

*We help individuals and families affected by drug/alcohol abuse, thereby improving the quality of community life.*



**MedChi**  
The Maryland State Medical Society



**Licensure by the State of Maryland**

**DISCLAIMER**

*We reserve the right to make changes as needed at any time with or without prior notification to the patient. This handbook will be updated periodically.*

# Phoenix Health Center

**MEDICATION ASSISTED TTREATMENT  
(MAT)**

**217 East Antietam Street  
Hagerstown, MD 21740  
Phone 240-420-0000  
Fax 240-420-0002**





## Patient Rights

- At intake, you will receive an explanation and a copy of Patient Rights and Responsibilities, Program Rules, and Grievance Procedure. When revisions are made you will be provided with an updated copy.
- You will be treated with consideration, respect, dignity and as an individual.
- You are entitled to a healthy, comfortable and physically safe facility free from hazards.
- You have the right to privacy and confidentiality of information in treatment.
- You have the right to informed consent or refusal or expression of choice
- You have the right to expect the facility to be operated by an adequate number of competent, qualified, and experienced staff.
- Your records will be kept strictly confidential and will be released only when you give written permission, except in the instances listed on the confidentiality sheet you will be given.
- You have the right to participate in developing and reviewing your treatment plan.
- You have the right to be informed of treatment options services.
- You will be informed of the nature of care, procedures, and treatment that you will receive and evidence-based information about alternative treatments, medications, and modalities.
- We will provide appropriate treatment and/or suggest appropriate alternatives if we refuse to provide you with further treatment. If we plan to discharge you from treatment, you will be given reasonable notice of terminating your treatment.
- You will be informed in a timely manner of any transition of care.
- You have the right to access, request amendment, and receive an accounting of disclosures regarding your health information.
- You have the right to ask your counselor or a supervisor to review the contents of your record with you.
- You have the right to a timely response to requests for a copy of your record.
- You have the right to request to change counselors.
- We will advise you if we are going to assign you a new counselor, or of any proposed change in your treatment and the reasons for the changes.
- You will be provided equal access to treatment. You will not be discriminated against on the basis of gender, race, religion, color, ethnicity, age (18 and over for methadone), marital status, disability, sexual orientation, national origin, and sources of payment.
- You have the right to be free from discrimination, physical, sexual, and psychological abuse; financial or other exploitation; retaliation; humiliation; neglect, harassment, physical punishment, physical restraints and threatening actions.
- If you feel that your rights have not been protected, you have a right to initiate the grievance procedure. You have the right to grieve program decisions including but not limited to discharge and change in status. You will receive a decision, in writing, if you decide to file a grievance.
- If filing a grievance, you have the right to an advocate or to other outside assistance when needed and to appeal to unbiased sources.
- You have the right to request the opinion of a consultant at your expense, or to request an in-house review of your treatment plan.
- You have the right to know that your take-home dose could be taken away as a result of non-compliance of the take home criteria. You have the right to know what steps are needed to regain your take-home dose.
- You have the right to receive treatment in the least restrictive environment that will meet your needs.
- You have the right to be protected from behavioral disruptions of other persons served.
- You have the right to access or referral to legal entities for appropriate representation and to investigation and resolution of alleged infringement of rights.
- You have the right to access self-help and advocacy support services.
- You will be informed of the use of special observation and audiovisual techniques, if applicable.
- You have the right to be informed of risks, side effects, and benefits of all medications and treatment procedures used.
- You have the right, to the extent permitted by law, to refuse specific medications or treatment procedures.
- As appropriate, you have the right to the cost, itemized when possible, of services rendered.
- You have the right to be informed about the source of the facility's reimbursement, for your account and any limitations placed on duration of services.
- You have the right to be informed of treatment options and other agencies from which you may benefit or wish to receive services.

## High vs. Overdose

How do you tell the difference between someone who is really high or overdosing?

- |          |  |
|----------|--|
| High     | ⇒ Pupils will contract and appear small  |
|          | ⇒ Muscles are slack and droopy   |
|          | ⇒ They might “nod out” (but remain responsive to stimulus)   |
|          | ⇒ Scratch a lot due to itchy skin  |
|          | ⇒ Speech may be slurred  |
|          | ⇒ They might be out of it, but they <i>will</i> respond to outside stimulus like loud noise or a light shake from a concerned friend |
| Overdose | ⇒ Awake, but unable to talk  |
|          | ⇒ Body is very limp  |
|          | ⇒ Face is very pale or clammy  |
|          | ⇒ Fingernails and lips turn blue or purplish black   |
|          | ⇒ For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen                |
|          | ⇒ Breathing is very slow and shallow, erratic, or has stopped  |
|          | ⇒ Pulse (heartbeat) is slow, erratic, or not there at all  |
|          | ⇒ Choking sounds, or a snore-like gurgling noise   |
|          | ⇒ Vomiting   |
|          | ⇒ Loss of consciousness  |
|          | ⇒ Unresponsive to outside stimulus   |

## Do's and Don'ts - Responding to Opioid Overdose

- ✓ **DO** CALL 911
- ✓ **DO** support the person's breathing by performing rescue breathing.
- ✓ **DO** administer naloxone.
- ✓ **DO** put the person in the “recovery position” on the side, if he or she is breathing independently.
- ✓ **DO** stay with the person and keep him/ her warm.
- ✗ **DON'T** slap or try to forcefully stimulate the person — it will only cause further injury. If you are unable to wake the person by shouting, rubbing your knuckles on the sternum (center of the chest or rib cage), or light pinching, he or she may be unconscious.
- ✗ **DON'T** put the person into a cold bath or shower. This increases the risk of falling, drowning or going into shock.
- ✗ **DON'T** inject the person with any substance (salt water, milk, “speed,” heroin, etc.). The only safe and appropriate treatment is naloxone.
- ✗ **DON'T** try to make the person vomit drugs that he or she may have swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

## *Patient Responsibilities*

### WHAT IS A MEDICATION RECALL?

Patients are contacted and informed of time frame to return to PHC, generally, this call is made by one staff and witnessed by another staff member, or is made by management or physician. The patient must return to the program in the time frame given by staff, patient must return with all medication dispensed intact and secured in lock box. Staff will verify, document medication amount and condition. If PHC staff attempt a medication recall on a patient and the CONTACT phone number listed does not allow staff to access the patient, (disconnected, out of minutes, fake number given, family member) and that patient does not show up at PHC within the set time frame (usually less than 24 hours),

#### **THIS IS A FAILED MEDICATION RECALL**

Patient is subject to lose all TAKE HOME MEDICATION PRIVILEGES

It is the responsibility of **THE PATIENT** to update contact information.

HINT- If you receive take home medication and you will be out of town, you should inform your primary counselor or supervisor/management prior to your trip to avoid issues.

Removal of take homes will not be debated with patients.

### I ONLY HAVE A SUNDAY PROGRAM CLOSURE TAKE HOME, HOW DOES THIS EFFECT ME?

#### **PHC WILL BE CONDUCTING SUNDAY TAKE HOME MEDICATION RECALL**

The same rules stated above apply in reference to contacting a patient.

#### **THERE WILL BE NO DISCUSSION**

**Please understand that you are being informed /reminded of this compliance check so that you may correct your own NEGATIVE behavior.**

\* TO BE ENROLLED IN MEDICATION ASSISTED TREATMENT YOU MUST HAVE A VALID CONTACT NUMBER

**Medicaid provides cell phone services to those whom qualify.**

### WHO SHOULD EXPECT A MEDICATION RECALL?

Any patient in treatment can expect a medication recall at least once a month, if not more often.

**Questions about Medication Recalls can be addressed with management.**

- ⇒ As a patient of Phoenix Health Center Medication Assisted Program, you have certain responsibilities and are required to:
- ⇒ Keep scheduled appointments
- ⇒ Appear for dosing and scheduled sessions not under the influence of alcohol or drugs
- ⇒ Maintain the confidentiality of other patients in treatment
- ⇒ Treat the property of other patients and of the Phoenix Health Center with respect
- ⇒ Conduct yourself in an appropriate manner : no verbal or physical abuse/ threats or illegal drug activities will be tolerated on premises or surrounding areas
- ⇒ Provide complete and accurate information and notify staff of any changes in your household. Update staff with address, phone number, insurance coverage information & emergency contact information
- ⇒ Make payment prior to dosing or dosing or receiving take home medication
- ⇒ Accept responsibility for the consequences of behaviors & refusing treatment recommendations
- ⇒ Follow medication safety and utilize lock box for take home doses
- ⇒ Keep cell phones out of the dosing area
- ⇒ Food and drinks are not permitted in the building
- ⇒ Allow other patients privacy at the dosing window
- ⇒ Remain in the designated areas
- ⇒ Wear appropriate clothing: no sleepwear, revealing clothing, or clothing with drug/ alcohol advertisements
- ⇒ **All patients are required to read and sign the Drug Testing Policy & Verification of Dual Enrollment Consent to other addiction treatment programs, pain management, pharmacies, and mental health providers within 100 miles.**



## Services Available

- ✓ Assessment & admission physical exam
- ✓ Evaluation and treatment planning for substance use disorder
- ✓ Methadone maintenance
- ✓ Buprenorphine treatment
- ✓ Vivitrol injections
- ✓ Medication assisted treatment for non-opiate substance use disorder
- ✓ Individual and family counseling and group therapy
- ✓ Testing for initial induction, TB, Hepatitis B & C, and syphilis
- ✓ Education for individuals and families
- ✓ Community linkages
- ✓ Crisis intervention
- ✓ Intensive outpatient program (coming soon!)
- ✓ Mental health medication management
- ✓ Tobacco cessation



## Program Objectives

The program objectives have been established to help patients become self-sufficient and to restore dignity to patients suffering from the disease of addiction. Patients are responsible for their treatment. The objectives include:

- ✓ Achieving a stable lifestyle
- ✓ Remaining free from use/ abuse of illicit drugs
- ✓ Continuation of education and/or achievement of regular employment
- ✓ Remaining free from criminal activities
- ✓ Improvement of interpersonal relationships
- ✓ Active involvement in recovery and treatment
- ✓ Reducing the risk of harm to patients, families, and the community

## DO I COME HERE EVERY DAY?

You will attend treatment Monday through Saturday. You will need to bring your lock box on Saturday to receive your medication for Sunday. Please store this medication in your lock box in an area that is not accessible to children or visitors. You will have the chance to earn take home medication by participating in treatment.

## WHAT IF I NEED TO GO OUT OF TOWN- GUEST DOSE?

Guest dosing request require at least 7 day notice and are subject to approval of the guest program.

You must have been in treatment for at least 90 days.

You must provide address of where you will be staying, sign a statement of understanding medication. Patient must review a statement of understanding about medication security and safety if take homes are given.

Sign consent for guest clinic.

Insurance will only cover in the state of Maryland,

Guest dosing for a length of time greater than 7 days and approval is evaluated based on individual situations by the insurance carrier not PHC.

## WHAT IF I NEED TO GO OUT OF TOWN- SPECIAL EXCEPTION REQUEST?

Exception request require 7 day notice.

You must have been in treatment for at least 90 days.

Negative UDS results.

Proof of situation/circumstance.

Patient must review a statement of understanding about medication security and safety.

Additional requirements per situation.

State and Federal approval may be required and may take up to 48 hours.

**REQUEST WILL NOT BE COMPLETED UNLESS THIS PROCESS IS FOLLOWED.**

## ANNUAL UPDATES

Annual updates for program information are needed to continue treatment. Patients will be required to sign documents, have a TB test and complete a standard program physical appointment to renew your medication order.

**Failure to meet these requirements will result in program discharge.**

## HOW LONG DOES A MEDICATION CHANGE TAKE TO PROCESS?

Medication changes are to be requested with your primary counselor ONLY. This process can take up to 48 hours after the paperwork is correctly submitted and may not always be approved.

## **WHY AM I ON HOLD IF I DONT NEED ANYTHING FROM MY COUNSELOR?**

- Intervention-Positive UDS
- Treatment Plan Review
- Non- compliance with program rules- Requiring a Treatment Agreement
- No contact-Check in
- Missed Appointment
- Insurance Issues

**PLEASE REMEMBER THIS IS TREATMENT....  
YOU ARE REQUIRED TO PARTICIPATE**

## **HOW DO I SCHEDULE AN APPOINTMENT WITH THE PROGRAM PHYSICIAN FOR BEHAVIORAL HEALTH RELATED ISSUES?**

Schedule an appointment with your counselor to discuss your needs. Your counselor will request an appointment with the doctor. You should receive an appointment card with your appointment time and date at check in within 3 days. Patients that have failed to attend appointments with PHC will be referred to their Primary doctor.

## **WHAT IF I NEED A LETTER?**

If you need a letter for any reason, including a letter of compliance for parole, court, DSS or any agency: Schedule to see your counselor WITH at least 48 hours for management to complete the letter

At the appointment you will need to: Sign the consent to release information that includes the name of the person, agency, address, contact phone and fax number that PHC is releasing to, a list of information that you would like to have released, the reason that you need PHC to release this information.

Your counselor will advise you of your current compliance level, and applaud your success or discuss with you what needs to be done to achieve a higher compliance.

Your counselor will complete a request, attach the information and this request will be completed by supervisor/management.

## **WHEN DO I NEED A SIGNED CONSENT FOR RELEASE OF INFORMATION?**

Anytime you want PHC to release or receive information about you to anyone. Please be aware that compliance reports are requested by DSS-TCA and Parole and Probation on a monthly basis, you must have a signed consent to release information on file. Please check with your primary counselor to avoid issues with your worker/agent.

## **WHO HAS A MONTHLY OBSERVED URINE COLLECTION?**

Any patient enrolled in treatment may have an observed UDS at any time.

## ***Patient Must Provide:***

- ⇒ Photo ID & insurance information (if claims will be sent)
- ⇒ Current address and valid contact number
- ⇒ Emergency contact number
- ⇒ Signed admission forms
- ⇒ Urine drug screen
- ⇒ Lock box

## ***MAT Program Admission & Procedure:***

- ⇒ Our primary service area is Maryland and surrounding states.
- ⇒ Patients may be admitted from other areas on a space-available basis
- ⇒ Request for admission to the MAT program can be made during regular clinic hours
- ⇒ Admission to this program is voluntary. Conventionally, patients must be 18 years of age or older. Services for adolescents may be available. (Federal exceptions may apply)
- ⇒ MAT patients must have a one year history of opiate addiction
- ⇒ Patients who are pregnant will be notified within 24 hours of contact
- ⇒ High risk, HIV, or Hepatitis C positive patients are given priority and will be notified within 48 hours of contact
- ⇒ Patients that are determined to be inappropriate for our services will be assisted in finding appropriate placement
- ⇒ The program does not discriminate based on age, sex, marital status, race, ethnicity, religion, sexual orientation, or physical disability. Anyone who believes he/she has been discriminated against may use the appropriate complaint procedure.
- ⇒ Patients are scheduled for an admission intake to include administrative, clinical, and nursing forms and information. An evaluation with an addictions counselor will be completed. A fee assessment, physical exam, and lab work (including drug screen) will be completed.
- ⇒ Patients are expected to attend individual and group counseling as determined by their counselor.

## ***Discharge Planning:***

When a patient is discharged from the program, a plan for discharge will be developed whenever the circumstances of the discharge allow this to occur. The patient will be given aftercare instructions and community links as resources for obtaining follow-up drug-free counseling if desired. Patient will also be encouraged to join a drug-free support group that will aid them in their recovery.

## Fee Assessment

Payment is expected (cash, certified bank check, or money order) at the time of check in for every day you are enrolled in the program. PHC allows patients to charge up to \$39.00. There are daily, weekly, and monthly rate options of payments. Missing a dose, counseling session, or physician assessment will not discount the payment rate.

- Take home medication will not be SUSPENDED for a patient that has a balance in excess of \$39.00.
- Failure to pay program fees will result in a scheduled payment plan. Failure to pay as agreed per the scheduled payment plan will result in administrative medication taper due to non-payment of program fees.
- Certain lab fees are included in self-pay rates. Insurance will be billed directly by the lab performing the tests. Patients will be informed prior to the testing of non-covered tests.
- EKGs are the patient's responsibility unless approved by insurance carrier.
- Special dosing charges apply when nursing staff must return to the program to assist patients with extenuating circumstances.
- Intensive outpatient counseling services, after care group, or individual counseling and private counseling services are billed separately and may be covered by insurance.



## Insurance Coverage

- Phoenix Health Center will submit claims to Maryland Behavioral Health option, Beacon Health.
- If your coverage ends or lapse for any reason at any time, you are responsible for payment of any services you have received.
- PHC will not be responsible for third party claim submission or accept payment of claims by non-contracted payers.

## Question & Answer Section

### WHO IS MY PRIMARY COUNSELOR?

Patients must address all treatment issues with their **primary counselor**. Please ask reception who your primary counselor is and where their office is located. Reassignment requests are to be addressed with Supervisory Staff; this can be scheduled by reception when you check in.

### WHAT SERVICES REQUIRE AN APPOINTMENT?

It is always best to have a set weekly scheduled appointment with your counselor to ensure your treatment needs are met.

You may schedule appointments with your counselor.

Appointments will need to be scheduled with counselors for:

All dose-related requests— increase, decrease, take home, guest dose, medical appointment requests, treatment plan review, individual sessions, and compliance letters.

### WHAT SHOULD I DO IF I NEED TO SPEAK TO MY COUNSELOR?

If you know you need to be seen prior to arriving, be proactive and call to schedule an appointment on your way to the clinic: 240-420-0000

Upon arrival report to your counselor's office to see if your counselor is available.

### WHAT DO I DO IF I NEED MY COUNSELOR AND THEIR DOOR IS CLOSED OR THEY'RE WITH ANOTHER PATIENT?

Option 1- Go to check in and ask to schedule an appointment for later in the day.

Option 2- Have a seat and wait until their door opens and they are free.

### SHOULD I INTERRUPT?

No, **PLEASE** do not open office doors or knock if the slider says in session and an office door is closed. If the door is closed that means PHC staff are with a patient or they're unavailable to assist you. Please do not wait in the hallways, or stand in doorways; you must have a seat in the waiting room.

### WHAT IF MY ACCOUNT IS ON HOLD BUT I CANNOT WAIT FOR MY COUNSELOR?

If allowed by the HOLD note placed on your account by your primary counselor. The receptionist at check in and other counselors or staff will not have the ability to remove this HOLD.

### WHAT IF I FAIL TO ATTEND GROUP OR INDIVIDUAL SESSIONS?

If I fail to attend the treatment outlined in my treatment plan I may not be medicated until I have completed the required treatment. Medication is only part of my treatment.

## Health Care

### Patients are encouraged to:

Receive Hepatitis A & B immunizations & HIV Testing at the Health Department.

### Patients are expected to:

Have a primary care provider (PCP). (List of PCP's is available)  
 Sign written consents for PCPs and other health care providers.  
 Inform staff of any changes in health problems.

Follow medical treatment prescribed by their PCP and/or specialists.

Understand that this program is not a primary care clinic. Patients will be referred to other health care providers for acute or chronic medical/dental problems.

Certain services, however, are available. Discuss this with the Medical Director.

Obtain prenatal care if pregnant. The staff will assist patients in obtaining these services or other specialized treatment as appropriate

### Patients are required to:

Receive an annual physical and TB test, which is provided by the program.  
 Inform staff if you are pregnant.

## Community Resources

Family Healthcare.....	301-745-3777
Washington County Health Department.....	240-313-3200
Washington County Parole & Probation.....	Phone: 240-420-5140
Washington County Parole & Probation.....	Fax: 301-791-5745
Washington County One Stop Job Center.....	(301) 393-8200
Washington County State's Attorney's Office.....	(240) 313-2000
Washington County Office on Disability Issues.....	(240) 313-2077

- |                                |                                       |
|--------------------------------|---------------------------------------|
| • AA/NA Al-Anon meetings       | • MD Pharmacy Assistance Program      |
| • Brook Lane Health Services   | • Office of Consumer Advocacy         |
| • Community Action Council     | • Potomac Case Management             |
| • CAMEO House                  | • REACH                               |
| • DADS' Connection             | • W House                             |
| • DSS Programs                 | • Wells House                         |
| • Hospice of Washington County | • Washington County Health Department |

## Program Hours

- Dosing hours are determined by the needs of patients.
- The **current** regular dosing hours are:  
 ⇒ Monday– Friday 5:00am to 11:00am, 3:30pm to 5:00pm
- Saturdays and certain listed holidays: 5:00am to 11:00am
- Sundays and certain listed holidays: Closed

**IT IS THE PATIENTS' RESPONSIBILITY TO BE AT THE CLINIC TO BE DOSED DURING SCHEDULED HOURS**

- General clinic hours are:  
 ⇒ **Monday– Friday:** 5:15am to 6:30pm  
 ⇒ **Saturday:** 5:15am to 1:00pm



## Confidentiality

This program is obliged under federal and state regulations to obtain patients' consent prior to the exchange of any clinical information with any other agency or organization. Exceptions to the above may include:

- ⇒ Medical emergencies
- ⇒ Suicide/ homicide risks
- ⇒ Court-ordered releases
- ⇒ Suspicion of child abuse or neglect
- ⇒ Audit, research, or program evaluation
- ⇒ Threatening to commit a crime at the clinic, committing a crime, or against a person who works for the clinic.

# Complaint/ Grievance Procedure

You are guaranteed certain basic rights while a patient at the Phoenix Health Center Medication Assisted Treatment Program. We maintain professional and ethical levels of services; however, there could be a time when you wish to file a complaint or grievance against the program or its personnel. The following are procedures you, as a patient, would use to report any violation of your rights:

*Complaints= less severe in nature*

*Grievances= more severe in nature*

## Reporting:

You may report a violation to any employee of the program by using the complaint/ grievance form provided in the waiting area or at your request. The employee is required to report the violation to the risk manager as soon as possible.

A supervisor will evaluate the severity of the violation. Critical incidents will be evaluated within two working days. The supervisor will carefully assess professional, ethical, and/or legal aspects of the violation. If the severity of the complaint/ grievance prevents resolution at this level, the Risk Manager will be contacted. Within two working days, the critical complaint/ grievance will be INVESTIGATED & EVALUATED. If unresolved, or an unethical or illegal behavior documented, the complaint/ grievance will be REVIEWED BY the Executive Committee. Within five working days, the complaint/ grievance will be evaluated. At each level of review, a detailed documentation of all action taken in the complaint/ grievance will be made. Individual reports will indicate who, what, where, why, and how of the incident.

## Regulatory Agency:

Issues not resolved internally will be dealt with consultation of the State Opiate Treatment Authority, Alcohol and Drug Abuse Administration, or the Attorney General's Office if necessary. You may participate in this grievance procedure without action being taken that results in retaliation or barriers to service.

**You will be informed in writing of the disposition of a formal grievance by the supervisor of the program.**

## Appeal:

You have the right to appeal unbiased sources.  
Alcohol & Drug Abuse Administration State Methadone Authority  
55 Wade Avenue Catonsville, MD 21228 410-402-8636

**Suggestions may be placed in the suggestion box near the medication windows.**

# Communicable Disease

## HIV

**HIV** is the virus that causes AIDS. HIV damages and weakens the immune system. It is passed from infected people by:

- Sexual intercourse (vaginal, oral, anal)
- Blood (sharing needles or works)
- Mother to baby (pregnancy, childbirth, breast feeding)

**It is NOT passed by casual contact such as:**

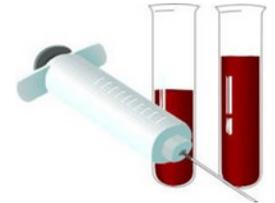
- Hugging or kissing
- Sharing utensils or food
- Tears, sweat, or saliva
- Urine or toilet seats

You are at risk if:

- You or your partner have had more than one sexual partner
- You received a blood transfusion prior to 1985
- You have shared needles or works

You can protect yourself by abstinence, having one sexual partner, having protected sex, and not sharing needles or works.

- Treatment for HIV is available, we can facilitate the referral.
- Confidential counseling is offered.



## Hepatitis

**Hepatitis** is an infection of the liver. There are several types of hepatitis. The most common types are A, B, and C.

Hepatitis A is spread by contaminated food, water, and feces. Hepatitis B and C are spread by blood and body fluids.

The most common symptoms of Hepatitis C are:

- Muscle and joint aches
- Fatigue
- Vomiting
- Diarrhea
- Jaundice
- Abdominal discomfort
- Dark urine or light colored stool

Some people may not have any symptoms for several years but are still infected and can infect others. Hepatitis can progress to irreversible liver damage. Vaccines are available for Hepatitis A and B.

## *Visitors*

Phoenix Health Center welcomes families and loved ones to attend scheduled treatment appointments. All visitors must check in with staff, sign a confidentiality form, provide photo id and be approved by management.

Only patients who are to be medicated are allowed to stand in the dosing line, children may stand with their parent but cannot be at the dosing window.

## *Parking Lot*

Parking is conveniently provided in designated areas. Do not park under the carport. Do not park in reserved or handicapped spaces, unless you have a handicap permit or license. Do not block the entrance to the program. Do not leave children or animals unattended in the parking lot. Accidents occurring in the parking lot are the responsibility of the driver. Hit & run incidents will be reported to local law enforcement when requested. License plate information can be given to law enforcement in the event that there is a hit and run or if an injury has occurred.



## *Loitering*

Loitering on or around program property is not allowed as it may be a trigger for illicit drug use for some patients. Loitering attracts attention from law enforcement agencies, and causes complications for others. Patients are to leave the property promptly after being medicated or after appointments. Continued loitering may result in required attendance to specific groups, scheduled dosing time, loss of take home privileges or discharge from the program. Patients must wait inside the building if it is necessary to wait for a ride. Patients are not to ask other patients for money, cigarettes, lock box or rides. If someone drives you to the program they must remain in their vehicle. Walking around the parking lot or engaging other patient is not acceptable.

## *Medication Used in Treatment*

Medication Assisted Treatment (MAT) is a term used for treatment of opiate addiction using medications approved for such use (methadone and buprenorphine are examples). The word "opioid" refers to naturally occurring and synthetically produced substances that have effects similar to morphine. Opioids are used to decrease the sensation of pain. Some naturally occurring opiates include codeine and morphine. Synthetic opiates include: Demerol, Percodan, and methadone. Patients may experience withdrawal symptoms if the use of opiates is ended abruptly. Medication is used as part of a treatment program. MAT may be continued as long as the patient desires or benefits from the treatment. We provide Naloxone (Evzio) access and training for opiate overdose emergency use.

## *Side Effects*

Some patients may experience minor side effects like dry mouth or constipation. These side effects should subside over time. Educational handouts are available for both of these issues. Methadone can produce psychological and physiological dependence. **Adverse reactions can be life-threatening and require immediate emergency care. These reactions may include shock, cardiac arrest, respiratory depression, or excessive sedation. Call 911 or go to the nearest hospital emergency room if any of these symptoms are present.**

## *Prescription & Over the Counter Medications*

Patients are expected to notify the treatment team of any medication, prescription, herbals/ supplements, and over the counter, being used. Some medications may interfere with the methadone or Buprenorphine and lead to withdrawal. Medications that should be avoided include: Naltrexone, Naloxone, Buprenex, Stadol, Nubain, Talwin, and Pentazocine. Some medications may lower the blood levels of methadone and cause symptoms of over-medication. Protease inhibitors (medications used for HIV treatment), psychoactive medications (benzodiazepines, sedatives, and certain antidepressants), and some over the counter medications may also interact with methadone and cause changes in blood levels. Large doses of Vitamin C may also affect methadone blood levels. Ask the nursing staff or physician if you are uncertain. It is the patient's responsibility to report all medications (including over-the counter, herbals and supplements) to the treatment team and their care provider.

## *Other Interactions*

There are some foods that may alter the effects of methadone (such as grapefruit juice) if taken with methadone. Hepatitis B and C and personal differences in metabolism, (example: age, ethnicity, hypothyroidism) may also affect your methadone blood levels. If you have any questions, please check with program staff.

## *Dosing*

Methadone and Buprenorphine dosing is individualized. Patients are expected to work closely with the treatment team to determine appropriate dose levels.

Methadone and Buprenorphine have three primary functions: Prevent withdrawal symptoms for 24 hours or more; reduce or eliminate drug cravings; block the euphoric (high) effects of opioid use.

Blood may be drawn to determine therapeutic methadone dose levels. Long-term treatment with medication is a medical procedure. Patients are expected to notify staff if they are experiencing any adverse effects. Dose increases or decreases will be handled by the counselor, requiring verification from supervisory or senior staff and approval with medication order from the program physician. This may take up to 48 hours.

Patients may request dose changes at any time.

Patients may voluntarily medication tapering at any time. Patients are strongly encouraged to discuss this decision with their counselor or a member of the treatment team. Voluntary dose reductions are individualized and the staff will work closely with the patient in determining an appropriate schedule. Patients wishing not to follow the instruction of program physician must sign a voluntary medication taper form.

Female patients may be tested for pregnancy prior to voluntary dose reductions.

## *Dosing & Being Under the Influence of Drugs and/or Alcohol*

Any patients entering the clinic that are, or appear to be under the influence of drugs and/or alcohol will be evaluated prior to receiving their dose of Methadone or Buprenorphine.

**DRUGS:** The patient will be asked to provide a urine specimen for immediate results. The nurse and counselor will assess the effects of the drug on the patient **and** the nurse will contact the team physician who will decide if there will be a change in dose. MAT staff will continue to monitor dosing and drug use.

**ALCOHOL:** The patient will be tested for their breath alcohol level with the Breathalyzer. Based on test results the nurse reserves the right to withhold or reduce the Methadone dose. You will need to make arrangements for transportation to leave the program.

## *Behavior Guidelines & Consequences*

This is a private medical service whose employees serve the interests and observe the rights of many people.

The following behaviors may result in immediate medication tapering and discharge from the program.

- ⇒Loitering
- ⇒Vandalism
- ⇒Disruptive behavior
- ⇒Theft from the program or other patients on the premises
- ⇒Providing false information
- ⇒Diversion of methadone to any other person
- ⇒Selling or buying illicit drugs on clinic property
- ⇒Possession of firearms or dangerous weapons on clinic property
- ⇒Striking or assaulting (or threatening to do so) any staff or other patients
- ⇒Suspicion of criminal intent or criminal activity against this clinic or staff

## *Security*

Privacy and confidentiality are paramount. The security cameras are placed for the protection of our patients and staff when applicable.

## *Smoking Policy*

The Phoenix Health Center Medication Assisted Treatment Program has a no smoking policy inside the building. This includes vapor cigarettes. At no time should patients be within 100 feet of the building smoking. **Do not stand at the front door and smoke.** Patients and Visitors should not be standing in the parking lot or surrounding areas smoking.



## Drug Testing

Random drug testing is a Federal regulation. All patients are required to read & sign the Drug Testing Policy. Failure to provide a sample when requested will result in a refusal positive. Your medication will be adjusted according to policy for your safety.

### *Refusal to Provide Drug Testing Sample*

A Urine Sample must be given when requested, any time or any day, as often as staff deems necessary. Failure to provide will result in a refusal/positive result. Continued failure to provide will result in a Medication taper (administrative taper) and discharge, as providing a urine drug screen is required as part of your compliance with treatment. A refusal/positive result drops your dose by 10% each week and removes any earned take homes. Failure to provide will result in a 10% decrease each week until the medication taper is complete.

1 observed benzodiazepine/barbiturate negative UDS sample will hold you from continuing to drop 10% every 7 days, a 2nd observed benzodiazepine/barbiturate negative UDS sample given at least 3 days after the 1st is required to resume/increase your dose and at the discretion of staff to regain any removed take home medication.

There are no exceptions to urine drug screening, it is a FEDERAL regulation. Your counselor, nursing staff or management cannot excuse you from providing a urine sample on the day it is requested. Management may in certain situations be able to accommodate a later in the day observed testing time but this will need approval and you will still decrease 10% the day of the request! Failure to return to provide will yield the same consequences mentioned above.



## Breathalyzer

Patients may be required to take an alcohol breath test at any point during treatment. Positive UDS results of Ethanol will result in a decrease of medication and required breathalyzer testing for a minimum of 3 days.

## Dosing Line

**Please stand behind the tree at the top or bottom of the red carpeted steps if someone is dosing. EVERY patient is to have privacy, regardless of your relationship to the patient or your need to rush the patient in front of you.**

The dosing nurse will say next or the patient will say next when they have finished or if the 1<sup>st</sup> window is open. If you are in the dosing area when it is not your turn to dose, Phoenix Health Center staff will ask you only **1 time** to go to the red carpeted area. Repeat issues with waiting in the assigned area or any discussion of any kind when you are asked to move will result in you moving to the end of the current.

### *Take Home Guidelines:*

All patients with a lock box will receive a take home dose when the clinic is closed for certain holidays and Sundays. Additional take home medication is provided to the patients as a result of progress and recovery in treatment.

Patients must have a working telephone contact number at all times and be willing & able to return for medication recalls.

**Take homes are a privilege, not a right.** Transfer patients with take home medication will be evaluated by program staff will be evaluated

**Federal, state and clinic regulations to earning take homes are:**

- ⇒Absence of opiates, alcohol, and abuse of prescription/nonprescription drugs, including marijuana.
- ⇒Regular clinic attendance. Weekly requirements must be met.
- ⇒Compliance with treatment plan.
- ⇒Length of time in program, attendance, and level of treatment
- ⇒Absence of serious behavioral problems
- ⇒Absence of known recent criminal activity
- ⇒Stability of patients home environment and social relationships
- ⇒Rehabilitative benefit outweighs potential risk of diversion
- ⇒Hardship in traveling to and from program, patients work, school, daily activity.
- ⇒Understands the risks of accidental methadone poisoning of children and family members
- ⇒Accountability, Medication safety and Safe storage of take home medications
- ⇒Financial accounts must be up-to-date
- ⇒Return of all empty take home bottles (or unused medication) at next clinic visit.

## Lock Box

All patients must have their own lock box for take home medication to be given.

**No lock box (with patient number and lock )= No take home.**

Couples may not share a box.

Please have your lock box open with the key and ready when you get to the check in window. Patients sharing lock boxes or borrowing from others will have take home privileges suspended for all involved parties. This will result in Sunday guest dose to Martinsburg. Patient will be responsible for guest dose charge.

## *Loss of Take Home Medication*

- Non-compliance with any of the take home criteria
- Exhibiting withdrawal symptoms
- Required more frequent clinical attendance due to concurrent disorder.
- Non-compliance with treatment for acute/chronic medical/psychological disorders.

## *Take Home Recall*

Take homes can be recalled at any time. Failure to comply with a recall may result in the loss of all take home privileges.

## *Empty Bottle Return*

Empty take home medication bottles MUST be returned to program nurses at your NEXT attendance day. Failure to return your empty bottle for any reason will result in loss of take home privilege. Patients are given ONE (1) exception per calendar year from June 1-May 31. This exception will not be reversed if the bottle is returned at a later time. After you have used your **ONE (1)** exception you will lose a take home privilege, this will be evaluated for reinstatement by your counselor after 14-30 days.

Patients that do not return the Sunday program closure bottle after the ONE (1) exception will be guest dosed to Martinsburg Institute at their own expense for at least 2- Sundays.

## *Guest Dosing -Another Program*

At times, patients may need to be dosed at another treatment program. Reasons for guest dosing may include the following:

- Business      Travel and vacations                      Medical treatment
- Emergencies (family or weather)

Acceptance is determined by the host program & Fees are the responsibility of the patient and are determined by individual host clinic. Please give your counselor at least 7 day advance notice for non-emergency guest dosing so arrangements can be made. Photo Id will be required for all guest dosing.

## *Medication Exceptions*

Exceptions to regular take homes will be based on Maryland State Guidelines and permission from the State & Federal Methadone Authority. Requests must be submitted in a timely manner. Snowstorms, other extreme adverse weather conditions, or public disasters may require patients be given take home medications. Patients requesting take homes for non-emergency reasons must provide seven (7) working day notice prior to receiving the take homes.

## *After Hours Contact*

Please call 911 for all medical emergencies or go to the closest emergency room. You may call 240-420-0000 for program specific urgent issues. Follow the prompts to contact on call staff. Please call only for issues in relation to your treatment at Phoenix Health Center that cannot wait to be handled on the next business day. If your issue is not an emergency your call will be addressed on the next business day.

## *Obtaining a Script for Pain or Anxiety*

PHC patients who have received prescriptions written by their physician (s) for long-term pain and anxiety will often be admitted to our program. Many of these medications are addictive or may be unsafe when combined with methadone. Therefore our physician will make recommendations to you and your physician for other effective but more compatible medications and a detoxification schedule to minimize any discomfort caused by these changes. We do understand that pain medications may be needed for short-term pain problems caused by medical and/or dental procedures. It is very important that you tell your health care provider that you are on methadone so that the correct medication can be prescribed. We require that you bring in the medication or prescription so nursing & Medical Staff can review your situation.



## *Benzodiazepine Positive Patients*

Patients with a UDS result positive for Benzodiazepines or a CRISP report showing an active Benzodiazepine script will be required to have a prescription on file and a consent signed for the provider prescribing the benzodiazepines. Patients with a valid script and consent will be dosed at Phoenix Health Center with a dose equal to or less than 39mg of methadone.

**It is your responsibility to bring in your monthly script.**

Patients on benzodiazepines without a valid monthly script and a signed consent may be tapered off of Methadone and will may be discharged from medication assisted treatment.

Patients will be given ample opportunity to meet with program physician during medication taper.