility premises.
2. Possession or distribution of controlled substances or unauthorized prescription medications in or around the facility premises
3. You have not been in contact with the clinic for three

or more days.

4. Continued failure to work towards treatment goals.

Any patient who exhibits threatening behavior towards any individual within the premises of the clinic, carrying within the clinic any type of weapon, and/or illegal drugs or alcohol will be immediately terminated. Any patient who is involuntarily terminated will be given a methadone detoxification not to exceed twenty-one days or be less than seven days as determined by the PTC physician.

### **Successful Completion of Treatment**

Whether you continue in methadone /buprenorphine maintenance or eventually detox, PTC will consider you to be successful in your treatment when you have achieved the following:

1. You are living free all illicit drug use and abuse.
2. There have been real improvements in your relationships with family and friends.
3. You function better as a parent, worker, or caregiver.
4. You are involved in other constructive activities, such as support groups, social organizations, recreation and hobbies.

It is important to realize that at PTC, with the help of your counselor, you can set your specific short and long term goals. When you reach your goal, your treatment will be a success.

## **1.29- Grievances\_ Patient\_Public Complaints**

### **I. Policy Statement**

To provide the opportunity for patients and the public to communicate program-related concerns and to pursue successful resolution of problems.

### **II. Definitions**

- a. A complaint can arise from questions or concerns related to treatment service, status, privileges, exclusions or other issues related to care
- b. 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.
- c. 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.

### III. Process/ Procedure

- 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 wrongdoing 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;
- The following procedures are recommended for general submitted grievances:

#### LEVEL ONE: INFORMAL PROBLEM AND COMPLAINT HANDLING

Patients are encouraged to speak to their counselor to discuss and attempt to resolve problems and complaints. Experience demonstrates that most difficulties are most satisfactorily dealt with in this way.

Individuals and/or groups who are not an active patient or not otherwise affiliated with the organization are encouraged to call or write the Executive Director explaining the problem and make suggestions towards resolving the difficulty. The Executive Director will attempt an informal settlement as quickly as possible, but no later than five business days past the initiation of the complainant's contact.

Complaints and / or grievances may be submitted to the PTC Hotline or toll free number as a method of internal complaint processes. Our Compliance Team has a designated toll free number or PTC Hotline where individuals may submit their complaint and / or grievance. The designated number shall be posted within the facility.

In the event that the above procedure proves unsatisfactory for the complainant or cannot be remedied by the counselor (or the Executive Director in the event that the

complainant is neither a patient nor affiliated with the organization), then the next level of the grievance procedure is recommended.

All patients will be informed that grievances may be directed to the higher level corporate team members or external advocacy supports. Contact information will be provided and posted throughout the facility and in patient waiting areas.

## **LEVEL TWO: FORMAL COMPLAINT AND PROBLEM HANDLING**

When a patient has attempted to resolve a difficulty or a problem through Level One negotiations and is still dissatisfied, he/she is entitled to pursue resolution in a formal complaint process. Facility shall afford patients the avenue as indicated in state statutes:

PTC maintains an appeal procedure to assure that patients have the opportunity to have a staff decision to terminate participation in the program reviewed. PTC patients have the right to submit grievances concerning any aspect of their treatment including urinalysis results, levels of medication, other any other clinical or administrative decision affecting their treatment and participation in PTC programs and services through the following procedure:

i. Patient submits grievance to counselor in person for discussion/resolution. If grievance is directed against an administrative staff person, grievance will go to point iii below. If the grievance is against one of the persons included in the grievance review process, that person will recuse him/herself from the review process.

ii. If a patient is not satisfied with the counselor's resolution, he/she submits grievances in writing to the Project Director and/or Facility Director within twenty-four hours of notification of counselor's decision.

iii. Project Director and/or Facility Director notifies Grievance Committee (Project Director and/or Facility Director, Supervising Counselor, Physician, Nurse) within twenty-four hours of receipt of formal grievance.

iv. Project Director and/or Facility Director schedules Grievance Hearing within five working days; notifies all members, patient, primary counselor.

v. Grievance Hearing occurs. Information can be presented by patient and primary counselor and other relevant staff.

vi. Project Director and/or Facility Director notifies patient of Grievance Committee decision in writing within twenty-four hours of decision. The committee's decision is upheld and considered final.

vii. In the event that the grievance is against the facility director, or any other PTC staff person, that person will recuse themselves from the grievance process and his/her immediate supervisor will serve in their stead on the designated grievance committee. However, the staff person will be provided an opportunity to privately provide their perception of the issues without the patient being present.

viii. In the event that detoxification has begun, it is halted, as are any other sanctions against the patient, until the completion of the grievance process with the exception of patients who have committed acts of physical violence or who have threatened to commit acts of physical violence in or around the narcotic treatment program premises.

In the event that the above procedure proves unsatisfactory for the complainant or cannot be remedied by the Executive Director, the next level of the grievance procedure is open to the complainant.

## **LEVEL THREE: FORMAL COMPLAINT AND PROBLEM HANDLING**

When a patient has attempted to resolve a difficulty or a problem through Level Two negotiations and is still dissatisfied, he/she is entitled to request communication with the Compliance Team. A meeting with the CCO will be set up within five (5) business days.

The CCO, in reviewing the reports and in discussion with the patient and the Regional Director and/or SVP Operations if necessary, will make every reasonable effort to resolve or otherwise satisfy the patient's grievance. Compliance will serve as a point of contact to facilitate communications between the complainant and agency level leadership. The decision of the CCO is final. The patient will be given a written and signed statement regarding the CCO's decision if the patient so requests it. I

f the CCO's decision is not acceptable to the patient, then he/she has recourse to the next level of the grievance procedure. The persons served may also contact the Governing Authority if they are not satisfied with the resolution thus far. The complaint may be sent the following address:



**PINNACLE TREATMENT CENTERS, INC.**

ATT: GOVERNING AUTHORITY  
1317 ROUTE 73 NORTH SUITE 200  
MT. LAUREL, NJ 08054

**LEVEL FOUR: RECOURSE TO EXTERNAL ADVOCACY AVENUES**

Patients will be encouraged and assisted throughout their treatment with the organization to exercise rights as a patient and/or citizen, to voice grievances on behalf of him/herself or others. The patient has a right to treatment and care established by any applicable statute, rule, regulation, or contract, and has the right to recommend changes in policies and services to facility personnel and/or outside representatives of the patient's choice and in doing so remain free from restraint, interference, coercion, discrimination, or reprisal. Formal complaints by patients, staff, and the public may be lodged with the following types of agencies:

DEPARTMENT OF HEALTH  
STATE OFFICE OF LICENSING  
QUALITY CARE MANAGEMENT UNITS  
ADVOCACY CENTERS  
LEGAL RESOURCES  
HUMAN RIGHTS RESOURCES  
ACCREDITATION BODY

**1) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CIVIL RIGHTS REGIONAL OFFICE**

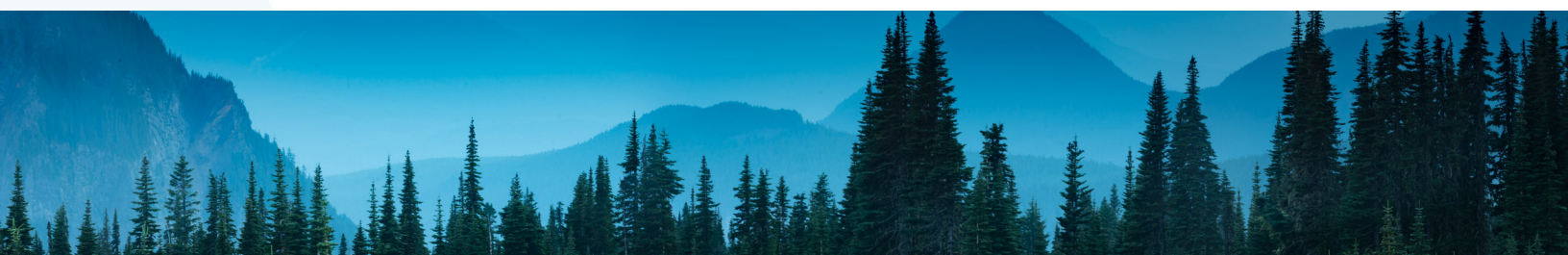
233 N. MICHIGAN AVE., SUITE 240  
CHICAGO, IL 60601  
1-800-368-1019

**2) CARF**

6951 EAST SOUTHPOINT ROAD  
TUCSON, AZ 85756-9407  
1-866-510-2273 OR 1-866-510-CARF

**3) THE JOINT COMMISSION**

Mail to:  
Office of Quality and Patient Safety



The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181

Individuals in treatment services, current or formerly, may seek advocacy groups or other assistance to provide external support for his/her allegations of quality care concerns at any time and will be encouraged to settle the matter internally prior to seeking this level of recourse. He/she will be assured that lodging a complaint or filing a grievance will not have a negative impact on his/her treatment. He/she is entitled to pursue this action at any time either internally or with outside sources. He/she can be assured that such action will not result in retribution, retaliation, or restriction of services.

Upon resolution, the individual will receive formal notification of the outcome. He/she will be issued a grievance resolution notification. If the individual disagrees with the resolution outcome, he/she is entitled to appeal the decision. Upon notification of the grievance resolution, the facility's representative will provide information regarding further action that can be taken. Facility representatives will fully cooperate with all inquiries regarding quality of care concerns and conduct unbiased investigations to explore the substantiation of any allegations and set corrective action and performance improvement plans as indicated.

Involved individuals will be informed of alternate steps if a grievance is in regard to a designated reporting contact to avoid any potential conflicts of interest.

This facility wants to listen to the voices of those involved in this facility's services. Patient input is greatly appreciated and will be taken into serious consideration regarding operations.

An analysis of all complaints (formal/informal), concerns and suggestions will occur annually with documentation of; whether any formal complaints were received, trends, areas needing performance improvement, actions to address the improvement needs, implementation of actions, outcome of actions taken or changes made to improve performance.

#### **IV. State Specific Guidelines:**

**CALIFORNIA:** Title 9 & Title 22 Requirements – Fair Hearing Policy & ODS NOABD Policies

**INDIANA:** Section 440 IAC 7.5-2-6 - Resident rights and responsibilities

**GEORGIA:** RULE 111-8-53-.18(1)(2)(4)  
GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
2 PEACHTREE STREET NW  
ATLANTA, GA 30303  
COMPLIANT LINE (800) 878-6442

**KENTUCKY:** Section 908 KAR 1:370 - Licensing procedures, fees, and general requirements for nonhospital-based alcohol and other drug treatment entities; Section 16

**NEW JERSEY:** § 10:161A-17.2 Rights of each client; § 10:161B-16.2 Rights of each client

**NORTH CAROLINA:** 10A NCAC 27G .0201 A(18)  
1.29- Grievances \_ Patient\_Public Complaints

**OHIO:** § OAC 5122-26-18 PATIENT RIGHTS AND GRIEVANCE PROCEDURE IN OHIO:

1. OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
30 EAST BROAD STREET, 8TH FLOOR  
COLUMBUS, OH 43215

614-466-2596

2. COUNSELOR, SOCIAL WORKER & MARRIAGE / FAMILY THERAPIST BOARD  
77 S HIGH STREET, 24TH FLOOR, ROOM 2468  
COLUMBUS, OH 43215  
614-466-0912

3. DISABILITY RIGHTS OHIO  
200 CIVIC CENTER DRIVE, SUITE 300  
COLUMBUS, OH 43215  
614-466-7264

4. OHIO CHEMICAL DEPENDENCY PROFESSIONALS BOARD  
77 SOUTH HIGH STREET, 16TH FLOOR  
COLUMBUS, OH 43215  
614-387-1110 PHONE  
(614) 387-1109 FAX  
WWW.OCDP.OHIO.GOV  
INFO@OCDP.OHIO.GOV

5. State Medical Board of Ohio  
30 E. Broad Street, 3rd Floor  
Columbus, OH 43215  
Main Phone: 614-466-3934  
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6. OHIO BOARD OF NURSING  
17 S. HIGH STREET, SUITE 660  
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**PENNSYLVANIA:** § 715.22 PATIENT GRIEVANCE PROCEDURE

**VIRGINIA:** § 12 VAC 35-105-490; 12 VAC 35-115-10; 12 VAC 35-115-40; 12 VAC 35-115-50; 12 VAC 35-115-140; 12 VAC 35-115-150; 12 VAC 35-115-170; 12 VAC 35-115-180; 12 VAC 35-115-190; 12 VAC 35-115-200; 12 VAC 35-115-210; 12 VAC 35-115-240

## V. Attachments

- a. OH Grievances & Patient Public Complaints
- b. Appendix- Ohio County Mental Health & Recovery Boards

## CORPORATE COMPLIANCE NOTICE

Pinnacle Treatment Centers is committed to all aspects of substance abuse treatment being conducted in a legal, ethical, moral and fiscally responsible manner and to that end will establish a Corporate Compliance Program and Officer (CCO) with the goal of seeking out and elimi-

nating illegal, unethical, immoral, and wasteful practices throughout the organization.

For any specific corporate compliance complaints regarding fraud, waste or abuse the CCO may be contacted by phone directly at the PTC Corporate office CCO contact line: **844-755-3399**.

## ADMISSION & RE-ADMISSION CRITERIA

Admission and re-admission criteria are in accordance with those outlined in the definition of opioid dependence noted in the current *Diagnostic and Statistical Manual of Mental Disorder (DSM)*. Behavior supportive of a diagnosis of addiction must be indicated. Treatment admissions are in accordance to federal and state regulations. You will be informed of PTC Admission and Re-admission criteria. There are certain circumstances for priority admissions/re-admissions as well as noted exceptions to the defined criteria. Pregnancy is cause for priority admission/re-admission. Exclusionary criteria are also applicable.

Admission requests are reviewed on an individual basis. PTC Medical Director will determine if your admission is clinically justified. Enrollment decisions are based upon medical necessity as well as program eligibility. PTC Medical Director will assess your presenting substance abuse problem and need for treatment. Our PTC Medical Director is responsible for authorizing all admissions and determining treatment recommendations.

Please be aware that this agency shall give preference for admission to pregnant women, intravenous (IV) drug users and individuals who are HIV-positive. Admission criteria may also be waived for individuals seeking treatment that have been previously treated at PTC (within 2yrs. of discharge) and/or recently released (within 6 months) from a chronic care facility.

Under no circumstance will any individual be admitted to this program if he/she is unconscious at the time of admission. Also, admission will be denied to anyone demonstrating a degree of behavioral disorder that there is a danger to self, others or interferes with the health, safety or welfare of staff and community members.

A thorough screening will be conducted to determine your eligibility and appropriateness for PTC services. PTC Intake Services team will inform you of the program enrollment requirements. You are expected to comply with all PTC Intake procedures including physical examinations, laboratory screenings; Tuberculosis screenings;

and urinalysis screenings. Also, your ability to satisfy financial obligations will be taken into consideration.

A Transition Plan will be developed with your input to identify your needs. With your consent, input from your family, friends or referral sources may be taken into consideration. Your Transition Plan will identify available services to support your recovery and well-being.

If ineligible for PTC services, your treatment needs will be addressed through recommendations to appropriate alternative treatment services. PTC Intake unit will facilitate your referral to treatment services along the continuum of care (i.e. detox services; in-client rehabilitation centers; therapeutic communities; etc.). Also, your individualized Transition Plan will serve as a continuing care plan to direct your recovery efforts.

PTC Medical Director will determine your eligibility for re-admission, with input from the Multi-Disciplinary Treatment Team. Consideration will be based on your treatment history; discharge status and presenting problem. All requests for re-admission 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. PTC identifies the following discharge categories: *voluntary medical withdrawal; withdrawal against medical advice (AMA); unknown; and administrative withdrawal.*

Re-admission candidates should be willing to comply with treatment recommendations as well as fulfill treatment obligations. For example, in-client detoxification to address continuous drug use before readmission, settlement of outstanding clinic fee balances prior to readmission. Those seeking re-admission must be able to demonstrate a commitment to the treatment process and motivation to accomplish his/her treatment plan.

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

## CAUSES FOR DETOXIFICATION & TERMINATION

Withdrawal procedures may be considered as voluntary, against medical advice or the result of an administrative action. Withdrawal action is initiated only upon your request **except** under Administrative Withdrawal circumstances; such behavior includes but is not limited to:

- Non-compliance with PTC Rules & Regulations
- Trafficking, buying, selling, possessing, arranging, or attempting to buy, sell or exchange any legal or illegal drugs. **Drug transactions are prohibited and illegal!**
- Selling or “giving away” methadone; diversion of your prescribed methadone dosage.
- Dual enrollment (receiving methadone/buprenorphine/suboxone) from another treatment agency or private MD
- Failure to inform PTC staff of the use of prescription drugs; refusal to authorize communication with any outside physician prescribing prescription drugs and/or failure to inform the prescribing physician of your enrollment in methadone/buprenorphine treatment.
- Threat of or actual physical harm toward staff or other clients; verbal abuse may be considered an act of threatening behavior.
- Possession of a dangerous weapon within or around the building premises.
- Malicious destruction of or the threat of damage to property belonging to the clinic, staff, visitors, fellow clients or surrounding businesses.
- Disruption of community relations; repeated loitering in or around the facility and surrounding business areas.
- Serious or chronic involvement with the criminal justice system; Incarceration or other confinement.
- Falsification or adulteration (“tampering”) of urinalysis specimens; attempts to substitute or submit a false (“fake”) specimen; failure or refusal to submit urinalysis specimens upon **random** collection requests.
- Repeated missed days of daily dosing. Medication may be adjusted or held if you are observed to be “under the influence”; multiple episodes of attending the program while appearing intoxicated, inebriated, highly elated or over-sedated may be cause for dismissal.
- Failure to fulfill your concurrent treatment plan addressing goal to be financially responsible

- Non-compliance with service delivery requirements; continuous failure to engage in required counseling sessions (individual /group) and/or failure to submit required urinalysis specimens
- Continuous failure or refusal to cooperate with staff efforts to engage in clinical operations and the treatment process.
- Refusal to comply with treatment recommendations and more intensive intervention strategies to address continuous drug abuse.

**You are entitled to due process and may submit a written appeal prior to this action.**

## FACTS ABOUT METHADONE & BUPRENORPHINE

### WHAT IS ADDICTION?

Addiction is now widely accepted to be a disease or a group of diseases. Addictive disease can be characterized as a chronic, progressive, possibly lifelong, and often a fatal disorder if left untreated. The principal diagnostic features are obsession, compulsion, and continued use despite adverse consequences (loss of control). Our program provides methadone and buprenorphine treatment and counseling services to help the client make the bio-psycho-social life-style changes needed to address the many dimensions associated with opiate addiction.

### WHAT IS METHADONE?

Methadone is a long-acting, synthetic (man-made) opioid medication. A single maintenance dose of methadone lasts 24 - 36 hours, taking away the craving for opiates and an absence of withdrawal symptoms (“dope sickness”). Metha-



done may be in liquid, powder, or tablet form, but its active ingredient is always methadone hydrochloride. It is classified as an agonist because it mimics the body’s natural response on opiate receptors in the brain. In sufficient doses, it attaches to these receptors and blocks the effects of other opioids; therefore, you cannot “feel” the effects of heroin.

### WHAT IS BUPRENORPHINE?

Buprenorphine is a long-acting semi-synthetic weak opioid that binds strongly to the opioid receptors in the brain. In a similar way to methadone it controls cravings, blocks euphoria from other opiates and eliminates withdrawal symptoms and it has fewer adverse effects and a better safety profile than methadone. It is absorbed by the blood vessels under the tongue.

### HOW IS METHADONE USED AT PTC?

PTC physicians 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 at PTC. Methadone is an opioid agonist and buprenorphine a partial agonist intended to relieve withdrawal symptoms without producing a “high”.

PTC opioid therapy offers **methadone and buprenorphine maintenance** programs. These treatment modalities involves the daily ingestion of liquid methadone or sublingual buprenorphine. The Medical Director will conduct an initial evaluation and shall prescribe the appropriate medication dose. Your treatment plan will be oriented based upon your needs and level of care. PTC Admission Criteria will assess your eligibility for this program.

### METHADONE OR BUPRENORPHINE MAINTENANCE

provides for a steady-state level. Your dosage will not be tapered off over a set period of time. The Medical Director will prescribe an appropriate dosage based upon your treatment needs. This program is recommended if you have undergone two detoxifications or have been assessed as needing methadone maintenance. Methadone maintenance is intended to do the following for those who participate in their treatment planning process:

1. Prevent the onset of withdrawal;

2. Keep you comfortable and free from craving opiates;
3. “Block” the effects of opiates and discourage further opiate use;
4. Assist you in addressing other bio-psycho-social issues.

Do not abruptly discontinue taking your methadone or buprenorphine daily. Be prepared, if you just stop taking your prescribed daily dose or “walk away from the program”, withdrawal symptoms may occur. If you want to adjust your dosage, please feel free to discuss the matter with your counselor or nursing staff. HQ DOUGLASVILLE Medical Director will promptly address your dosing needs and offer recommendations regarding individualized dosing; adjustments and detoxification schedules.

## WHAT ARE THE BENEFITS OF METHADONE OR BUPRENORPHINE TREATMENT AT HQ DOUGLASVILLE?

Methadone and buprenorphine are legal medications that only a physician may prescribe and must be monitored carefully. Using illicit methadone or buprenorphine (“street medication” or medication which has not been prescribed to you by a physician) or abuse of your prescribed methadone or buprenorphine carries no benefits and can be harmful to your health. When medication is used as prescribed and in accordance with HQ DOUGLASVILLE structured treatment program, there are many benefits:

Medication is administered orally, thereby reducing the dangers associated with injection drug use, particularly the spread of HIV and Hepatitis C.

Medication assisted treatment offers individualized planning and comprehensive treatment services including individual, group, mental health and gender specific counseling.

Medication assisted treatment provides access to medical care, preventive health services, mental health treatment, and social support services to address your needs in multiple life areas.

Medication assisted treatment incorporates family and relationship involvement throughout the treatment process to support your stabilization efforts.

When taken properly, medication results in an even level of functioning, not the “highs and lows” associated with heroin addiction.

Medication and buprenorphine have a long-lasting ef-

fects (24 – 36 hours), which may reduce the “craving” for opiates. This may also contribute to a decrease in your involvement in negative “drug seeking” behaviors. Pregnant women on methadone and buprenorphine have a much better chance to give birth to healthy babies than pregnant women on heroin. Medication assisted treatment is a source for education and linkage regarding pre-natal, post-partum and ob/gyn needs. Gender specific health issues, relationship issues and parenting issues are addressed directly or through referral to appropriate community providers.

## WHAT IMPACT DO METHADONE AND BUPRENORPHINE HAVE ON PREGNANCY?

Pregnant women, who are dependent on opiates, are encouraged to enter drug treatment as early in the pregnancy as possible. This is in an effort to help lessen the possible complications resulting from drug use. 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.

Please be prepared that after delivery, a child born to a mother on medication assisted treatment may experience a period of withdrawal. Medication crosses the placenta into the unborn child. Symptoms can generally be managed while the baby is in the hospital and the child will normally have fewer problems than if the mother had stayed on heroin.

Breastfeeding is encouraged and reduces the likelihood of the baby needing withdrawal symptom management medication. Medical contraindications, include HIV-positive infection and concurrent illicit or other drug use. Ultimately, breastfeeding is a decision for the mother to make, with input from her OB/GYN, primary care physician, pediatrician and PTC program physician recommendations.

## HOW IS METHADONE ADMINISTERED?

Methadone is to be taken by mouth, daily, in liquid form offered at this opioid treatment program. It is recommended that you take this medication after eating. It is important to take this medication **exactly** as prescribed. Please do **not** attempt to “wean off” your daily-prescribed dose. Always discuss dosing matters with HQ DOUGLASVILLE staff so you can make responsible and



You are to take your entire prescribed dose once a day, every day. This will allow a stable dose to be in your body. If you stop taking this medication suddenly, you may experience withdrawal symptoms. At appropriate doses of methadone you should not feel “high,” be overly sedated, or be “in a nod.” You can discuss your dosage and its impact on your physical, emotional, and mental well-being with your counselor or nursing/medical staff.

Methadone is available in liquid form at HQ DOUGLASVILLE.

## WHAT ARE THE POSSIBLE REACTIONS TO METHADONE? SIDE EFFECTS & OVERDOSE

Methadone can cause an upset stomach, blurred vision, drowsiness, constipation, increased sweating, dry mouth, lightheadedness, dizziness and a decreased libido (sex drive). If you experience any of these symptoms, contact your counselor or the medical staff. HQ DOUGLASVILLE Medical Director will determine if a dose adjustment is needed. Keep in mind, these symptoms usually go away with time.

Notify the HQ DOUGLASVILLE Medical / Nursing staff **immediately** if you develop any of the following reactions: rapid heart rate; fainting; breathing difficulties; skin rash; mood changes; increased irritability; anxiety; auditory or visual hallucinations; mental confusion; tremors; increased nervousness; or depression. **If any of these symptoms become severe call 911!**

**If an overdose is suspected, seek help immediately!** Methadone can be deadly for children or adults without a tolerance for it! If you suspect that methadone was accidentally ingested or taken improperly, **call 911 immediately!** Do not leave the person alone! If possible place the person on their side to prevent choking. You must also promptly report the matter to HQ DOUGLASVILLE staff.

Do **not** mix other drugs or alcohol with methadone. The combination can cause dangerous interactions and/or contribute to harmful behavior.

Always use caution when performing activities requiring mental alertness if you experience dizziness or drowsiness. The proper use of methadone should not interfere with your ability to make responsible decisions. When taken as prescribed, methadone is safe and effective.

## WHAT ARE THE SAFETY CONCERNS REGARDING YOUR MEDICATION?

Medication **MUST** be locked in a safe place out of reach of others and taken exactly as ordered by the person it was order for only

Not taking as ordered or other people taking your methadone, especially children, can lead to risks of accidental overdose, poisoning or death

- Signs of overdose: troubled or shallow breathing, extreme tiredness, blurred vision, inability to think, talk or walk normally, feeling faint, dizzy or confused

Federal law prohibits the transfer of methadone to any person other than the patient for whom it was prescribed. It is a controlled substance that is dangerous unless used as directed.

## WHY MUST OTHER HEALTHCARE PROVIDERS BE INFORMED OF YOUR MEDICATION ASSISTED TREATMENT?

If you are under medical care for any reason, you must inform your private physicians, dentist and/or psychiatrist of your methadone treatment. Disclosure is a medical necessity and your responsibility. Honest and open communication will ensure that you receive proper care.

Prescription medications can interact with methadone/buprenorphine. Certain medicines may inhibit or potential-

ly alter the dose of methadone/buprenorphine and impact its effectiveness. Also, methadone/buprenorphine can impact the effectiveness of certain prescription medications. For any procedure that requires anesthesia (medical, dental or surgical), you must report to your attending physician that you are on methadone/buprenorphine. Please be responsible with all your health care needs!

## WHAT ABOUT DRUG INTERACTIONS WITH METHADONE?

**Always** tell all of your doctors and pharmacists of any over-the-counter (OTC) or prescription medications you may be taking, including methadone. Some medications interact with the metabolism of methadone.

Like any medication, methadone can interact with other types of medicines and with street drugs. The body is a complex system, and it is possible that foods, hormones, weight changes, and stress will each also affect the way in which methadone works in your body.

Many substances may interact by either accelerating or slowing the metabolism rate of methadone. The following medicines cause the liver to metabolize methadone more quickly and may cause a need for an increased methadone dose:

- CARBAMAZEPINE (TEGRETOL)
- PHENYTOIN (DILANTIN)
- NEVIRAPINE (VIRAMUNE)
- RIFAMPIN
- RITONAVIR (NORVIR-LESS OF AN EFFECT)

Some medicines slow the metabolism rate of methadone, which will extend its duration. The effects of methadone may be increased by use of the following medications or withdrawal symptoms may appear if these medications are discontinued:

- AMITRIPTYLINE (ELAVIL)
- FLUVOXAMINE (LUVOX)
- CIMETIDINE (TAGAMET)
- KETOCONAZOLE (NIZORAL)

The following medications are opioid enhancers and **should not be taken while on methadone:**

- BENZODIAZEPINES (XANAX, VALIUM)
- ALCOHOL, INCLUDING OVER THE COUNTER (OTC) ITEMS CONTAINING ALCOHOL
- BARBITURATES
- GABAPENTIN (NEURONTIN)

Other substances with interactive effects:

- COCAINE can increase the dose of methadone required.
- Methadone increases the level of AZT and DESIPRAMINE in the blood.

**Always keep this in mind when it comes to potential methadone interactions:**

- *Methadone is not responsible for every new feeling you have – physical or emotional!*
- *Methadone will not be affected by most medications or changes in your life conditions.*

## How Do Methadone and Buprenorphine Work?

HQ DOUGLASVILLE wants you to clearly understand the medication that you will be taking. Methadone is a drug used in the treatment of addiction to illicit opiates. Opiates are derivatives of opium, a natural narcotic obtained from

poppies. Opiates include heroin, morphine, codeine, dilaudid, oxycontin and a number of related drugs. Because these drugs are so similar, persons with an opiate addiction are considered to be “cross-addicted.” In other words, if you are addicted to one of them, you are addicted to all of them.

Methadone is a synthetic medication that was developed during World War II as a substitute painkiller when morphine was in short supply. Subsequent clinical research showed that the drug could be used effectively to treat opiate withdrawal syndrome by replacing morphine or heroin with methadone.

Buprenorphine is a semisynthetic opioid made from the baine from the poppy seed.

Methadone and buprenorphine do create physical dependency but you are not just trading one addiction for another. There are a number of differences between these medications opiates that are very important in your treatment. Unlike heroin, methadone and buprenorphine are very effective when taken orally rather than by injection. Methadone removes the dangerous practice of injecting, with the risks of exposure to HIV and Hepatitis C. Methadone is very long-acting. You will only have to take methadone once a day. The proper oral dose remains fully effective for 24 to 36 hours in preventing the beginning of withdrawal symptoms. Methadone also takes effect slowly. You will not experience the euphoria caused by street drugs because the drug has a slower and more gradual onset of effects.

After you reach a stable maintenance dose, usually within the first few weeks of treatment, you cannot be distinguished from a drug-free person. MAT patients feel “normal,” and doses generally do not need to increase over time, as with heroin or other opiates.

Methadone or buprenorphine substitution for opiates is only part of the program for success at Support for you through a full complement of psychological counseling is vital to your recovery. HQ DOUGLASVILLE is a fully licensed and approved narcotic treatment program. HQ

DOUGLASVILLE provides treatment for opioid addiction. Methadone/buprenorphine maintenance, supported with a full complement of substance abuse and life-skills counseling, has been proven to be the most successful treatment for opioid addiction. HQ DOUGLASVILLE provides a safe, trusting and respectful environment for opioid dependent individuals to obtain the services they need to break the cycle of addiction.

At HQ DOUGLASVILLE, you will be treated by experts who care about you. Our staff is dedicated to helping you achieve a full and productive life, free from the use of illicit drugs. HQ DOUGLASVILLE is dedicated to providing the necessary environment to insure confidentiality, accurate medication management, testing, scheduling, counseling and record documentation. We will work with you to insure that your goals are our goals. Together we will succeed.

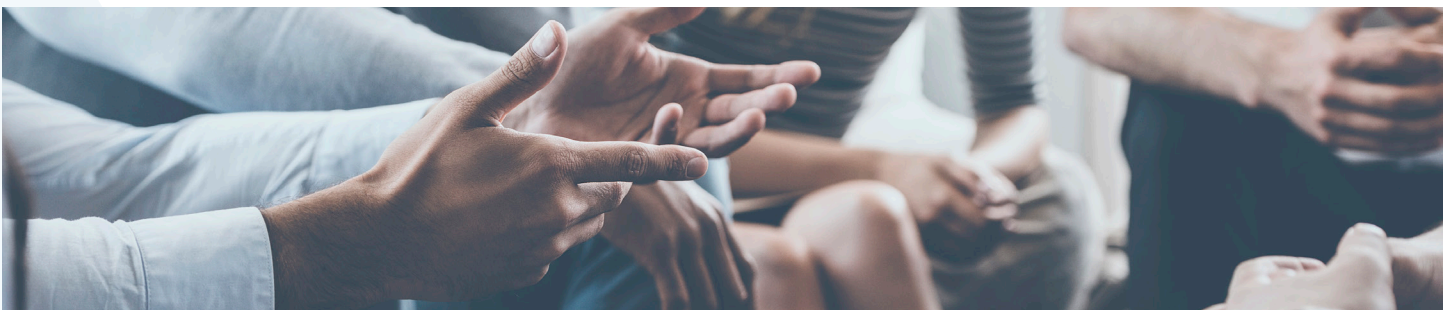
## OBJECTIVES

1. To provide the highest quality treatment services to anyone seeking to break the cycle of opiate addiction.
2. To deliver patient-centered services that are focused on positive outcomes.
3. To maintain state—of-the-art practices and ensure patient confidentiality.
4. To develop and collaborate with a referral network to address multiple patient needs.
5. To be a positive force in the community advocating for growth and recovery.
6. To always improve services through constant evaluation and continuous improvement.

## What About Methadone/Buprenorphine Treatment Services?

### Eligibility

To receive services at HQ DOUGLASVILLE, you must be at least 18 years old. You must consent in writing to voluntary participation in medication assisted treatment and complete a physical exam by a HQ DOUGLASVILLE staff physician.



You also are required to furnish documentation indicating dependency on heroin or other opioids during a one-year period prior to admission. Explanation of this requirement will be given to you by HQ DOUGLASVILLE staff members at your initial meeting. A one—year opioid dependency is not required for pregnant women and HIV positive patients or buprenorphine patients. Priority will be given to all pregnant women and applicants who have tested positive for HIV.

### Screening

If you would like to begin treatment at HQ DOUGLASVILLE, please call or stop by to schedule an initial interview. During your interview, the staff member will thoroughly inform you of the available program services and fees. They will explain the program rules and requirements.

### Medical

Upon completion of screening procedures, you will need a complete medical work-up at HQ DOUGLASVILLE. The work-up includes a medical history and physical examination with blood work and urine samples. It also includes a tuberculosis test and HIV testing upon request.

- If you are pregnant, you will be referred for adequate prenatal care and PTC will follow up.

### Identification

You will need two forms of ID including a photo ID at the time of your admission to HQ DOUGLASVILLE. You will have to produce one form of photo ID at all times when receiving medication.

### Transfer

HQ DOUGLASVILLE will transfer any patient to another MAT program for continued maintenance, detoxification or another treatment activity upon verbal request of the patient to a counselor, and/or where HQ DOUGLASVILLE determines that the transfer is in the best interests of the patient's health or safety. This determination is made by the treatment team. Any such requests are acted upon within one week. The patient may also be referred to a hospital for detoxification. If transfer is denied, the HQ DOUGLASVILLE counselor will document the reason for denial in the patient record.

### Interactions

Methadone is a powerful drug and has a number of interactions and side effects that you should understand. Methadone must be used with caution. As with heroin and other narcotics, it is never safe to drink alcohol when using methadone. Excessive use of alcohol combined

with methadone can cause breathing to stop, resulting in coma or death.

### Side Effects

Methadone side effects are infrequent, usually minimal, and short-lived. They most often show up in the early stages of your treatment. Most patients experience no severe side effects. Please read the list below and notify the medical staff if you experience any symptoms of these affects The most common negative effects are light-headedness, dizziness, extreme tiredness, nausea and vomiting, sweating, ankle swelling (edema) or skin rash.

Much less often, negative effects may include: restlessness, malaise, weakness, headache, insomnia, agitation, disorientation, visual disturbance, constipation, dry mouth, flushing of the face, low heart rate, faintness and fainting, problems urinating, changes in sexual drive, irregular menstruation, joint pain, joint swelling and numbness.

## COMMON MYTHS ABOUT METHADONE

Many people believe that methadone is actually “bad” for you. PTC wants you to understand some of the myths about methadone and let you know the real truth!

**MYTH: “Methadone gets into your bones and rots your teeth.”**

**TRUTH:** Methadone is a safe medication that does not harm the skeletal system or teeth. Tooth decay is due generally to neglect. Methadone has been studied for 30 years and there has been no evidence that long-term use causes physical damage.

**MYTH: “Methadone is harder to get off than heroin.”**

**TRUTH:** Stopping methadone is different from stopping heroin. Methadone withdrawal generally lasts longer. However, it has been reported that methadone withdrawal is milder than heroin withdrawal.

**MYTH: “Methadone is treatment for life.”**

**TRUTH:** Some people need longer treatment than others do, and length of treatment is positively related to treatment success. Treatment duration is individualized and should be agreed upon client, physician, and counselor. Clients for 10 or more years are a minority (5-20%). There is no specific set time that works best. Some clients prefer to remain in treatment to support continued success.

**MYTH: “The lower the dose of methadone, the better the outcome.”**

**TRUTH:** Low or inappropriate dose levels contribute to treatment failures. Just like any other drug treatment, your dose must be individually determined.

## METHADONE SAFETY

Methadone **MUST** be locked in a safe place out of reach of others and taken exactly as ordered by the person it was order for only.

Not taking as ordered or other people taking your methadone, especially children, can lead to risks of accidental overdose, poisoning or death.

- Signs of overdose: troubled or shallow breathing, extreme tiredness, blurred vision, inability to think, talk or walk normally, feeling faint, dizzy, or confused
  - CALL 911

Federal law prohibits the transfer of methadone to any person other than the patient for whom it was prescribed. It is a controlled substance that is dangerous unless used as directed.

## BEING A PTC COMMUNITY MEMBER

### EMERGENCY TREATMENT

**If you have a medical or psychiatric emergency, call 911 or report to the nearest hospital Emergency Room immediately.** Inform your Doctor, or hospital, that you are a PTC client receiving methadone services, and they will contact us about your treatment needs.

PTC MESSAGE CENTER & After Hours EMERGENCY CONTACT provides access to support 24 HOURS DAILY / 7 DAYS A WEEK.

You will be directed to the appropriate contact to provide assistance regarding medical, mental health, drug related and non-medical emergencies.

### **HQ DOUGLASVILLE CONTACT #S:**

- NON-MEDICAL EMERGENCIES (24/7): **HQ DOUGLASVILLE MESSAGE CENTER: 4770-826-0400**
- INCLEMENT WEATHER: PTC provides services during inclement weather. Contact the PTC MESSAGE CENTER or website ([www.pinnacle-treatment.com](http://www.pinnacle-treatment.com)) regarding possible changes in the hours of operation.
- UNSCHEDULED CLOSING: In the event of an emergency closing PTC MESSAGE CENTER, website ([www.pinnacle-treatment.com](http://www.pinnacle-treatment.com)) or building posting will provide instruction on a designated alternate medication site.

PTC MESSAGE CENTER may also be used by you, your family & support networks to serve any communication needs!



## PTC FACILITY

You will be given a tour of the building to ensure that you are aware of emergency exits and fire extinguisher locations. Fire exits are located in the front of the building, the stairwells and at the rear of the building. For safe passage, exit signs are illuminated and PTC Emergency Exit Plans are conspicuously posted to direct you in the event of an evacuation. Please note that certain areas are for PTC staff access only. PTC appreciates your support in our “going green” & recycling efforts!

## ASSESSMENT PROCESS

Bio-psycho-social assessments are conducted to help guide your treatment process. You will be asked to provide personal current and historical information in multiple life areas. The purpose is to identify your needs, diagnosis and appropriate services to be provided. Information gathered will serve in the development of individualized and goal-oriented treatment plans. This process will incorporate your goals, strengths, needs, abilities, aptitudes, skills, interests and presenting problems.

This is an opportunity to discover your expectations-- **“What do you want to get from your treatment experience?”** **“What do you expect to get from PTC?”** This process should help identify what you want and why you are seeking PTC services. PTC will address your 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 and we ask that you provide accurate information to best serve your needs. In an effort to gather complete and thorough primary assessment data, you will also be asked to complete a Bio-Psycho-Social Questionnaire, Medical History, Client Placement Criteria, Addiction Severity Index (ASI), Level of Care Index and PTC Supplemental Assessment questionnaires.

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

## TREATMENT PLANNING PROCESS

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

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

PTC will provide services directly or facilitate referrals to appropriate support systems. Your primary counselor will be responsible for coordination of such services. You will be responsible to actively engage in intervention strategies and activities identified in your treatment plan.

We strongly encourage you to include your family in this process as well as your involvement in community support systems to accomplish your goal and objectives. Treatment plans are developed to address your needs and promote your stabilization efforts. Treatment planning is an on-going process considering your changing needs and accomplishments. Your treatment plan is unique. It can be considered a “contract” between yourself and the treatment team. It will serve as a guide to identify “action steps” to accomplish your goals.

## REFERRALS

In an effort to serve your identified needs, PTC may facilitate your linkage with outside support systems. 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.

Throughout the treatment process, you may be referred to various community support services and resources to serve your on-going and changing needs. Our PTC Community Resource Directory includes listings for a broad range of social services and support systems available to assist in your stability and recovery efforts.

## DRUG SCREENINGS & URINALYSIS COLLECTIONS

An important part of your drug treatment is the screening for substance use through random urinalysis collections. Please be assured that urinalysis collection methods are reasonable and not unfairly discriminatory. Licensed medical professional or same-sex staff members will monitor the collection in order to stop any attempt at diversion (fake specimen). Although you may still feel uncomfortable with the monitoring process, observed urinalysis collections are mandatory. PTC professional staff conducts this process in which you are treated with courtesy, consideration and respect.

Requests for urinalysis screenings are **random and at least monthly**. Your required amount of monthly collections is based upon your Phase System status and stability in treatment. Your primary counselor will inform you of your urinalysis collection requirements as determined by the Multi-disciplinary Treatment Team.

PTC Clinical Staff is responsible to set the collection schedule; you are responsible to submit a specimen in a timely manner (within 3 hours). You should be prepared to satisfy a request at any time. Water will be provided upon request and water cooler is conveniently located. Bathroom facilities are available to accommodate your needs if a collection is not requested. However, please be aware that PTC staff may accompany you in the bathroom at any time.

You are expected to satisfy a collection request **prior** to receiving your dosage. If a specimen is submitted within the set timeframe (3 hours), your medication is dispensed **after** the successful collection. If you are unable, or unwilling, to satisfy the request, your medication will be dispensed prior to closing in an effort to deter further non-compliance. If you present this pattern of behavior (3 unsuccessful episodes), then you must meet with the PTC Medical Director for further recommendations and/or administrative action. Such behavior may result in restriction of your treatment privileges or discontinuation of your treatment.

A urinalysis collection request should be a simple process. This system has been designed in consideration of your time and outside obligations. Exceptions may be granted on an individual basis as determined by PTC staff. If you are unable to fulfill these expectations due to a medical condition, verification from your physician is required.

Any **unsuccessful collection attempt** will be considered as non-compliance and recorded as a *refusal*. Remember, it is expected that random urinalysis collections be satisfied upon request. Your primary counselor may determine if you are to be excused or re-scheduled. PTC Clinical Supervisory Staff will authorize this action if your counselor is unavailable. In the consideration of time schedules, please coordinate the collection with staff when you are confident that you can satisfy the request.

Urine specimens are tested for typical drugs of abuse. Laboratory services conduct routine screenings for opiates, methadone, cocaine, benzodiazepines, barbiturates, and amphetamines. You can also be screened for alcohol, marijuana and other drugs if indicated. Also, instant urinalysis screening kits are available.

It is your responsibility to report any medications you have been prescribed. Certain medications may be detected in urinalysis screenings; therefore, it is your responsibility to obtain approval for such use prior to detection. Documentation for the medical necessity of such prescription drug use is required. PTC Medical Director is responsible to authorize approval, denial, or alternative treatment recommendations. It is your responsibility to promptly report any medications that you have been prescribed. PTC Medical Director must approve the use of such medications prior to detection in your urinalysis screenings. Failure to obtain approval is considered non-compliance and inappropriate drug screenings will be considered positive results. You cannot claim that a positive result is due to a prescription medication after detection.

Positive urinalysis results will be addressed to determine

what treatment is necessary to assist you in your goal of drug freedom. Also, positive urinalysis results will impact your eligibility for treatment privileges and/or continuation in this program.

While in treatment services, it is generally expected that UA results generate a (+) Methadone, (-) result for all other illicit substances.

## METHADONE DISPENSING

PTC dispenses Methadone Hydrochloride. Methadone is available in liquid form at this facility. A computerized pump dispenses the medicine in liquid form.

### DAILY DOSING PRACTICES:

After entering the building, you will go to the card box window and clearly tell the Identification Clerk your name. PTC Identification Clerk will verify your identity and issue your medication card. The medication card records your name; ID #; digital photo; signature; attendance (date/time); designated counselor and attending Medication Nurse. A computerized dosing system will be utilized to confirm your identity (D.O.B. / S.S. #) when presented at the dispensing station. You are responsible to cooperate with identification checks to ensure that you receive your proper dosage.

PTC Identification Clerk will inform you if a “hold” has been placed on your card. A “hold” must be satisfied prior to dosing. For example, you may be directed to meet with your counselor, the billing department, submit a urine specimen, etc. You are expected to satisfy the request before you can be medicated. The Identification Clerk will not release your medication card until given authorization to do so by staff.

You must have verification of your identification on you at all times. Once you are issued your medication card, provide your signature on the corresponding date and proceed to the community area. In an effort to respect your privacy as well as that of all PTC clientele, you are asked to observe postings noted in the medication dispensing area.

We appreciate your cooperation and patience while waiting to proceed to the dispensing window. PTC Medication Nurse will direct you to proceed to the appropriate window. Next, present your medication card to the Medication Nurse. The Medication Nurse will confirm your identity to ensure proper dosing. The attending Medication Nurse will also observe you to determine if dosing is appropriate. The Medication Nurse will access your information in the automated dispensing system, or manual tickler back-up, to obtain your medication information. Once you have satisfied all requirements, the Medication Nurse will authorize your prescribed dosage to be dispensed.

Methadone dispensed in liquid form is a clear solution. PTC methadone appears “pink” because it is prepared with colored water. Colored water is added directly into the cup after your prescribed dosage is dispensed. The colored water is only vegetable dye food coloring and will not interfere with your dosage. The “pink” preparation is to confirm ingestion in the event that you vomit. You can only be re-dosed if this occurrence is directly observed and confirmed by a PTC staff member. If you are not feeling well, do not leave! Once you leave clinic, you cannot be dispensed a 2ND dosage.

It is recommended that you eat before you drink your methadone. After you have swallowed your dose, please follow with water (cup provided) to ensure that you ingest your entire dose.

Your cooperation with these simple & safe dispensing procedures is expected at all times:

- Remove sunglasses, hats, hoodies, etc. at the window -- your eyes and face must be fully visible.
- Open containers or bags, including handbags, are not allowed in the dispensing area.
- Food and/or beverages are not permitted within this area.
- Open your secured THB storage containers, must be your personal container, directly in front of the Medication Nurse.
- You must face the nurse while dosing, and before you leave the dispensing window, you must speak to the



nurse to confirm that you have swallowed your dose.

- Discard empty cups in the receptacles directly provided next to the dispensing area.
- Check the label on any take home bottles issued to verify it is your medication.
- Children are not allowed at the dispensing window. Under no circumstances should you leave your children unattended!
- Patience is expected in order to guarantee the safety of dosing services. We kindly ask that you are not disruptive in the waiting area, and do not proceed to the window until called.
- You should not leave the building once you have checked in.
- Promptly leave the area after you have received your dosage and/or take-home bottles.

In order for your medication to be dispensed, you are expected to fully satisfy these conditions; your disregard will be considered as non-compliance and subject to administrative action.

Your patience and cooperation with dispensing practices is appreciated. Efforts have been made to protect your privacy and that of your fellow community members. It is expected that you set your personal schedule to allow sufficient time for all services.

Please be aware that there are exceptions to the dispensing practices. Arrangements can be made to accommodate any person with special needs. Such situations may involve an individual's inability to walk up to the window or enter the facility. PTC facility is handicapped accessible. PTC Nursing Staff can coordinate dosing services to accommodate special circumstances.

#### **DOSING CONSIDERATIONS:**

If you are suspected to be under the influence of any substance, you must be evaluated prior to dosing. In consideration of your health and sound medical practices, PTC Medical Director may adjust your prescribed dosage based on findings from a physical assessment and/or instant urinalysis screening. An impairment assessment will be conducted to determine clearance for dosing services if impairment is suspected.

Under the direction of the Medical Director, the Medication Nurse may not administer a dose to anyone noticeably "high" (incoherent, unsteady, impaired speech, etc.). Also, THB doses can be held if this behavior is observed. Repeated episodes of this inappropriate behavior may be considered as non-compliance and subject to administrative withdrawal.

You are strongly encouraged to discuss any concerns or questions you have regarding dosing changes or issues. You can share your concerns with your primary counselor or PTC Nursing Services at any time or request an appointment with the PTC Medical Director.

#### **TAKE HOME BOTTLE (THB) DOSING PRIVILEGES**

Take home bottle doses are a privilege based upon your rehabilitation status, not a right. As you progress in treatment, you report to the clinic on a less frequent basis, giving you more control over your own life. PTC Medical Director, in consideration with recommendations from the Multi-Disciplinary Treatment Team, makes decisions about THB privileges. The Multi-Disciplinary treatment team consists, at a minimum, of your primary counselor, Clinical Supervisor, Clinical Services Counseling staff, Nursing Services staff, Treatment Director and PTC Medical Director.

THB doses are not merely issued on a set time schedule. Eligibility is determined on an individual basis in accordance with set criteria. Length of treatment, urinalysis results, lifestyle change and stability are all taken into consideration. With your participation, a thorough assessment of your stability in all life areas will be conducted addressing the following: drug/alcohol use, criminal activity, behavioral problems, home environment, living situations, and social relationships. Also, your PTC participation, treatment progress, financial obligation and attendance will also be reviewed. You must fully satisfy the requirements outlined by the PTC Take Home Medication Request Form. Once you are eligible, you and your counselor will thoroughly cover all the expectations of a THB carrier.

THB eligibility also depends upon the amount of time and noted stability demonstrated in treatment. THB privileges are distributed within allowable State regulations.

Remember, THB privileges are not just granted on a set time schedule! This schedule serves as a guide for the time-frame you may be considered as a candidate for this treatment privilege.

Relapse to drug use, psychosocial instability, or non-compliance with PTC rules may result in a loss of take home privileges. Your counselor will fully inform you of the THB PROTOCOL. It is expected that you fulfill the following conditions to be eligible for this treatment privilege:

- You agree to take your medication only as prescribed. Any change in dosing must be done in consultation with PTC Medical Director.
- You agree to comply with Phase System requirements. You are expected to meet with your counselor at a frequency established by the multidisciplinary team and to leave a urine sample at least monthly for drug screening.
- You agree to keep scheduled appointments and arrive on time to pick up your medication. If you cannot keep an appointment, you agree to inform the staff with as much advance notice as possible.
- You agree to comply with the Call-back procedure. It is expected that when randomly called by PTC, you will present at the clinic all remaining medication within twenty-four (24) hours. You also agree to leave a drug screen when returning to the clinic for a call-back. You also agree that failure to comply will result in removal of take-home privileges.
- You agree to inform PTC of your current address and phone number. You are responsible to inform PTC of any changes that may occur. Information must be provided regarding how to be reached for call-backs.
- You agree that you **must** store medication in a safe place, away from children and in a locked box or bag that is only to be used by you. You agree to handle your medication responsibly. Loss or theft of medication will result in re-evaluation of your status. You agree to provide a police report to support your claim.
- You agree to clearly treat your medication as such, to help prevent anyone else from taking it. You understand methadone is a strong narcotic drug and that even a small amount could kill a child or an adult who does not have a tolerance to narcotics.
- You agree to **call 911 immediately** if anyone in your home accidentally drinks your methadone and to inform the PTC nursing staff as soon as possible.
- You agree to pay any clinic fees in advance of receiving medication.
- You indicate you understand and agree that you can decline advancing to any phase and that you will not be penalized for the decision.
- You indicate that you understand and agree that at your preference you can progress to a higher phase of treatment without increasing the number of take-home bottles.
- You indicate you understand and agree to possibly be included on a central register that will be confidentially maintained with the State Department of Health for clients with extended take home medication.

## BUPRENORPHINE DISPENSING

Buprenorphine is dispensed as a tablet. Above procedures are very similar to methadone with the exception of more liberal THB's.

## TAKE HOME MEDICATION, HANDLING & STORAGE REQUIREMENTS

Take home medication provided to eligible clients shall be provided in a childproof container in accordance with the Poison Prevention Packaging Act (PL91-601) and shall be labeled as follows:

- Name, Address and Telephone Number of the Program;
- Date Medication is to be taken;
- Date Dose is to be taken;
- Client's Full Name;
- Name and strength of drug;

- Number of Doses (if multiple doses)
- Directions for use;
- Name of Prescribing Physician;
- Warning Caution Statement;

Clients sign the Take Home Medication Agreement prior to receiving any take home bottles. This agreement is placed in their record. This agreement specifies all clinic requirements for handling methadone take home doses. Safe storage is stressed.

- Take home medication may only be picked up by the client it is prescribed to;
- All take home medication bottles must be returned to the clinic at the following clinic visit;
- Take home bottle pick-up days will be decided with the client's input by the medical department;
- Clients refusing to provide one urine sample for drug screen monitoring will result in loss or reduction of take-home bottles. Continuous refusals will be discussed at the Interdisciplinary Team (ITM) and may result in removal of all THB's and Administrative Discharge.
- Lock-boxes are required for clients receiving take home bottles and returning empty bottles as proper storage practice.

Take-home bottles are a privilege that is granted in accordance with the client's progress in treatment. The facility reserves the right to use discretion to limit or to rescind take-home medication privileges if there exist any suspected situation which is inconsistent with the above-mentioned factors required for take-home medication. Likewise, the facility reserves the right to use discretion to return take-home medication privileges in accordance with policies and procedures.

## **TRAVEL CONSIDERATIONS: Vacation & Guest Medication Requests**

Vacation and emergency travel take home doses will be accommodated based on your progress in treatment. You must notify your counselor well in advance (at least 2 weeks) for vacation requests as well as provide confirmation of your travel plans.

In the event of unforeseen travel events, it is requested that you provide at least 24 hours notification (when possible) in emergency cases. Promptly notify your counselor to arrange for either Guest Medication or Take Home Bottle dosing. Your request will be presented to the PTC Medical Director and be determined upon an individual basis depending on treatment factors.

When take home doses are not approved, we will make every effort to have your medication temporarily transferred to another clinic (guest medication) near your destination. Please be aware that individual policies for guest medication are made by the receiving clinic, where there is typically a daily fee that you must pay.

Please be aware that in order to be eligible for vacation and emergency travel THB doses, your financial obligations to PTC must be satisfied. You must pay clinic fees in advance for services during the duration of your travel plans.

## **HIV, HEPATITIS & INFECTIOUS DISEASE AWARENESS**

PTC is a source for education, prevention, and treatment of infectious diseases. Healthrelated issues such as HIV, Hepatitis (B/C), Tuberculosis and Sexually Transmitted Diseases are addressed. Screening services and treatment may be available at PTC directly or through referral to community health care providers.

Drug use, especially injecting (IV/"shooting"), is an identified means of contracting infectious diseases. Unprotected sexual activity also puts you at risk for HIV and sexually transmitted diseases. You may not even be aware that you are exposing yourself to many serious health conditions! When under the influence, you cannot guarantee you can make safe and responsible decisions.

## HEPATITIS

Hepatitis is an inflammation of the liver caused by a virus, drugs or other factors. There are different types of Hepatitis (A,B,C,D,E & G) with different transmission modes. Some types are milder while other types have potential to seriously damage your liver. Your HIV Specialist will inform you of the dynamics of Hepatitis. The focus will be primarily on Hepatitis B (HBV) and Hepatitis C (HCV) due to their prevalence. Associated risk factors, symptoms, screening and treatment considerations will be addressed.

Please be aware that Hepatitis C (HCV) is common in drug abusing communities. HCV may be contracted by blood exposure through needle contact (IV drug use, tattooing, piercing) and unprotected sexual activity. It is not spread through casual contact. HCV affects the liver and may be a potentially life-threatening condition. HCV may or may not cause physical complications, so you may not even know that you have it. Early detection and diagnosis is crucial for proper treatment. As with all health conditions, it is recommended that you stop any illicit drug and alcohol use.

## INFECTIOUS DISEASE SCREENINGS

PTC conducts mandatory screenings for certain conditions in order to protect your health as well as that of other clientele, staff and community members.

**Tuberculin (TB)** testing is conducted upon admission and every 6 months while in treatment. Verification of your current TB status is required. A skin test (PPD) or confirmation of previous reactive results is mandatory. Chest x-rays may be required if medically indicated. PTC Nursing staff will fully inform you of your TB screening requirements and follow-up procedures. Failure to comply with required procedures is considered as non-compliance and cause for treatment termination. Also, you may be subject to further action by local and state health authorities.

Upon admission, you are expected to submit to laboratory bloodwork to conduct a screening test for syphilis. Syphilis is a **sexually transmitted disease**. An RPR screening is conducted, and all reactive results are reported accordingly. PTC will arrange for follow-up care as indicated. If you are concerned about any sexually transmitted disease, PTC will facilitate your referral to an appropriate healthcare provider.

Feel free to address any health issues with PTC medical or clinical staff. Depending on the nature of your health concerns, PTC may be able to address your medical needs directly or through referral to appropriate healthcare providers. To promote your well-being, efforts will be made to coordinate healthcare treatment with your primary care provider.

## PREGNANCY CONSIDERATIONS

Females of childbearing age are required to submit to a pregnancy screening upon admission. Exceptions are based on verification of menopause, tubal ligation (“tubes tied”) or other medical conditions. If you suspect or know you are pregnant, it is expected that you report it immediately! Specialized services are provided to promote proper pre-natal care.

Pregnancy is a consideration for priority admission to detoxification and methadone maintenance programs. Methadone maintenance is recommended for pregnant clients. Verification of pregnancy is required for a priority admission.

Pregnancy is also a consideration regarding detoxification plans. A pregnancy screening will be conducted to determine appropriate treatment recommendations. Although PTC does not encourage detoxification while pregnant, it is not prohibited. Such action is determined on an individual basis and subject to the Medical Director’s discretion. Therefore, a pregnancy test will be performed prior to the implementation of this action.

## MORE YOU NEED TO KNOW...

### FINANCIAL RESPONSIBILITIES

You are expected to satisfy all financial obligations as per your cost sharing agreement. If you are Full Fee status, payment is expected on a weekly basis in order to keep your account current and ensure continuity of services. If you fail to submit 2 consecutive weekly payments, your account is considered delinquent and subject to administrative withdrawal action (non-payment detoxification).

It is your responsibility to **promptly** report any financial hardships or limitations in order for PTC staff to provide assistance. PTC will make every effort to address your financial needs and accommodate a payment schedule. However, your hardship claims must be valid and not due to continuous drug use or unwillingness to submit payments. Billing agreements may be arranged provided you are stable in treatment and follow-up with recommendations to resolve your financial situation.

Failure to fulfill financial obligations may result in a concurrent treatment plan and subject to administrative action. PTC Billing Clerk is available, Monday-Friday, to address your account status and payment inquiries.

If you are a Medicaid recipient, it is your responsibility to present your **current** Medicaid card to the front desk during activation months. It is also your responsibility to report any changes in your Medicaid status. Failure to provide verification of your active Medicaid coverage may also be subject to administrative withdrawal action (non-payment detox). Promptly report any concerns in order for PTC to address your financial needs.

### PRESCRIPTION RENEWALS

Methadone is a prescription medication. You will be informed of your requirements for renewal visits with the Medical Director. Medicaid recipients are required to have methadone doses renewed on a monthly basis. It is expected that renewals be completed within the 1st week of every month, no later than the 15th of the month under unavoidable circumstances. Renewals for self pay clientele are conducted during the required annual physical examination with our PTC Medical Director.

### PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) & CENTRAL REGISTRIES

All patients are required to present prescriptions from other practitioners for verification by staff. This agency will comply with State specific requirements and/or prescribing physician may accelerate/recommend additional reviews.

As part of the ongoing commitment to combat opioid abuse, state monitoring programs are utilized through the state as per the department of health, and other key stakeholders partnering to increase provider awareness of the controlled substances database. As state databases become operational, Pinnacle Treatment Centers will participate in the program in order to ensure the safe practices for all patients and the community at large.

Pinnacle Treatment Centers may utilize the Unified Judicial System and/or Child Abuse Registries for the purpose of determining eligibility in certain programmatic inclusions.

### ILLEGAL DRUGS

This includes all illegal controlled substances, narcotics, street drugs and any drug not prescribed to you by your physician. It is prohibited to bring illegal substances onto PTC property. If it is suspected that you are in possession of any illegal drugs while attending the program, you may be subject to a search. If discovered, you may be subject to administrative action. Be aware, this behavior is **illegal** and subject to legal action!

## LEGAL DRUGS

Legal drugs may include over-the-counter, vitamins, herbs and/or any medication prescribed to you by your physician for medicinal purposes. Whenever possible, it is recommended that you do not bring such drugs to the clinic unless medically indicated or at the request of PTC. You are expected to provide evidence that such medication is prescribed to you. If your medication regimen requires dosing while at the clinic, you must take your medicine in front of PTC staff. Unobserved dosing may be considered as involvement in inappropriate behavior. Also, do **not** supply anyone else with any medication for any reason. Such behavior may result in sanctions up to and including administrative withdrawal action.

## ALCOHOL

Alcohol is strictly prohibited on PTC premises. If discovered, you will be asked to discard it immediately. If the odor of alcohol is detected on your breath / clothing, then you will be monitored by PTC Medical / Nursing services to determine proper dosing.

## SMOKING & TOBACCO PRODUCTS

PTC is a smoke and tobacco free facility. Smoking, vaping or chewing tobacco is **prohibited** while you are in the building. Smoking is permitted outside of the front of the building. However, we ask that you respect this facility. Please refrain from congregating in the parking lot, side or rear entrances. Please keep the area free of smoking debris, cigarette butts and related materials. Properly extinguish all lit materials in the ash receptacles to ensure a safe, healthy, and clean environment.

Nicotine is a highly addictive drug and known cause of multiple health problems. PTC is committed to efforts to encourage you and your loved ones to stop smoking! Your counselor has information regarding nicotine replacement therapies. Please do not hesitate to ask for smoking cessation information for your family and friends!

## CELL PHONES

Cell phone use is **not** allowed in the building to conduct personal communications. Your primary counselor may accommodate all reasonable requests to use PTC telephones. We kindly ask that you keep your cell phone on vibrate while in the building to limit noise distractions.

## CHILDREN ON PREMISES

Whenever possible, children should not accompany you to the clinic. Please make alternative and responsible child care arrangements. PTC is not a childcare center and can provide only limited accommodations. Never leave your child unattended, either at home, in the car or on the premises!

## FOOD & BEVERAGE

Eating inside the building is **prohibited** unless medically necessary. If this is the case, then it must be authorized by PTC Medical / Nursing services. Open food and/or beverage containers are not allowed in the facility including vending machine items. You will be asked to leave the building or discard the items. Your full cooperation is appreciated in making sure that this facility remains a clean, sanitary and healthy environment!

## SECLUSION & RESTRAINT

PTC does not engage in seclusion or restraint as a means of consequence, coercion, discipline or retaliation. In the risk of immediate aggression or life-threatening behavior toward self or others, PTC Security staff may intervene if it is the only means to de-escalate the situation. PTC Security staff members have been formally trained to take appropriate measures to protect the person and all others from injury or serious harm.

## SUSPICION / POSSESSION OF WEAPONS

A weapon is any physical instrument, including but not limited to a firearm, explosive, knife, box cutter, blunt object, or any other instrument that may be used with the primary intent of inflicting bodily harm on an individual. Possession of a weapon on or inside the premises is **strictly** prohibited and will not be tolerated! This behavior may result in administrative and legal action.

## COMMUNITY MEMBER INPUT

You are free to share your comments, suggestions, questions, concerns, and grievances regarding your treatment and at any time. Your voice can be shared through available mechanisms, including but not limited to, direct communication, written correspondence, survey responses, Grievance Forms, Suggestion Box, website & PTC MESSAGE CENTER contact. PTC appreciates your thoughts and feedback about the quality of care provided as well as your satisfaction with PTC and your treatment experience.

You may be asked to participate in PTC Community Member Surveys throughout the treatment process. This is an opportunity to conduct an assessment of PTC services, your satisfaction as well as the overall satisfaction of our treatment population. Information gathered will contribute to key-decision making by PTC leadership regarding program operations. PTC is committed to the continuous improvement of service delivery and overall satisfaction of all clientele.

PTC strives to collect information throughout the treatment experience. You may be asked to participate in a random group in which information is collected on a routine basis. Also, PTC will attempt to collect information after discharge as well. We ask that you cooperate and provide honest responses. Your input will provide valuable information regarding PTC services and the effectiveness of your treatment experience.

PTC leadership is committed to solving problems and improving service delivery. All verbal and written input will be taken into serious consideration and may contribute to modifications in our treatment program and services. PTC strives to continuously provide quality services in support of your efforts to establish a lifestyle free from the harmful and damaging effects of addiction.

## FAMILY INPUT

PTC strongly encourages your family members to share their voice. “Family” members are considered parents, spouse, siblings, relatives, guardians, or significant others impacting your life, behavior and your treatment.

Your family members may also use available mechanisms to serve any communication needs. All input will be taken into consideration by PTC leadership and may contribute to key decision-making regarding PTC operations. Information from your family members will help evaluate and improve PTC services and serve to reflect upon the accomplishment of PTC goals.

## FAMILY PARTICIPATION

PTC strongly encourages you to include your family, friends, and support network into your treatment process. Please be aware that information directly pertaining to your treatment will only be shared with your written consent. However, interested parties can contact PTC to discuss general questions regarding services, operations as well as substance abuse and treatment opportunities.

## CONFIDENTIALITY

PTC is committed to the protection of your confidentiality. PTC strictly adheres to provisions noted in the *PTC CLIENT CONFIDENTIALITY & PRIVACY NOTICE*. Drug and alcohol related information is protected under 2 Federal laws:

- HEALTH INSURANCE AND PORTABILITY ACT OF 1996 (“HIPAA”)
- CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS, 42 CFR PART 2

Generally, information regarding your direct treatment may only be disclosed with your written consent. You will be informed of RECORD RELEASE AUTHORIZATION procedures and revocation actions. Federal law does permit disclosure without written permission only under certain circumstances.

Every effort is made to protect your auditory and visual privacy. We ask that you fully cooperate by respecting the confidentiality and privacy of all clientele.

PTC complies with more stringent confidentiality parameters as set forth by State regulations for releasing records.

## MULTIPLE ENROLLMENTS

All reasonable efforts are made by PTC to ensure that you are **not** enrolled or seeking dual enrollment in alternate methadone centers. Only 1 authorized treatment provider may dispense your methadone.

You are to self-disclose any involvement in an alternate methadone treatment service(s). With your consent, local treatment centers will be contacted to verify that you are **not** in treatment elsewhere. Failure to consent will result in denial of your admission request.

If, at any time during your treatment episode, it is discovered that you are dually enrolled, immediate action will be taken by PTC. It is vital to your health and safety that you are not receiving improper dosing services. This behavior will be immediately interrupted and is subject to administrative action.

PTC staff will facilitate any requests for Treatment Transfers and Guest Medication. PTC staff will establish direct communication with the alternate methadone center to ensure that only 1 provider has dispensed your daily dosage. Your full cooperation is vital to ensure that your treatment is not interrupted.

Please be aware that this agency participates in State-wide dual enrollment monitoring system. As part of this state-wide reporting system, a response alert will inform us if you are already enrolled with another treatment provider. If you are transferring services, please let us know and tell us why you are seeking services with PTC at this time.

## MEDICATION RECORDS

In order to provide safe and sound medical practices, you are expected to provide an up-to-date record of all your medications, prescription & nonprescription. PTC Nursing / Medical Services will review your regimen to address your medication management efforts, effectiveness, potential side effects and any contraindications.

It is important to coordinate a care plan with any other physician(s) providing primary care needs. You are encouraged to include a family member into your healthcare plans. PTC Nursing / Medical Services are available to provide education and instruction on proper medication management regimens, wellness management and recovery planning.

## PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) & CENTRAL REGISTRIES

All patients are required to present prescriptions from other practitioners for verification by staff. This agency will comply with State specific requirements and/or prescribing physician may accelerate/recommend additional reviews.

As part of the ongoing commitment to combat opioid abuse, state monitoring programs are utilized through the state as per the department of health, and other key stakeholders partnering to increase provider awareness of the controlled substances database. As state databases become operational, Pinnacle Treatment Centers will participate in the program in order to ensure the safe practices for all patients and the community at large.



Pinnacle Treatment Centers may utilize the Unified Judicial System and/or Child Abuse Registries for the purpose of determining eligibility in certain programmatic inclusions.

## TRANSITIONAL PLANNING

Upon entering treatment, you will begin to set a continuing care plan to address any needs and services required to support you throughout your treatment experience. You may be linked with referral sources, community services and support groups to maintain your gains achieved while in treatment. The aim is to ensure a smooth transition between phases, levels of care or following discharge. Transitional services are vital to your on-going recovery and wellness efforts.

## ON-GOING RECOVERY & WELLNESS

PTC 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 PTC 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.

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, PTC 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 PTC.

## BUILDING RELAPSE PREVENTION SKILLS

Education is vital to help avoid a severe relapse episode. You can learn strategies and skills 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. Please take time to build the following skills so that you may be better prepared and more successful preventing a relapse:

- Understand that relapse is a process, not an event;
- Develop new coping skills for high-risk situations;
- Make lifestyle changes to decrease the need for drugs;
- Increase participation in healthy activities;
- Understand and address social pressures to use substances;
- Develop a supportive relapse prevention network;
- Develop methods of coping with negative emotional states;
- Learn methods of coping with irrational thoughts;
- Develop an actual plan to interrupt a slip or relapse;
- Recognize relapse warning signs, including internal & external triggers;
- Combat memories of drug abuse-associated euphoria;
- Avoid “war-stories” which tend to glorify or brag about your drug use experience;
- Reinforce recollections of negative aspects of drug use;
- Overcome the desire to attempt to regain control over your use (illegal drugs or abuse of alcohol and prescription drugs); not a “recreational user”;
- Develop pleasurable and rewarding alternatives to drug use;
- Avoid people, places and things that might trigger drug use;
- Invest time and energy into accomplishing your dreams & goals that may have been interrupted by your drug use;
- Remember, that being drug free is simple but not always easy;

- Realize that a “drug-free” life still presents everyday issues and problems but that having a clean mind, body and spirit will empower you to overcome obstacles;
- Do not define yourself by negative labels; make steps to reduce the stigma and stereotypes of those affected by drug abuse;
- Actively participate in your treatment planning;
- Be an advocate or member of a recovery community;
- Be proud of yourself and the positive changes you have made;
- Ask for help whenever you are in need of support!

## PTC SPECIALIZED SERVICES

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

### HIV SERVICES

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

### WOMEN’S SERVICES

- Individual Counseling
- Prenatal and high risk pregnancy referral
- Priority admission for pregnant clients
- Referral for Mental Health Service
- Referrals for family counseling / therapy
- Pregnancy Testing
- Obstetrics /Gynecology referrals
- Parenting issues
- Relationship issues
- Domestic Violence Issues
- Life Skills education

### MENTAL HEALTH SERVICES

- Referrals to appropriate community Mental Health Care practitioners
- Coordinated integrated care planning
- Co-occurring education

## SPECIAL NEEDS SERVICES

- PTC is a handicapped accessible facility
- Telecommunication access (TTY/TDD) to provide services for the hearing impaired
- Guide dogs permitted for anyone visually impaired requiring such assistance

## FAMILY SERVICES

- Family participation is encouraged throughout every aspect of the treatment process
- Family members may be directly involved in counseling sessions with client’s consent
- Family consultation may be conducted to address related needs and facilitate referral to community agencies providing family counseling services
- PTC staff may address general inquiries regarding PTC operations, policies, procedures, and practices
- PTC 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, PTC Suggestion Box input, or PTC Message Center.

## PTC COST SHARING AGREEMENT METHADONE MAINTENANCE SERVICES

**Payment Sources accepted & sliding rates available based upon category:**

- **FULL FEE – SELF PAY**
- **MEDICAID**
- **MEDICARE**
- **PRIVATE INSURANCE (ELIGIBILITY WILL BE VERIFIED)**

Individuals will be made aware of all applicable fees for treatment services upon eligibility inquiry. Treatment fees will cover dosing, counseling, routine drug testing, routine laboratory tests and administrative charges. Rates will reflect enrollment and maintenance services. See below fees & billing procedures:

- PTC treatment week begins on Sunday and ends on Saturday, and any part of a week is counted as a full week.
- Payments are due based upon payment arrangements of the facility (daily, weekly, bi-weekly or monthly)

- Type of payment (cash or credit cards)
- Payments are to be provided to the individual responsible for payment collection
- If you are receiving dosing services, I understand that the initial charge is non-refundable, whether or not you complete the course of treatment.
- After you complete the enrollment process and choose not to enter PTC treatment services, an Intake services charge is non-refundable
- You are responsible for the contents of this agreement.
- You are expected to promptly report any changes to my financial coverage. You are responsible for any outstanding fees that may apply.
- You understand that PTC has the right to adjust treatment service fees during the course of your treatment.

## EXCEPTIONS:

City Welfare, County Welfare, or Supplemental Security Income (permanent or temporary) recipients may only be required to pay a percentage of the normal rate for both the initial charge and weekly fees. However, verification of active assistance is required in order to receive treatment services on a reduced fee basis.

Medicaid recipients shall not be required to pay for any services entitled to you under your Medicaid coverage plan.

Waivers and/or Billing Agreements are at the sole discretion of the PTC Treatment Director and determined on an individual basis.

ANY QUESTIONS THAT YOU MAY HAVE:

## PTC CLIENT HANDBOOK SIGN-OFF SHEET

*I have received a copy of the client handbook which was reviewed with me by a PTC staff member.*

*Questions I have had about these materials have been answered and I know that if I have any further questions I can speak with my primary counselor.*

**X** \_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
PTC WITNESS

\_\_\_\_\_  
DATE