



Patient Handbook

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Private Clinic North | 822 Chickamauga Avenue | Rossville, GA 30741

This patient handbook is provided to orient you to our medication assisted treatment program. It contains the following information:

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WELCOME

Welcome to Private Clinic North!

IT IS IMPERATIVE THAT YOU READ AND UNDERSTAND THIS HANDBOOK. IT IS A KEY ELEMENT TO SUCCESSFUL OPIATE ADDICTION TREATMENT.

The Staff of Private Clinic North will work with you as a partner to develop comprehensive outpatient medical and rehabilitative treatment. We are dedicated to help you maintain recovery and to assist you in achieving your goals.

The staff expects that your treatment will be a positive experience. We encourage you to be active in your treatment and recovery. We must work within Federal and State guidelines and will be happy to discuss the requirements and rules of our opiate treatment program. This is your treatment and your life. **WE ARE HERE TO HELP AND SUPPORT YOU IN TREATMENT.**

Private Clinic North is a division of Neptune Clinical Group, Inc. Our mission is the medical treatment of opiate addiction. The clinic is a privately owned facility which accepts no government grants or loans and is supported by client-generated funding. Our staff consists of an administrative section, licensed physicians, pharmacists, nurses, and counselors.

This clinic is licensed by state and federal regulatory authorities to dispense Methadone/Buprenorphine and other medication useful in the immediate and long-term treatment of your condition. If general medical needs arise, medical care should be sought from your primary care physician.

The clinic is an ambulatory, outpatient care facility. We find this approach to treatment to be the most economical and successful treatment method for our patients.

INTRODUCTION

You may be reading this handbook because you are taking Methadone/Buprenorphine, because you are thinking about entering treatment, or because you care about somebody who will benefit from treatment.

People usually enter Methadone/Buprenorphine treatment because they feel overwhelmed by their dependence on heroin or other opioids such as pain pills.

Some people begin Methadone/Buprenorphine treatment with the belief that they will need this medication indefinitely, while others feel that they will only need it for a short time. However, regardless of what you may or may not expect to get from this treatment, all the evidence agrees on the following points:

People dependent on street opioids (pain pills) who receive Methadone/Buprenorphine treatment are Healthier and safer than those who do not. They live longer, spend less time in jail or in the hospital and are less often infected with HIV, hepatitis C, TB, or STDs and are involved in fewer criminal situations.

Longer periods of Methadone/Buprenorphine maintenance are better than shorter periods. The longer you stay on Methadone/Buprenorphine maintenance, the better the overall outcome. Indefinite treatment often means life-long extension of good health and freedom from incarceration.

Methadone/Buprenorphine maintenance is treatment for people who are dependent on opioid drugs. It is not a treatment for people whose major problems are with other drugs—such as cocaine, alcohol, benzodiazepines, or cigarettes.

Opiates include all the drugs that come fully or partially from opium and synthetic drugs that have similar effects. Morphine, heroin, codeine, Methadone/Buprenorphine, Dilaudid, Oxycontin, Loritab and fentanyl are some opioids/opiates..

TREATMENT PHILOSOPHY

People use drugs (including alcohol and tobacco) for various reasons: (1) to add transitional pleasure to life, (2) to self-medicate emotional problems and biochemical abnormalities in the mood-regulation center of the brain, (3) to manage daily stress and chronic pain conditions, or (4) to compensate for poor self-esteem and insufficient love. Although it is true that the threshold between drug use and abuse differs between people and families depending upon genetic susceptibility and family environment, a genetic tendency does not mean that you must remain addicted.

It is also true that you can learn to use your existing tools and strengths to cope. Private Clinic North was established not only to point you in the direction of freedom and health but also to ensure that you have the proper tools for successful management of your condition.

Clinicians, administrators, and patients have many concerns regarding Methadone/Buprenorphine maintenance and the success of taper. Methadone/Buprenorphine maintenance is a medical treatment in response to a medical problem. As with many other medical problems, the length of time you will need to remain in treatment depends on several factors, which include, but are not limited to:

Biochemical condition of your brain;

Past psychological trauma, coping skills, needs, expectations, withdrawal fears, and motivation you bring into treatment; and, Medical realities concerning your body and your physical health.

For some patients, Methadone/Buprenorphine maintenance is a life-long need and will be essential for attaining and maintaining a quality and fulfilling lifestyle. The decision to convert from Methadone/Buprenorphine to abstinence in a medically-assisted withdrawal effort is a serious commitment and represents only one of many available options. The staff of Private Clinic North will work with you to make your decision successful.

Methadone/Buprenorphine is a potentially dangerous drug if misused. You are responsible for keeping your medications in a secure place. Your dosage can be FATAL to a CHILD or NON-TOLERANT ADULT. It can be fatal if mixed with alcohol, benzodiazepines, oxycodone, sedatives or barbiturates. Telephone 911 or Poison Control if an overdose is suspected. Inform EMS that (NARCAN) may need to be immediately used if an overdose is suspected.

Emergency 911

Poison Control Center, GA 800-282-5846; TN 800-222-1222

If you are hearing-impaired, for emergencies call 800-255-0135 in GA or 800-848-0299 in TN

Methadone/Buprenorphine Overdose - The signs of an overdose of Methadone/Buprenorphine are air hunger, shortness of breath, or the appearance of sedation in the person who has taken it. The antidote for a Methadone/Buprenorphine overdose is Narcan. It must be administered under the supervision of a hospital physician until the Methadone/Buprenorphine is metabolized.

SECTION ONE – INTAKE INFORMATION

New Patients

The “intake” process is an evaluation you will participate in with an intake counselor, a staff physician, and other medical personnel as necessary. You will be interviewed for necessary medical, psychiatric, substance abuse and psychosocial behavior. You will also have a physical exam where blood is collected for lab testing for infectious diseases. A tuberculosis skin test will also be given. Other tests that are deemed appropriate by our medical staff may also be given at this time. A urine sample is required of all patients at the time of admission in order to verify drug use.

It is imperative that you give your counselor and the staff physician accurate and truthful answers about your health habits, drug use and medical history during the intake process so that proper planning for your Methadone/Buprenorphine maintenance treatment may be formulated.

Federal guidelines determine whether you are a candidate for Methadone/Buprenorphine treatment. The physician evaluating you will determine if you are a candidate for Methadone/Buprenorphine maintenance and will place you in our program if and only if the physician determines such treatment is appropriate and medically necessary.

Transfer Patients

Once you have decided that you would like to leave the program you are currently attending and enter our program, we require you to sign a release of information authorizing us to obtain any and all prior clinic records, including, but not limited to: urine tests, counseling notes, physicals and any other data related to your treatment history. Private Clinic North will review the information to help plan your course of treatment.

All Patients

There are a number of consent forms you will be requested to sign before you can be admitted into our program. Most of these consent forms are required by federal and state authorities governing Methadone/Buprenorphine treatment. The rest are required by our clinic. You are encouraged to ask questions about any consent form before you sign it.

Before admission you will meet with an intake coordinator who will perform an initial screening to determine if treatment is appropriate for you. You will then work with an intake counselor who will gather information concerning your drug use and personal history. You will give your first urine drug screen, sign various forms and consents, and then be assigned to your primary counselor. You will begin to work with your counselor to address your treatment issues and to formulate goals.

You must meet with your counselor and our medical staff a minimum of once per week during your first four weeks of treatment; however, counselors will often require you to meet more often than once per week, especially if you are new to treatment.

All concerns, questions, or requests should first be taken to your counselor. Your counselor should be made aware of any significant problems in your life. If you need to see the doctor or other members of the medical staff, see your counselor first. Your counselor is trained to address your immediate concerns in the most appropriate manner.

It is required that all appointments be kept and that you report to the clinic on time. If you think you will be late, please call your counselor. Any absence will impact on the patient’s treatment and must be explained in the patient’s record; please inform your counselor so that we may plan your treatment accordingly.

Patient's Rights

When you receive services in a substance abuse program, your rights are protected by federal rules and regulations, specifically 42 CFR part 8, 21 CFR part 291, as well as by the Georgia Department of Human Resources Regulation 290-9-12. These rules and regulations describe any limitations to these rights and other provisions, which may apply and should be consulted when there is a question regarding any of your rights.

Your Rights Include:

- The right to receive care suited to your needs; with your pertinent informed consent or refusal and expression of choice regarding service delivery, release of information, concurrent services, composition of the service delivery team and involvement in research projects if applicable.
- The right to receive services that respect your dignity and protect your health and safety;
- The right to be informed of the benefits and risks of your treatment;
- The right to participate in planning your own treatment, as able; with pertinent informed consent or refusal and expression of choice regarding service delivery.
- The right to be promptly and fully informed of any changes in the plan of treatment;
- The right to accept or refuse treatment; with pertinent informed consent or refusal and expression of choice regarding service delivery.
- The right to prompt and confidential treatment; 42 CFR- HIPPA
- The right to exercise all civil, political, personal and property rights to which you are entitled as a citizen;
- The right to be free of physical or verbal abuse; neglect, retaliation, humiliation, financial exploitation
- The right to receive a written notice of the address and telephone number of the state licensing authority;
- The right to obtain a copy of the program's most recent report of licensing inspection upon written request;
- The right to have access to, and review, your records with staff supervision;
- The right to be informed about evidence-based information concerning alternative treatments, medications, and modalities; other self-help groups, support and advocacy support services and legal entities for appropriate complaint representation
- The right to a timely response if you request copies of your records;
- The right to be free of behavioral disruptions of other persons served;
- The right to equal access to treatment regardless of race, ethnicity, gender, age (with specific reference to policies for minors), sexual orientation, and sources of payment, and The right to file a complaint, without fear of discrimination or retaliation, if you think these rights have been restricted or denied and to have them investigated by the program within a reasonable period of time.
- The right for annual review of your patient rights in a way that is understandable for review or clarification

Note: Privileges, unlike patient rights, can be lost through violations of program rules or a failure to demonstrate progress in treatment.

CONFIDENTIALITY

The confidentiality of your medical records and treatment is your right exclusively. Since this is your right, we will require your signature before releasing any information requested by outside agencies. Telephone inquiries concerning your enrollment at this clinic will not be made available to your spouse, employer, lawyer, insurance company, and so forth, without your express written consent. Confidentiality at Private Clinic North is strictly enforced and your assistance will be greatly appreciated. If you feel you have witnessed a breach of your or another patient's confidentiality, please inform your counselor or another member of the clinic administration.

In emergency situations where serious medical harm could result, our clinical staff will release necessary medical information to emergency medical personnel so that you can be treated. Please understand that we are also legally required to report any case of suspected child abuse to the appropriate agency.

Any crime committed against the clinic revokes your confidentiality privilege. Any theft of clinic property, destroying or damaging clinic property, threat to or assault on clinic staff, or sale or purchase of illicit drugs on clinic property takes away your right to privacy, and law enforcement personnel will be summoned to handle the situation. Certain other situations may also result in loss of confidentiality. You may discuss these situations in more detail with your counselor or the administrative staff.

If your take-home medication is lost or stolen it must be reported to the police and will result in a loss of confidentiality of your treatment. If your medication is lost or stolen and you have not reported it to the police or clinic prior to a bottle recall, you will be considered to have diverted your medication. Lost or stolen take-home medication will not be replaced.

SECTION TWO - MEDICAL INFORMATION

Methadone/Buprenorphine is a man-made (synthetic) opiate which is given by mouth in our program. It produces dependence, blocks the effects of other opiate medicines, and prevents withdrawal symptoms. A properly prescribed Methadone/Buprenorphine dose will decrease or stop the desire to use other opiates. It will not cause sleepiness or intoxication. Various medical and environmental changes can change your dose requirements.

Your Methadone/Buprenorphine dose will be adjusted specifically to accomplish these goals, so your dose may increase, decrease or remain constant while you are in treatment.

When indicated, female patients anticipating medically assisted tapering from Methadone/Buprenorphine therapy should receive a pregnancy test before starting voluntary dose reduction, at no cost to the female patient.

Blood Tests

Upon acceptance into our program, and each year thereafter, you are required to have a blood test and routine medical evaluation. You will be examined by a program physician and, if your bloodwork is abnormal, a copy of your blood test results and a referral will be provided to you so that you can share this information with your primary care doctor. Your annual blood test and physical are included in your treatment at no extra cost to you.

General Medical Care

Your primary care physician should provide your routine medical care. If you need to see the clinic physician, please tell your counselor. Be advised that our clinic physicians may only prescribe Methadone/Buprenorphine and will provide referrals for outside medical consultation.

Hospitalization

If you require hospitalization, your daily dose of Methadone/Buprenorphine may be provided to you by the hospital for the duration of your stay. Present your Private Clinic North ID card to the hospital medical staff. They will notify Private Clinic North of your admission to the hospital. Private Clinic North will confirm your enrollment and current dose level. When discharged from the hospital, you must be evaluated by our staff physician upon return to treatment and you will need to provide the clinic with documentation of your hospital stay and proof of the last day that Methadone/Buprenorphine was given in the hospital. Minimum documentation required by our staff upon your return to treatment are the medication administration report (MAR) summary and your discharge summary. We will ask you to sign a release of information to the hospital's records section, your attending physician, and any other caregivers involved in your treatment during the hospitalization.

Pregnancy

No drug or medicine is absolutely safe during pregnancy, but Methadone/Buprenorphine has been taken by many pregnant women and has not been shown to harm infants. Methadone/Buprenorphine treatment is the preferred treatment for women who are opiate addicts and become pregnant. It can be extremely dangerous to withdraw from opiates during a pregnancy. Withdrawal from illicit opioids, prescription pain medicines or Methadone/Buprenorphine may cause harm to the fetus and could result in premature delivery

Female patients who wish to become pregnant are asked to discuss pregnancy and Methadone/Buprenorphine with their counselor before making the decision to become pregnant. If you find you are already pregnant, please inform your counselor immediately. Our clinic physician will be notified and will follow you closely during your pregnancy, refer you to obstetrical services, provide information to your obstetrician about pregnancy and Methadone/Buprenorphine, and will monitor your dose to make sure it remains adequate for your needs.

Prenatal care is mandatory and you will be asked to sign a release of information so that we can properly coordinate your care with your physician and obstetrician. Our physician will also want to communicate with the pediatrician that you choose for your child before you deliver. Prenatal and postpartum treatment while you are being treated with Methadone/Buprenorphine should be discussed by all of the involved doctors. Pregnant women in the program may be required to have additional weight checks, blood or urine testing to monitor their treatment more closely. This is sometimes deemed necessary for the mother or baby's safety.

Early prenatal care, AVOIDING ALL ALCOHOL OR OTHER DRUG USE during your pregnancy, and keeping regular attendance for stable dosing of Methadone/Buprenorphine will enhance your chances of delivering a healthy, normal baby. We also strongly suggest and recommend that ALL TOBACCO USE BE TERMINATED for the duration of the pregnancy as well.

Tapering or reducing your Methadone/Buprenorphine dose level is NOT recommended AT ANY TIME while pregnant.

Pregnancy continued

Because pregnancy may produce more emotional, social and financial stresses, a pregnant woman in treatment will be encouraged to meet more frequently with her counselor and develop strategies to cope with the life changes she is facing. Goals leading towards a healthy pregnancy will be incorporated into the treatment plan.

NOTE: Pregnant females should discontinue the use of “Vitadone” (a vitamin sometimes used by Methadone/Buprenorphine patients) and other vitamins, and consult with their personal doctor, health care provider, or obstetrician before using any vitamins, over-the-counter drugs, holistic-type medicines, or prescription drugs of any type during their pregnancy. Your obstetrician will set you up with the appropriate prenatal vitamins and will advise you concerning other substances. It cannot be overemphasized that everything the pregnant mother does during her pregnancy she is doing for TWO.

Birth Control

We encourage patients not to become pregnant during Methadone/Buprenorphine treatment. All women who could be pregnant are tested before entering our program. However, a woman who becomes pregnant while taking Methadone/Buprenorphine should NOT STOP Methadone/Buprenorphine treatment until after the baby is born. Women who wish to prevent pregnancy should use an effective birth control method. Our doctors can meet with you to recommend places to receive birth control and family planning services.

Drug abuse, physical illness, and stress can all interfere with regular menstrual cycles, so you CANNOT COUNT ON HAVING A PERIOD TO TELL YOU IF YOU CAN BECOME PREGNANT. If you become pregnant, you must inform the doctor immediately.

The clinic will insist on proof of pregnancy and prenatal care. Ask your counselor for an appointment with the clinic’s physician or nurse for more information on birth control. Private Clinic North does not furnish contraceptives but we can give you advice on obtaining them if you so desire.

Urine Testing

Each patient will submit a urine specimen when requested. A same-sex staff member may be required to observe this process in order to verify that the urine submitted is yours. Failure to cooperate is considered a violation of treatment rules and regulations. You may lose your current phase level, not be dosed for the day, or jeopardize your enrollment by refusing to provide a urine sample when requested.

All patients are expected to have urine containing only Methadone/Buprenorphine and approved prescription medication soon after beginning treatment. Private Clinic North tests for all drug categories of abuse. Patients with continually positive urine results for illicit drugs are jeopardizing their treatment and risking their health. Urine specimens are checked for temperature. When there is a doubt about the source of the specimen the urine will not be accepted and another specimen will be required before dosing.

SECTION THREE – DOSING POLICIES

New Patients

Once you are accepted into the program, you will be given your first dose of Methadone/Buprenorphine. After your first dose (on the first dosing day) you must remain in the clinic for 15 minutes. During the first week, our staff will monitor you in order to adjust your dose to the point you feel comfortable and the symptoms of opiate withdrawal begin to fade.

Your primary counselor will follow your progress and be available to you for individual counseling. You must see the counselor at least once a week; however, your counselor or you may feel the need to meet more often. During your stabilization period you will see your counselor a minimum of once a week (or more, if you are new to treatment). After you are stabilized you will see your counselor when needed but no less than one time per month. If you find yourself over-sedated or notice any shortness of breath after your dose you must see the nurse or physician. During initial stabilization of your medication any side effects will be discussed with the appropriate staff members and adjustments, if any, will be made at this point.

Transfer Patients

If you are a transfer patient from another opioid treatment program you may begin once-a-week individual counseling. All transfer patients shall sign a release of information so that Private Clinic North may obtain pertinent records from your old clinic and other medical sources as necessary so that we may appropriately assess your condition and plan your treatment.

Identification Card

Each patient will be provided a laminated clinic identification card following admission to the program. If your card is lost, stolen or misplaced please report this to your counselor immediately so that a new card can be issued. A nominal charge is necessary for replacing ID cards. As a patient of a Methadone/Buprenorphine treatment program, you are required to carry your ID card at all times. This is necessary for your medical safety and legal protection.

Child Care

We do not encourage bringing children to the clinic during dosing hours. If you must bring children to the clinic, **DO NOT LEAVE THE CHILDREN UNATTENDED IN YOUR CAR**. The children must be accompanied by you while you are here and must be within your immediate control. Children must wear footwear while on clinic property. Children are not allowed in the dosing room while you are dosing. Please ask your counselor or a staff member to watch the children while you dose.

Dosing Rules

Dosing hours are 5:30 a.m. to 11 a.m. Monday through Friday and 5:30 a.m. to 10 a.m. on Saturday. The clinic is normally closed on Sunday. Since Sunday doses are generally issued on Saturday, missing your scheduled clinic day on Saturday will result in not dosing on Sunday, so plan ahead.

Please make every effort to be on time for dosing. You should be checked into the clinic at least fifteen (15) minutes before dosing hours are over. Due to the necessary end of day Pharmacy staff requirements the Clinic Dosing Hours Are Firm. The Clinic Pharmacy will close promptly at 11am Monday through Friday and 10am on Saturday. The doors of the clinic will be locked and you will be able to return on the next available business day. Arriving on time to the clinic is your personal responsibility. Please leave early and make advance plans for all traffic, travel, and any roadside hazard delays.

If you are requested to submit a urine specimen this is to be done before receiving your dose. Please do not wear dark glasses in the dosing room. Stand directly in front of the window so that the dosing nurse may observe you at all times. After taking your dose you must speak to the dosing nurse, pharmacist, or observing counselor prior to leaving to assure the staff member that all medication has been consumed. Please do not wait or socialize in the building, hallway or parking lot after you dose for the day.

Fitness to Dose

All patients should be fit for dosing. This includes but is not limited to zero intoxication from alcohol or other drugs. You may be asked to take an Alcohol test or give an In-house urine drug screen to verify fitness to dose. Failure to do so may jeopardize your enrollment at Private Clinic North. We reserve the right to refuse to dose any patient who appears to be intoxicated or impaired in any manner. If you are found to be impaired you will not dose for the day and you will be required to provide a designated driver before leaving the clinic property for your safety.

Patient Flags

Our computer system has “alert flags” so that the receptionist can notify the staff when it is necessary to see you before dosing. You will be notified that you have been flagged and need to see the appropriate person before dosing. The staff member that flagged you must initial your dosing pass before you can dose. Please do not ask another staff member to sign you off so that you can dose without meeting the requirements of the flag.

Dose Changes

During the first week of treatment or after any change in dose, 48 - 72 hours are usually required for Methadone/Buprenorphine to reach its full effect in your body. Do not expect a dose change to be effective during the first day of the change. Methadone/Buprenorphine blood levels are constant for 24 - 36 hours, which explains why you need to take it only once per day.

When to ask for an increased dose: Moderate to severe physical symptoms experienced 4 - 16 hours after your dose may call for a dose increase. You will be asked to see the staff physician for his or her dose determination at this time.

When to hold at the current dose: Patients new to treatment will need more time for the medication to be effective for a 24 hour period. During the first 7 to 10 days some patients may experience mild withdrawal symptoms, anxiety and/or insomnia while others will show few or none of these symptoms. Be patient and allow the Methadone/Buprenorphine to reach its full stability in your body. New patients needs more time for the medication to become effective, not more medication.

When to ask for a reduced dose: Any sensation of being sedated, high, or impaired during first 7 days, however mild may call for a reduced dose. Remember that the dose response/effect will be more pronounced after the next dose, assuming steady state has not been reached. Again, be patient. If you have these symptoms, ask your counselor to take you to the staff physician for his or her dose determination.

Vomiting Your Dose

We may not be able to replace a vomited dose due to DEA, CSAT (Center for Substance Abuse Treatment) or SNA (State Narcotic Authority) regulations. If you are nauseated, consult with the pharmacist, nurse or physician before dosing. Doses vomited at home cannot be replaced. Doses vomited in the clinic and in the presence of a staff member may be replaced with the staff physician's approval.

Missed Doses

Private Clinic North discourages missing any dose you are scheduled to take. It is our position that continued and consistent dosing is a necessary part of treatment. If three (3) consecutive days are missed, your phase and dose level must be reevaluated by the staff physician prior to resuming dosing. A regular pattern of missing your dose may require reevaluation by the treatment team and staff physician to determine if treatment is appropriate for you at this time. An observed In-house urine drug screen will be required upon return.

After missing seven (7) days of dosing and having no contact with the clinic your treatment will be terminated. You may apply to re-enroll and will be considered for re-admission only after evaluation of your prior treatment effort by the clinic treatment team and staff physician. You may also be required to pay a new intake fee. Any day that you miss your dose we ask that you call the clinic as soon as possible and leave a brief message explaining your absence. Missed doses due to hospitalization, incarceration, or other acceptable reasons are excusable if deemed valid.

SECTION FOUR – TAKE HOME MEDICATION

Take Home Doses

Take home medication is a privilege that has been earned because the patient has demonstrated positive progress in opiate addiction treatment. Compliance with clinic rules by giving negative drug screens, having good attendance, and understanding and observing time requirements for a phase up, along with an indication on the counselor's part that the patient has forsaken the drug-seeking lifestyle and can handle the responsibility of take homes will give your counselor the tools needed to recommend you for a higher phase.

IMPORTANT NOTE concerning TAKE HOME MEDICATION: Please be advised that "phase-ups" are NOT automatic. The treatment team, in coordination with the clinic medical director, must review and approve ALL requests for an increase in take home doses.

Just because a patient meets requirements for take homes does not mean that they will automatically get them. The patient's counselor must feel that the patient can handle the responsibility that goes with the PRIVILEGE of being placed on a higher take home schedule. Further note that if the clinic medical director or clinic doctor feels that the patient must be placed on a lower dose or phase level than what the rules allow in order to achieve maximum benefit from their therapy, this WILL be done as ordered regardless of time in treatment, UDS screens, or any other consideration.

All patients new to treatment receive dosing at Phase 1 to start, which gives them a Sunday take home right away (if the patient can be trusted with take homes). In order to receive anything beyond a Phase 1 take home schedule, you must attend four (4) group sessions and give drug-free (Methadone/Buprenorphine only and Rx's as prescribed by your primary care provider) urine drug screens for a minimum of thirty (30) days. Once these requirements have been met, your counselor may evaluate you for a phase increase to the next highest phase.

Medication Management Policies and Procedures

Safe Storage Practices for Medications. All take home medication is dispensed in child proof containers. Patients with take home privileges must have a lockbox to secure take home medications. All medication must be locked in the lockbox before leaving dosing window. Patients are continually cautioned to keep all medications locked and out of the reach of children.

Clinic Diversion Control Plan. Diversion occurs anytime a medication prescribed to one person ends up in the illicit possession of or is illicitly used by another person for whom it was not prescribed. Patients and/or staff that suspect diversion should notify their counselor or clinic administration immediately. The treatment team and clinic administration will determine a course of action to take to correct the situation. The medical and administrative staff has the direct responsibility to carry out diversion control measures and functions for Private Clinic North.

Random bottle checks are conducted by this clinic to ensure patients are not participating in diversion and to emphasize to the patients how serious the clinic is about curbing the diversion that may be taking place among our patients.

Random monthly observed urine drug screens will be conducted and any abnormal screen results will be investigated by the patient's primary counselor.

Patients that are eligible for take homes must agree to participate in the diversion control plan, which is addressed in item 8 of the Criteria Checklist for Phase Advancement. Items of primary concern include, but are not limited to, the following:

AS A PATIENT AT PCN, YOU MUST:

Report to the clinic any attempt to misuse or divert Methadone/Buprenorphine of which you are aware.

Return for medication inspection when requested to do so by the clinic (bottle recall). You will have 24 hours to return with your remaining unconsumed bottles of Methadone/Buprenorphine. Failure to do so will increase your attendance to this clinic (you will be "Phased Down to Phase 1").

Maintain a current address and telephone number on file where you may be contacted.

Give the clinic a copy of all prescription medications as they are obtained from your primary care provider. We need this to keep your chart current. We must send our Doctors Letter to your primary care provider to coordinate treatment services.

In addition to the criteria checklist, patient's eligible for once a month clinic attendance (Phase 27) will provide a security plan for their medication. They will outline how they will keep their doses safe from the time they leave the clinic until the time they come for their next visit, to include home security. In addition, one other responsible adult domiciled with the patient must provide a written statement that discloses that they are aware of the patient's Methadone/Buprenorphine treatment and how they will assist in keeping the patient's doses secure.

LOST OR STOLEN DOSES

Methadone is a Schedule II Buprenorphine is a Schedule III, narcotic and should be considered dangerous. It can be fatal if consumed by a child or someone not addicted to opiates. Your take home doses are a privilege that you have earned and should be considered a trust given to you in your treatment. Methadone/Buprenorphine and all medicines should be stored under lock and key so that unauthorized persons will not have access to them at any time.

If, your take home doses/medications are lost or stolen it must be reported to the police. A copy of the report must be provided to Private Clinic North. Since Methadone/Buprenorphine is a federally regulated narcotic and your bottle label contains your name, losing your doses or having them stolen could result in a loss of confidentiality of your treatment and may result in future involvement with the police.

Lost, stolen, or spilled take home doses cannot be replaced by Private Clinic North and could result in loss of take-home privileges.

REGULAR TAKE HOME DOSES WILL BE PERMITTED IF:

- Amount of time in treatment meets the criteria for the phase increase.
- Urine testing reports show Methadone/Buprenorphine only/approved prescription.
- Attendance is regular and on time.
- No serious behavior problems or criminal activities are reported or indicated.
- Medication is not at risk to be sold or be accidentally left near children.
- No alcohol or other drug abuse is evident.
- Home environment and social relationships are stable.
- Transfer records are on file and meet the above requirements.
- The intake process is complete.

If all of the rules and regulations of the clinic are met including payment of all accounts.

PRIVATE CLINIC NORTH MAY PERMIT TAKE HOME DOSES OF METHADONE/BUPRENORPHINE ACCORDING TO THE FOLLOWING RULES AND RESTRICTIONS:

**Intensive Stabilization Period:
1 to 30 days**

Level of medical services. Patient will meet at least one time per week during the first thirty days with the staff physician. Urine drug screens are collected one time per week for the first thirty days.

Level of counseling services. Patient will meet at least one time per week during the first thirty days for individual counseling.
Level of rehabilitation services. Patient will attend at least four group sessions. An individualized treatment plan will be developed within the first thirty days of treatment and will be reviewed every ninety days during the first year of treatment.

Time Frame: 1 to 30 days

Clinic Phase One (1). Patient attends the clinic six (6) days a week with one take home on Sunday.

Phase 1 criteria. Regular clinic attendance.

Consequence of continued illicit drug use or sporadic attendance. Possible termination from treatment. If the patient tests positive for illicit substances and has time in treatment to be on a "once a month" UDS schedule (patients who have more than 30 days time in treatment or are transferring in to Private Clinic North from another clinic with 30 days or more time in treatment are on a "once a month" UDS schedule), the patient must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Graduated Period:

Time Frame 31 to 270 days

Level of medical services. Patient will meet with medical services at least one time per year for annual physical examination. Urine drug screens are collected one time per month. Additional urine screens are collected as needed.

Level of counseling services. Patient will meet at least one time per month for individual counseling.

Level of rehabilitation services. Patient will attend group sessions as needed. Individualized treatment plans are reviewed every ninety days for the first year of treatment.

Note: A phase exception to dosing may be considered at any time during this period. A phase exception to dosing will place the patient at a higher phase level of treatment as determined and granted by the federal and state government regardless of time in treatment during the first 270 days in treatment. Generally, phase exceptions are granted when a patient has excellent attendance, is compliant with treatment rules and regulations, has produced Methadone/Buprenorphine only UDS screens for not less than thirty days, can show proof of employment and residence, and has a hardship to continued good treatment that can be proven (100 miles from the clinic, caring for ill family members, and so forth).

Consequence of return to illicit drug use. Mandatory loss of exception to level granted by time in treatment.

Time Frame: 31 to 90 days

Clinic Phase Two (2). Patient attends the clinic five (5) days a week with two take home doses, Sunday and one other patient-selected day.

Phase 2 criteria. Regular clinic attendance, completion of four group sessions, and at least one licit (clean) UDS after 30 days. Consequence of return to illicit drug use or sporadic attendance. There is no probation at this phase. You will be reduced to Phase 1. The patient must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Time Frame: 91 to 180 days

Clinic Phase Three (3). Patient attends the clinic four (4) days a week with three take home doses, Sunday plus two patient-selected days.

Phase 3 criteria. Patient meets Phase 2 criteria, plus regular clinic attendance with the last thirty days licit (clean) urine drug screens. Consequence of return to illicit drug use. Thirty day probation in writing, or reduction in phase level to Phase 2. The patient must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Time Frame: 181 to 270 days

Clinic Phase Four (4). Patient attends the clinic three (3) days a week with four take home doses, Sunday plus three patient selected days.

Phase 4 criteria. Patient meets Phase 3 criteria, plus regular clinic attendance with the last thirty days licit (clean) urine drug screens. Consequence of return to illicit drug use. Thirty day probation in writing, or reduction in phase level to Phase 3. The patient must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Time Frame: 271 to 365 days

Clinic Phase Five (5). Patient attends the clinic two (2) days a week with five take home doses, Sunday plus four patient-selected days.

Phase 5 Criteria. Patient meets Phase 4 criteria, plus regular clinic attendance with the last thirty days licit (clean) urine drug screens. Consequence of return to illicit drug use. Thirty day probation in writing, or reduction in phase level to Phase 4. The patient must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Maintenance Period: Time Frame 271 to 731 days or more
Level of medical services. Patient will meet at least once per year with medical staff for annual physical examination. Urine drug screen is collected one time per month. Additional urine drug screens are collected as needed.

Level of counseling services. Patient will meet with counselor at least one time per month for individual counseling.

Level of rehabilitation services. Patient will attend group sessions as needed. Individualized treatment plans are reviewed every 180 days after the first year of treatment.

Time Frame: 271 to 365 days

Clinic Phase Six (6). Patient attends the clinic one (1) day a week with six take homes doses, Sunday plus five patient-selected days.

Phase 6 Criteria. Patient meets criteria for Phase 4 plus additional time in treatment for phase up. Patient has regular clinic attendance with the last sixty (60) days licit (clean) urine drug screens. Consequence of return to illicit drug use. Sixty (60) day probation, or reduction to Phase 5 or Phase 4 (depending on severity of offense — counselor's discretion). The patient must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Time Frame: 366 to 730 days

Clinic Phase Thirteen (13). Patient attends the clinic twice a month with 13 take home doses. Patient selects return day of the week and will return twice a month.

Phase 13 Criteria. Patient meets Phase 6 criteria plus required additional time in treatment for phase up. Regular clinic attendance with the last ninety (90) days licit (clean) urine drug screens. Consequence of return to illicit drug use or less than desired attendance at this phase level. There is NO probation at this phase level. However, patients at this phase level who return positive for illicit prescription drug(s), cocaine or marijuana ONE (1) time do not have to be reduced in phase. They may receive a one time written "state of grace" annually. The patient must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Additional positive returns for any illicit substances automatically return the patient to Phase 6, and the patient must have ninety (90) days of licit drug screens to be reconsidered for Phase 13. Patients at Phase 13 who test positive for all other illicit substances (other than prescription drugs, cocaine, or marijuana as stated above) will be reduced to Phase 6 and must have ninety (90) days of licit drug screens to be reconsidered for Phase 13. These patients must also give at least one additional biweekly (on or about two weeks after the failed screen) UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for.

Phase 13 patients who miss 3 consecutive clinic days must provide an In house UDS and have their phase and dose level evaluated by the clinic Medical Director the day they return to the clinic.

Time Frame: 731 days or more

Clinic Phase Twenty-Seven (27). Patient attends the clinic one time a month with 27 take home doses. Patient selects return day of the week and will return once a month.

Phase 27 Criteria. Patient meets Phase 13 criteria, plus required additional time in treatment for phase up. Time in treatment may be captured from time at another clinic, but Methadone/Buprenorphine only screens for the last year are required regardless of how

the time is captured. Patient must have regular clinic attendance, and the phase up must be ordered by the Medical Director on the patient's "gray sheet." Patient must also meet all written criteria outlined on the Phase 27 Criteria Agreement and must produce written plans on the safe storage of Methadone/Buprenorphine as stated earlier in this handbook.

Consequence of return to illicit drug use. There is NO probation at this phase level. However, Phase 27 patients who return positive for illicit prescription drug(s), cocaine or marijuana ONE (1) time do not have to be reduced in phase. They may receive a one time written "state of grace" annually. The patient will be recalled to give a mandatory biweekly UDS (IAW GA ORS 290-9-12-.16 (a)), which the patient will pay for, and the patient will sign the "state of grace" at this time. While on "state of grace," additional positive returns for any illicit substance will automatically return the patient to Phase 13, and the patient must have ninety (90) days of licit drug screens to be reconsidered for Phase 27.

Phase 27 patients who miss 3 consecutive clinic days must provide and In-house UDS and have their phase and dose level evaluated by the clinic Medical Director the day they return to the clinic.

*** The Administrator, or Clinic Director and Doctor must approve phase increases prior to the patient being phased up.**

Your total amount of time in treatment on Methadone/Buprenorphine began from the first day of treatment, provided there has been no break in treatment of ninety (90) days or longer. Time in treatment at any other Methadone/Buprenorphine clinic may be used to determine your total length of time in treatment, if documentation has been provided.

Special take home doses must be approved by the federal government, state of Georgia, and Medical Director and will require documentation of reason for request. Reasons include illness, personal or family crisis, travel or exceptional circumstances related to employment. Generally, requests for non-emergency take-homes must be made one week in advance.

Once you have received regular take homes, it is your responsibility to maintain them by staying drug-free. You must decide between illicit drug use and take homes.

Methadone/Buprenorphine Maintenance

Methadone/Buprenorphine maintenance is intended to do three things for the patients who participate.

Methadone/Buprenorphine maintenance keeps the patient from going into withdrawal. — The standard initial dose, is determined by the Medical Director or Staff Physician of Methadone/Buprenorphine. After several days the staff physician may adjust your dose as needed. This is a medical decision and not a decision for your counselor. Please ask your counselor to bring you to one of our doctors if you think you need an increase in your medication.

Methadone/Buprenorphine maintenance keeps the patient comfortable and free from craving “street” opioids. — Having a craving means more than just having a desire to get high. It means feeling such a strong need for opioids that people may have dreams about using drugs, think about drugs to the exclusion of anything else and do things they wouldn’t normally do to get drugs.

Methadone/Buprenorphine maintenance blocks the effects of other opioids. — If the patient is stabilized on Methadone/Buprenorphine, it keeps the patient from getting much, if any, effect from the usual doses of other opioids.

SECTION FIVE — DRUG INTERACTION & ABUSE

Prescription and Non-Prescription Medications

Methadone/Buprenorphine may interact with other prescription and non-prescription medications. Patients must turn in prescriptions given to them by their primary care providers on the next clinic visit so that the staff physician may evaluate the prescribed medicine’s appropriateness in combination with Methadone/Buprenorphine maintenance treatment. Drug screens which test positive for substances, even if covered by a prescription, may be ruled illicit if the script is not turned in to the counselor in a timely manner.

If you are taking an over-the-counter (OTC) medication, nasal spray, cold remedy, or other homeopathic-type medicine which does not need a prescription, we require that you tell your counselor as soon as possible. These medicines may cause your drug screens to test positive for illicit substances and may also unbalance your Methadone/Buprenorphine dose, causing you to think your Methadone/Buprenorphine is not holding well between doses. Your counselor is trained to recognize these interactions and to advise you concerning these medicines.

The physician who provided you with the prescription will be contacted in order to assure appropriate medical care is given with regard to your treatment. You will be asked to sign a release of information to the treating physician. Refusal to comply with this request may jeopardize your enrollment in the clinic. Your valid prescription will not be taken from you.

Combining Methadone/Buprenorphine and tuberculosis or seizure medications may cause some unpleasant side effects. Let your counselor, our staff physician, or the clinic pharmacist know immediately if you begin taking these drugs.

Using Narcan, Naltrexone, ReVia, Stadol, Nubain, Suboxone, or Talwin will result in withdrawal symptoms. Do not use these substances or allow these drugs to be prescribed by a health care professional except in case of an overdose.

Be sure to advise ALL health care professionals (including dentists) of your status as a Methadone/Buprenorphine maintenance patient BEFORE they treat you. In this manner you will be assured that they will perform the correct procedures and prescribe the correct medicine and dosage for any co-occurring conditions you may have, and that the medicine they give you will not have an adverse impact with your Methadone/Buprenorphine maintenance.

Methadone/Buprenorphine, in combination with any of the following substances, may cause serious physical injury up to and including death: sleeping pills, (e.g. barbiturates), hallucinogens (e.g., LSD), anti-anxiety medications (e.g. benzodiazepines), anti-depressants (e.g., Elavil), stimulants, (e.g., cocaine or amphetamines), and alcohol. Do not take propoxyphene (Darvon, Darvocet) with Methadone/Buprenorphine as it interferes with the action of Methadone/Buprenorphine.

– Take careful note of the following concerning the use of **BENZODIAZEPINES:**

The use of benzodiazepines and Methadone/Buprenorphine together is very dangerous. The combined use of these substances is synergistic (the total effect of the two taken together is greater than the total effect of the two taken separately). The use of these two substances together can result in a sudden, unexpected, and catastrophic central nervous system failure, which will cause the patient to die.

“Methadone/Buprenorphine and high-dose benzodiazepine-containing medications (valium, xanax, klonopin, ativan, etc.) when taken concomitantly, are synergistic resulting in severe intoxication and a higher risk of injuries like auto accidents or fatal overdoses.”

– (CSAT TIP #43, page 183). Our clinic Medical Director, in keeping with CSAT’s warning concerning benzodiazepine use, has issued the following policy:

“Any use of a BZP, whether prescription or illicit, can cause a harmful interaction with Methadone/Buprenorphine. This increased risk necessitates additional requirement for our clients:

Current patients on a steady RX for *Bzp and Methadone/Buprenorphine dose equal to or greater than 100mg are required to be seen by staff for 2 hours post Methadone/Buprenorphine dose for “sedation observation” (observing for excessive sedation or ataxia). This should occur at least once a year during their yearly physical.

Any patient on a Rx that is increased either (Methadone/Buprenorphine or Bzp) will need a “sedation observation” within 30 days (co signed by clinic M.D. or PA and LPN) on the Physician order “grey sheet.”

Phase 27 is an optimal benefit for those with long term stable dosing. They will be reduced to Phase 13 if a new BZP Rx is obtained, or if Previously approved Patients on 27 have their Methadone/Buprenorphine increased, or BZP is increased, they will be reduced to phase 13.

Illicit (confirmed BZP urine drug screens will cause a reduced phase and probably reduced Methadone/Buprenorphine dose and a “sedation observation” at the earliest possible date). This will be handled individually and necessitate a doctor visit. Every patient is encouraged to not use BZP. This includes Alcohol, non BZP such as soma and barbiturates.”

All patients please note:

LICIT use of benzodiazepines while you are a patient at this clinic is strongly discouraged. If these substances MUST be used for an existing medical condition, their use must only be done under the strict supervision of your primary care provider and our medical director, and must always be covered by a current, valid prescription. Any other use of this type of substance is ILLICIT.

ILLEGAL use of benzodiazepines will not be tolerated at any time. The use of these substances WILL result, as a MINIMUM, in increased urinalysis evaluation (in accordance with Georgia state law), ongoing sedation observations, dose and phase reductions, and likely will result in administrative tapering and discharge from treatment.

Our counselors, medical staff, or pharmacist will be glad to discuss any prescription medication and its interaction with Methadone/Buprenorphine with you at any time.

Other Drugs of Abuse of Special Note

Oxycodone (the “Oxycontin” family and its relatives)

Oxycodone is a long-acting narcotic. Methadone/Buprenorphine is also a long acting narcotic. Combining or mixing Methadone/Buprenorphine and oxycodone can be fatal because of the possibility of overdose! DO NOT combine or mix these two substances at any time. If you have a prescription for this medication, you must sign a release of information for the Private Clinic North to contact the doctor that prescribed the medication. Oxycodone usage is to be discontinued unless verification from your health care provider states this medication is required to treat your condition on a breakthrough pain-type basis and that he or she is aware of your participation in Methadone/Buprenorphine treatment. Careful coordination between physicians must take place and dosing adjustments must then be made to accommodate the use of this substance on a temporary basis.

Cocaine (powder form, “crack,” and other derivatives)

Cocaine is a highly powerful, addictive stimulant. In addition to being inherently dangerous by itself, cocaine has been found to destabilize Methadone/Buprenorphine doses. The results of using cocaine while on Methadone/Buprenorphine maintenance is that you will begin to think that either a) your dose isn’t holding as well as it used to, and you feel like you are in withdrawal, or b) you are free of opiate addiction and no longer need your Methadone/Buprenorphine at all. In either case, you are causing damage to yourself and to your Methadone/Buprenorphine maintenance. You may jeopardize your enrollment at this clinic. Be aware that there are no false positives for cocaine. Only cocaine tests positive for cocaine. Drugs such as Lidocaine, Benzocaine, Novocaine, Procaine, and Xyllocaine do not cause

urine testing to show positive for cocaine (so a quick trip to the dentist will not help you out when using this substance). Cocaine is a serious problem, and we will not tolerate its use by our patients.

Marijuana

Many patients started their careers in drug abuse at a young age with this substance and many still use and abuse it on a regular basis. It is commonly thought by many people that tetrahydrocannabinol (the active ingredient in marijuana – THC) is harmless and non-addictive. Many patients do not even think of it as a true “drug,” but more of a recreational substance. We advise you that it IS a drug, it is ILLEGAL, and that we DO test for it. Its use will cause the patient to be put on probation and to lose phase level just as quickly and effectively the other drugs we test for. Remember that you are here for successful treatment, and that means giving marijuana up, too. Your goal while in treatment at Private Clinic North is to be drug free.

Positive Drug Screens

Positive drug screens, if continued in an ongoing basis, can ultimately result in the loss of all take home privileges and may require that you once again begin dosing in the clinic on a daily basis. Continued positive results could indicate treatment failure and may lead to administrative tapering and discharge.

Private Clinic North Drug Testing

At Private Clinic North, we test for the following substances and their derivatives:

Amphetamines (all amphetamines to include methamphetamines)
Barbiturates (“sleeping pills” such as Seconal, nembital, butalbital, and others)

Benzodiazepines (Xanax, Valium, Klonopin, and all other “hypnotics”)

Cannabinoids (marijuana and all other THC derivatives)

Cocaine (remember, cocaine is cocaine.

There are no “cross-reactions”)

Opiates (heroin, morphine, Dilaudid, fentanyl, and other opiates)

Methadone/Buprenorphine (Methadone/Buprenorphine in any form)

Oxycodone (Oxycontin, Percodan, Percocet, and all other forms of this drug)

If you have a prescription for any of these drugs, consult the physician at Private Clinic North before taking or using the prescription. All prescribed medications must be noted in your chart, and your primary health care provider must be contacted for coordination and approval concerning these substances.

Warning: Over the counter stimulants (white crosses, ephedrine, and the like) and cold remedies/nasal sprays may result in a positive urine test for amphetamines. Confirmations, which the patient will pay for, must be completed on all amphetamine positive drug screens.

Interaction of Methadone/Buprenorphine with Other Opiates

Methadone/Buprenorphine is a synthetic opioid analgesic with multiple actions and side effects similar to compounds such as Dilaudid, heroin, morphine, codeine, Darvon, Demerol, Percodan, and other opiates. The most prominent side effects involve the central nervous system (the brain and spinal cord) and structures composed of smooth muscle. Although the potencies and specific adverse side effects of various opioids differ, the overall effect upon the brain and its subordinate centers, such as the breathing center, is additive. **Be advised:**

IT IS IMPORTANT THAT YOU STOP USING ALL OPIOID DRUGS AFTER YOU BEGIN METHADONE/BUPRENORPHINE MAINTENANCE. CONTINUED USE OF OTHER OPIOIDS DURING THE PERIOD OF STABILIZATION OF YOUR METHADONE/BUPRENORPHINE DOSE COULD BE FATAL!

The major hazards of excessive consumption of any opioid drug in non-tolerant individuals (people who have not used significant amounts of opioids) are:

SEVERE SEDATION, RESPIRATORY DEPRESSION, RESPIRATORY ARREST, CIRCULATORY COLLAPSE AND CARDIAC ARREST. FORTUNATELY, THE ABSORPTION OF METHADONE/BUPRENORPHINE AND OTHER ORAL OPIOIDS FROM THE GI TRACT OCCURS OVER 2 TO 6 HOURS, PROVIDING A WARNING PERIOD OF IMPENDING RESPIRATORY PROBLEMS, such as INCREASING SHORTNESS OF BREATH OR AIR HUNGER. IF YOU EXPERIENCE ANY BREATHING DIFFICULTY OR FEEL UNUSUALLY SEDATED, GO TO AN EMERGENCY ROOM FOR EVALUATION. HOSPITAL PERSONNEL CAN REVERSE THE EFFECTS OF EXCESSIVE OPIOID CONSUMPTION USING A DRUG CALLED NARCAN.

These effects are not as common in persons significantly tolerant of opioids, but they can occur if you continue to use illicit opioids, including “street Methadone/Buprenorphine.”

Use of Alcohol

Excessive alcohol use is particularly dangerous when combined with other sedating drugs. Although alcohol works on a different area of the brain than opioids, it is a central nervous system depressant in its own right and can have an additive effect with opiates like Methadone/Buprenorphine and other substances. Remember that just because alcohol is legal does not mean you are free to use it indiscriminately. Alcohol reduces your inhibitions, slows your reflexes, and has a negative impact on your judgment. If you choose to use it, use it with extreme caution. You are in treatment now and must be vigilant of all mood and mind altering substances and what impact they can have on your body and your treatment. You may be tested for Alcohol.

SECTION SIX – CLINIC POLICIES & EXPECTATIONS

Problem Resolution

The Administrator at Private Clinic North is responsible for the day-to-day operations of this clinic. If you have a problem with any of the policies or procedures or any staff member of the clinic, you are encouraged to speak with your counselor, and then the Administrator, to resolve the problem or misunderstanding. All conversations with the staff concerning problem resolution will be held in the strictest confidence.

Problems concerning your Methadone/Buprenorphine treatment should first be addressed to your counselor. He or she will see to it that you are put in touch with the Administrator, the Medical Director, the Clinic Director or Pharmacist in Charge as the case warrants.

We encourage all patients to offer suggestions and recommendations on how we can better serve you as a patient and better serve the community. Patients have access to the clinic organizational chart, which is found in the policies and procedures manual and posted at the reception window. A suggestion box is located at the reception window. If you have a grievance, please note that a supply of grievance forms is located near the clinic's reception window. The numbers for the Georgia ORS complaint hotline are: 404-657-5728 or 1-800-878-6442.

Fees

Private Clinic North is a private treatment facility. We do not receive public funding in any form. Our facility remains open only if patients pay for their treatment in a timely manner.

We ask that all accounts be kept current. Payments are to be made in advance for a period of one day or for a period of one to four weeks. In the event that a patient elects to pay daily, the rate will be \$12.00 (liquid), \$12.50 (diskette) per day.

A patient electing to pay weekly shall pay \$84.00 (liquid), \$87.50 (diskette) per week.

A patient electing to pay monthly (4 wks) shall pay \$336.00 (liquid), \$350.00 (diskette).

Each patient is offered a receipt for payment.

Buprenorphine does not have a weekly discount. 0.5-8 mgs \$14.00 per day, 9-16mg \$16.00 per day, 17mg and above \$18.00 per day. Guest Dosing patients on Buprenorphine must pay the \$20.00 Guest Dose fee for Day 1 and resume normal daily Buprenorphine fee according to dosage.

Contract for Services

You will be charged for services as you receive them and they must be paid for at that time. The Sunday dosing fee must be paid on Saturday (since we are closed on Sunday).

FEES ARE AS FOLLOWS:

Intake Fee - New	Waived
Intake Fee – Transfer	Waived

LIQUID

Daily Fee	\$12.00
Weekly Fee	\$ 84.00
Monthly	\$336.00

DISKETTES

Daily Fee	\$12.50
Weekly	\$ 87.50
Monthly	\$350.00

BUPRENORPHINE FEES:

0.5-8mg	\$14.00
9-16mg	\$16.00
17mg and above	\$18.00

LAB FEES / DOSING FEES:

Peak and Trough	\$50.00
GCMS	\$25.00
Pregnancy Test (extra)	\$ 5.00

Extra Drug Screens	\$15.00
Alcohol Test	\$ 5.00
In-house Drug Screens	\$15.00
Oral Drug Screens	\$15.00

MISCELLANEOUS:

Lock Box	\$15.00
Copies of Medical Records Over 5 Pages will be	\$.25 Per Page

GUEST DOSING (GUEST DOSING FEES ARE ONLY FOR PATIENT'S GUEST DOSING AT OUR CLINIC)

1st day	\$ 20.00 (includes administrative fee for registration)
Subsequent days	\$ 12.50 per day

Delinquent Accounts

An important aspect of your recovery is to accept the responsibility for paying your account in a timely manner. We cannot allow patients to carry outstanding balances. We only allow one (1) day charging and that charge must be paid on your next clinic day. Non-payment of fees will result in loss of take-home doses; transfer to a public clinic (if one is available), or possible administrative taper and discharge from treatment.

We want you to feel comfortable in your treatment and we provide a pleasant environment for you to do so. In order for the clinic to maintain a high level of professionalism and a quality environment we insist that accounts be paid consistently and on time.

Any variation to normal payment must be approved by persons responsible for clinic finances. Ask to see these individuals when you check in. Do not discuss financial arrangements at the reception or dosing windows.

Misconduct

Our program's goal is to treat our patients with dignity and respect. We make every effort to help our patients feel "at home."

In return, we expect our patients to treat each other, and our staff, with respect. Loitering, abusive or threatening-type language, or arguing with staff or with other patients while at the clinic will not be tolerated. You will always be treated with respect and are expected to return the favor while you are here. Physical threats, assault, fighting, carrying a concealed weapon, brandishing a weapon or any object that can be interpreted to be used as a weapon anywhere on Private Clinic North property (to include the parking and any land owned by Private Clinic) **WILL** result in immediate dismissal. Any and all violations of this nature will be reported to the Rossville Police Department immediately.

Possession of, suspected or confirmed selling or buying, diverting, or in any manner providing or offering to provide, accept, hold, or aid the selling or buying of controlled substances to any patient at Private Clinic North **WILL** result in immediate dismissal from the clinic. Diverting, loaning, selling, buying, or otherwise providing or offering to provide Methadone/Buprenorphine to anyone **WILL** result in immediate dismissal from Private Clinic North. If you are arrested for any crime involving drugs, drug use, drug sale, or drug possession (if you are not the holder of a valid, licit and current prescription for the drug you were arrested for) **WILL** result in immediate dismissal.

Any crime committed against the clinic revokes your confidentiality privileges and rights. That means any theft of clinic property, destroying or damaging clinic property, selling or buying illicit drugs while on clinic property, illicitly and illegally selling or buying Methadone/Buprenorphine while on clinic property, or threatening or carrying out acts of violence or attempting acts of violence against this clinic or its employees will result in the loss of confidentiality and the appropriate law enforcement personnel will be called. In addition, you **WILL** immediately be dismissed from treatment.

NOTE: As a patient at Private Clinic North, you will be subject to recalls to check your bottles and Methadone/Buprenorphine without advance notice and for any reason we deem appropriate. Once called, you will have 24 hours to return to the clinic for the check. Any broken bottle seals (if your bottles are so equipped), missing Methadone/Buprenorphine, or Methadone/Buprenorphine returned that was not obtained at this clinic or is deemed not to be yours in any fashion will result in a permanent, non-negotiable, irrevocable reduction to Phase 1. Private Clinic North is serious about curbing diversion.

If you are dismissed from our care for any of these violations, readmission to our clinic at a later date will be denied and is non-negotiable.

Care of Our Building

Private Clinic North is dedicated to the removal of stigma from Methadone/Buprenorphine treatment. Our commitment is to provide you with a facility that anyone would be proud to enter for healthcare.

We want to keep the premises in excellent condition therefore we will not permit eating, drinking, or tobacco including vaping use in any form in the building. We want to demonstrate to the community that Methadone/Buprenorphine patients, when provided the opportunity, will be respectful and dignified in their treatment and respectful of their surroundings.

If we allow the property and building to become trashy or to fall into disrepair it only confirms the negative comments made by opponents of Methadone/Buprenorphine treatment.

Remember, this is your clinic; if you see anyone damaging or destroying any part of the premises please report this to a member of the clinic staff immediately.

Parking

The front parking spaces are numbered one through ten. These spaces will be the dosing order for the first ten patients arriving at our clinic in the morning.

Parking is limited in our parking lot. Please be sure that you park between the white lines.

It is necessary that you receive your dose and leave the premises as soon as possible for the convenience of others. "Car-hopping" or visiting with friends in the parking lot is especially discouraged as it gives the impression of loitering to our business neighbors. Please remain in your own car until the clinic opens.

Please do not use adjacent or nearby business parking lots to park at any time.

Dress code

Our clinic is located in the business sector of Rossville. The location was chosen in order to provide you with an appropriate environment conducive to a high standard of professional care. You are expected to arrive fully dressed, to include shirts and appropriate footwear. Please respect others as well as yourself and dress appropriately and modestly. If you have questions regarding the terms "appropriately" or "modestly," please see your counselor. We reserve the right to request that the patient return home and don other, more appropriate attire if the need arises, and we further reserve the right to deny dosing for the day if the patient arrives too late to return home to dress more appropriately.

Transfer

If you are transferring to Private Clinic North from your current clinic, we will need your medical records from the date you began treatment. You will be asked to sign a "release of information" so we can obtain your records. It is your responsibility to authorize the request and to follow up on the request until the appropriate records are received. Not every patient who requests to transfer will be eligible. If you wish to transfer to another Methadone/Buprenorphine clinic from Private Clinic North, we will make every effort to cooperate. We will verify your dose and length of time in treatment to the clinic to which you are transferring, and will provide them with all records deemed appropriate.

Guest Dosing

If you are enrolled at Private Clinic North and must guest dose at a remote facility, we will make the appropriate dosing arrangements at the remote clinic for you, if the request is reasonable and if the regulations allow for it. If you are enrolled in a Methadone/Buprenorphine treatment program elsewhere and request to guest dose Private Clinic North, all PCN rules will apply to you. You may be eligible for take-home doses, depending on the regulations of your regular clinic and the regulations of the State of Georgia. Private Clinic North does assist and practice guest dosing for our patients and others in treatment that are traveling to our area.

Provision of Guest Dosing at Private Clinic North

Provisions of Guest Dosing At or Away from Private Clinic North. Private Clinic North may allow Guest Dosing on a case by case basis. Eligibility or Ineligibility is determined when the patient's primary clinic request guest dosing for the patient and sends the appropriate paperwork prior to the patient arriving at the clinic. Guest Dosing must be approved by the Private Clinic North administrative and medical staff.

GUEST DOSING MAY BE APPROVED AT OR AWAY FROM PRIVATE CLINIC NORTH IF:

The patient's home clinic sends complete and appropriate paperwork to Private Clinic North prior to guest dosing. We will send a guest dose request to other programs using our Methasoft Guest Dose request form.

Guest dosing request must be obtained by Private Clinic North 72 hours in advance of the scheduled start date. Our patients requesting to guest dose outside of the program should give us 72 hours notice for processing routine guest dosing request so arrangements can be made with the other providing program.

Guest Dosing is limited to 14 days without resubmission of the guest dosing request, and a maximum of 28 days without the patient returning to their home clinic. The policy remains the same for our patients seeking to guest dose outside of this program.

The patient must have 30 days time in treatment to be eligible for guest dosing, as well as 30 days history of clean UDS documented. Private Clinic North will not guest dose any patient over 120mg Methadone or 32 mg Buprenorphine.

Guest Dosing patients must provide positive identification with photo. Our patients must arrive to the other providing programs with valid photo identification.

Patients have to pay for the day's dose or have to make arrangements for payment. Patient's guest dosing on Methadone will be charged \$20 the first day and \$12.50 each additional day. Patients on Buprenorphine will be charged \$20 the first day and then \$14 for 2-8mg, \$16 for 9-16mg, and \$18 for 17mg and above, each additional day. Our patients must meet the fee obligations and dosing hours of the providing program and this should be determined by the patient prior to departing for the guest dose.

All patients seeking to guest dose must appear physically able to dose and must be well oriented, lucid, logical, and alert. Private Clinic North reserves the right to refuse guest dosing to any patient who may be impaired or over sedated. In the event of over sedation or impairment, Private Clinic North will notify the patient's home clinic of the patient's condition and will refer the patient back to the home clinic for assessment and we will refuse services. The policy remains the same for all of our patients that seek to guest dose at another provider that arrive impaired.

Drug test, if requested by the home clinic or Private Clinic North; have to be performed to the satisfaction of this clinic. Private Clinic North reserves the right to request an in-house UDS to rule out impairment before guest dosing any patient. The patient will be required to pay for the in-house UDS at the time of services. Our patients may be required to provide a UDS by the providing program as well.

Private Clinic North reserves the right to refuse guest dosing for any reason.

In the event of emergency guest dosing, Private Clinic North may use discretion in modifying the above guest dosing requirements for the benefit and safety of the patient.

SECTION SEVEN – FOR YOUR INFORMATION (FYI)

Legal Obligations

Parole, probation, pending cases, outstanding charges, and so forth, should be discussed with your counselor. Private Clinic North can provide your attorney with a complete professional substance abuse evaluation and rehabilitation/treatment recommendations. Information will not be released to any attorney, judge or court officer without your written consent (except when a valid court order is filed with Private Clinic North). Since many probation/parole agreements require you to have weekly counseling, all such patients must see the counselor each week. A judge may issue a court order for drug treatment; this does not include Methadone/Buprenorphine unless you meet all of the federal, state, and clinic guidelines. We do provide drug testing and counseling services in addition to Methadone/Buprenorphine maintenance for eligible patients.

Relapse

Momentary use of illicit or unauthorized drugs after being drug free is called a lapse and is usually only a temporary slip. During your treatment at Private Clinic North, you will learn skills and strategies that will help you prevent a lapse from snowballing into a full-blown relapse with accompanying loss of your drug free goals, loss of family, loss of job and loss of health. For each patient there are unique reasons that trigger a relapse, including subconsciously setting up a situation where it is impossible to resist drug use. Being unprepared for the possibility of relapse is like not having a spare tire with you on a long journey. When you might need it is not the time to wish you had it. Patients enrolled in maintenance can attend group and individual sessions to learn relapse prevention.

Driving a Vehicle or Performing Precision Work

If you drive a motor vehicle or have a job that requires good reflexes or precision, your abilities should not be impaired by your properly prescribed dose of Methadone/Buprenorphine. Your Methadone/Buprenorphine dose, when taken as prescribed, will not affect motor control or motor skills, vigilance, concentration or thinking. If you arrive at the clinic impaired you will not be dosed and we will require for you to provide a designated driver before departing the clinic.

Family

Your family suffered with your drug addiction at its worst and your family can be the most help to you in your recovery. Your relationship with your family, especially your children, and the behavior you display towards them strongly influences the persons they will become in the future.

Studies confirm that the children of parents who drink alcohol and use drugs are at an increased risk of abusing alcohol and drugs. It is very important that you involve your family in your treatment. Your family will need help learning to adjust to your new behavior. Your family is your emotional support system and important to your recovery. Now would be an excellent time to get your family involved in drug prevention and awareness.

Relationships

Loving, caring relationships begin to grow again once real treatment of addiction begins. Self-esteem and self-image are in a state of flux and are central to how you relate to your spouse or significant other. No one likes to talk openly about a problem with intimacy, physical and mental abuse, or sexual functioning, but trying to ignore the problem is a serious threat to Methadone/Buprenorphine treatment and can bring on a lapse or relapse. We encourage you to discuss any unsatisfactory aspects of your relationship with significant others in your life with your counselor and/or physician.

Additional Information

When a patient begins his or her Methadone/Buprenorphine maintenance treatment, constipation is a common side effect. This will soon disappear by itself. It can also be treated by taking a natural fiber laxative. Methadone/Buprenorphine patients may also temporarily experience excessive sweating and should increase fluid intake.

Methadone/Buprenorphine treatment in and of itself does not make a patient gain weight. Patients may gain weight because they are enjoying their food more now instead of worrying about drugs. Watching what you eat and how much you eat, combined with a mild program of exercise, can correct any weight gain you may experience.

Methadone/Buprenorphine doses that are effective do not cause drowsiness or euphoria. The purpose of Methadone/Buprenorphine treatment is to make a patient feel as normal as possible with no drug cravings or sleep disruptions. Methadone/Buprenorphine may cause decreased libido or impotence. This side effect may or may not disappear. Taking a lower dose may help.

Pain Management

Private Clinic North is NOT a Pain Management Clinic. You may not be enrolled in a pain management program while being treated for 304.00 Opiate use disorder. Obtaining narcotics from more than one program or physician at the same time is a FELONY in the state of Georgia. We will monitor all Georgia, TN, and State-wide Linked Pharmacy Databases. We will dismiss you from treatment if you are found to be dually enrolled .

Pain and its management is a frequent concern for opiate users. Methadone/Buprenorphine patients bring these concerns into treatment. Many years of experience with Methadone/Buprenorphine patients demonstrate that following stabilization of one's Methadone/Buprenorphine dose, pain perception returns to a normal baseline. We work hand-in-hand with patients' primary care providers for breakthrough pain relief resulting from medical, surgical, or dental procedures. Dose changes for dental work or surgery can usually be planned for in advance of that type of medical treatment. We ask that you inform your counselor of any impending surgical or dental work so that we may properly coordinate with your health care provider. We also ask that you bring any prescriptions you may receive as a result of these procedures to your counselor on your first post-procedure clinic visit.

Methadone/Buprenorphine Myths and Other Misinformation

MYTH

Makes you gain weight
Rots your bones
Soaks into your bones
Rots your teeth
Makes you ache
Dulls your mind
Keeps you from sleeping
Causes liver problems
Leads to cocaine abuse

MISINFORMATION

Methadone/Buprenorphine is more addictive than heroin or other opiates
Methadone/Buprenorphine gets “washed out” of the body by alcohol
Methadone/Buprenorphine is for losers
No one needs more than 30 mg of Methadone/Buprenorphine
Hard manual labor uses up Methadone/Buprenorphine faster
All prescription drugs are safe with Methadone/Buprenorphine
People on Methadone/Buprenorphine are not “normal”
All over-the-counter drugs are safe with Methadone/Buprenorphine
All holistic-type drugs are safe with Methadone/Buprenorphine

A Brief History of Methadone/Buprenorphine and Other Information

Methadone maintenance was introduced by Doctors Dole and Nyswander in early 1960 and has proven effective in the battle against opioid abuse when combined with psychotherapy and psychosocial counseling. Methadone/Buprenorphine maintenance has been the focus of intensive study, research and investigation which has demonstrated unequivocally that Methadone/Buprenorphine, when properly administered in a treatment program, provides a medically safe, relatively economical and efficacious treatment for narcotic addiction.

Methadone/Buprenorphine maintenance is the most widely employed treatment for narcotic addiction in the United States. Methadone/Buprenorphine maintenance provides daily, long-term administration of oral Methadone/Buprenorphine to prevent withdrawal symptoms, reduce drug craving and drug seeking activities, block euphoria (getting “high”) and stabilizes, supports and supplements the normal balancing mechanism of the brain and nervous system, including neurotransmitters such as endorphins (our natural opiate system). As the body and brain become stabilized, lifestyles, relationships, physical health and mental health become stable. Medically prescribed Methadone/Buprenorphine has no serious physical effects, regardless of time in treatment. The effects of Methadone/Buprenorphine have been studied for over 25 years including several hundred million patient days of use.

For the new patient, Methadone/Buprenorphine begins to be effective after you take your first dose. It takes fifteen to sixty minutes for withdrawal symptoms to begin subsiding.

The most common long-term side effects of Methadone/Buprenorphine are no different than other opiates. Patients may experience constipation, sweating, decreased libido, and occasional swelling in the hands and feet. These complaints usually correct themselves within six to twelve months. If these side effects bother you, please arrange to speak with the Medical Director or staff physician.

Methadone/Buprenorphine patients experience medical problems the same way non-Methadone/Buprenorphine patients do. Medical problems often exist before the client enters treatment, but are not diagnosed because the patient has not previously sought medical care. Medical problems can develop because of poor diet, improper hygiene and many other causes. When you enter treatment, your total health is evaluated and problems are brought to your attention. These problems may or may not be related to your use of drugs other than Methadone/Buprenorphine.

Despite many scientific attempts to determine opiate/Methadone/Buprenorphine equivalency, there is no precise answer to the question of dose equivalency between Methadone/Buprenorphine and other opioids. The correct, stabilizing dose for each patient depends on the amount of opiates used, other drugs used, fluid intake, kidney and liver function, physical condition and perhaps more than any other variable, expectations and suggestions you have heard from other patients.

Methadone/Buprenorphine maintenance has advantages and disadvantages. Advantages include knowing you will always receive the same dose, which decreases anxiety about withdrawal or tapering symptoms. It is much more affordable than a heroin, dilaudid, or a pill habit. It avoids the risks of injecting drugs. It is a legal substance. Methadone/Buprenorphine maintenance can provide additional time for seeking or continuing employment, improving marriage, visiting friends, properly raising children and enhancing your own personal growth.

For some patients, being on Methadone/Buprenorphine maintenance may continue a physiological dependence on opiates and can influence their motivation to be drug free. Becoming drug free requires a major effort involving a sincere commitment to change and the mobilization of significant emotional, physical and spiritual energies. Humans like to “keep the status quo” and do not generally relish thoughts of change.

The fear of being sick after tapering can be a major problem in considering a structured withdrawal from Methadone/Buprenorphine. Learning to overcome these fears is a significant hurdle in your treatment at Private Clinic North.

SECTION EIGHT – TAPERING FROM TREATMENT

Stepping Off of Methadone/Buprenorphine

Sometimes a patient’s goal is to be free of all substances, including Methadone/Buprenorphine, and we encourage this as a final step in your treatment. Because of the long half-life of Methadone/Buprenorphine, abruptly stopping use will result in withdrawal symptoms thirty-six to seventy-two hours after the last dose. These symptoms peak around the sixth or seventh day and disappear in ten to twenty days. Mild symptoms may persist for several weeks or months. Stress, depression, and poor sleeping or eating habits may also cause or exacerbate these symptoms. We do not recommend this form of withdrawal from treatment, as it usually results in failure and relapse.

For those who feel they are ready to leave treatment, we recommend a “medically supervised taper.” In a medically supervised taper, you will work with your counselor and the clinic medical director to formulate a treatment plan to withdraw from Methadone/Buprenorphine a little at a time. Withdrawal symptoms may or may not occur as Methadone/Buprenorphine is gradually reduced to zero. If any withdrawal symptoms occur, these symptoms are generally only temporary in nature. Treating them with certain prescription medications that your doctor can provide, in addition to a regimen of nutritional support, counseling, and other therapy can be successful part of your final stage of treatment at Private Clinic North.

In accordance with this clinic's policy and the federal consent for treatment, eventual withdrawal from the use of all drugs is an appropriate treatment goal. Every patient is evaluated for the feasibility of Methadone/Buprenorphine withdrawal at regular intervals and at the patient's request. The decision to begin Methadone/Buprenorphine withdrawal is a serious one and is dependent upon:

Your progress in counseling.

The absence of any non-prescribed drug in your urine, for a minimum of six (6)

Months prior to the proposed date of beginning tapering.

Your gainful employment, maintenance of disability, attendance in school or status as a full time caregiver for children.

Additional items may be addressed as deemed necessary by your counselor, the treatment team, and the clinic's medical professionals.

Voluntary Tapering

The patient determines that he or she has reached his or her goals and objectives in treatment and are ready to begin a scheduled withdrawal from Methadone/Buprenorphine.

The dose changes and the pace of the taper will be tailored to patient needs and desires as deemed appropriate by the clinic Medical Director. During voluntary tapering, the patient retains the option of asking for a dose change or a return to maintenance status. It is imperative that the patient and his or her counselor carefully consider tapering strategy, readiness to begin the reduction in dose level, treatment planning considerations and other factors before taking the journey of tapering together.

Withdrawal symptoms may or may not occur in a gradual tapering effort. Treating these temporary symptoms with a temporary halt in dose decreasing or even a slight increase, along with the appropriate counseling, is a part of your medical care at Private Clinic North.

In order to encourage your success, Private Clinic North offers free counseling services up to one year for those patients who successfully complete their taper. Each patient seeking this service shall give random drug screens (paid for by the patient), and as long as there are no positive urine drug screen results for illicit drugs counseling services will remain free. Drug tests will be performed at least on a monthly basis.

CONCLUSION

In conclusion, we are here to support and help you in your personal fight against drug addiction. You have come to a point in your life where you have realized that you can no longer "go it alone" and that you need assistance in the battle you wage every day.

We look forward to the opportunity of serving you in any way that we can. We have worked hard to provide you with a treatment facility you can be proud of, and we have a very professional, well trained and dedicated staff in place and at your disposal.

Remember, a journey of a thousand miles begins with the first step. We are here to take that journey with you.

Now is the time to make your choice to start living – again!
Real Help = Real Hope



north

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