



CENTER

for DRUG PROBLEMS

PATIENT ORIENTATION HANDBOOK

Dosing Hours:

Monday thru Friday 5:30am-11:00pm
Saturday & Sundays 6:30am -10:00am
Holidays 6:30am-10:00am

Location:

1015 E. 6th Avenue
Anchorage, Alaska 99501

907.276.6430 Phone
907.276.3637 Fax

907.276.6422 Emergency Line 24/7

Patient Number

Rev 05/2020/cea/jms

Keep this Patient Orientation Handbook for a reference tool

Patient Orientation Handbook

CLINIC FEES.....	3
RIGHTS AND RESPONSIBILITIES OF THE PATIENT	4
PATIENT CDP CONTRACT	6
COMPLAINT AND APPEALS PROCEDURE:	7
WAYS IN WHICH INPUT CAN BE GIVEN:.....	9
CONFIDENTIALITY	9
INTENT/CONSENT TO TREATMENT	10
ENTRY, TRANSITION, DISCHARGE CRITERIA AND PROCEDURES.....	10
INELIGIBILITY FOR SERVICES.....	11
TRANSFERS OR DISCHARGES	11
IDENTIFICATION OF POTENTIAL RISKS TO THE PATIENT	11
AFTER HOURS EMERGENCY CONTACT PHONE NUMBER	11
STANDARDS OF PROFESSIONAL CONDUCT RELATED TO SERVICES	12
HEALTH AND SAFETY POLICIES.....	13
LEGAL SUBSTANCES BROUGHT INTO THE PROGRAM	13
WEAPONS BROUGHT INTO THE PROGRAM.....	14
PROGRAM RULES AND EXPECTATIONS.....	14
MISSED DOSING	14
URINE DRUG SCREEN COLLECTION.....	15
AT THE DOSING WINDOW	15
MISSED COUNSELING SESSIONS.....	16
EVENTS, BEHAVIORS, OR ATTITUDES AND THE LIKELY CONSEQUENCES.....	16
TREATMENT PROGRESSION.....	16
FAMILIARIZATION WITH THE PREMESIS	17
ADVANCED DIRECTIVES	17
ORIENTATION, WAITLIST, AND ASSESSMENTS.....	17
WAITLIST	18
ENROLLMENT CRITERIA	18
ENROLLMENT ASSESSMENT	19
RECOVERY CARE PLANNING	19
MOTIVATIONAL INCENTIVES	19
FAMILY INVOLVEMENT.....	20
METHADONE SAFETY.....	20
DRUG INTERACTIONS.....	20
WHAT IS ADDICTION.....	20
ENROLLMENT DAY	20
TAKE HOME POLICY:	21
TREATMENT PROGRESSION.....	22
COUNSELING SESSION PROGRESSION	22
DRUG FREE PROGRAM.....	23
DISCHARGES.....	23
DOSING RELATED ISSUES.....	23
FIRE PREVENTION AND EMERGENCY SAFETY EXITS	23
NDTC'S DISASTER PLAN PATIENT GUIDE.....	24

SERVICES PROVIDED:

The Narcotic Drug Treatment Center, Inc. (NDTC) established the Center for Drug Problems (CDP) in 1974. The treatment provided is Medication Assisted Treatment (MAT) in an outpatient setting. The CDP offers MAT with methadone detoxification and methadone maintenance based on the patient’s needs. Group and individual counseling are an integral part of MAT.

Dosing Hours:

Monday thru Friday 5:30am-11:00pm
Saturday & Sundays 6:30am -10:00am
Holidays 6:30am-10:00am

Location:

1015 E. 6th Avenue
Anchorage, Alaska 99501

907.276.6430 Phone
907.276.3637 Fax

907.276.6422 Emergency Line

CLINIC FEES:

The clinic accepts Medicaid, Private Insurance, and Self-Pay payments. Self-Pay payments are determined by a sliding fee scale. Cash or money orders are the acceptable forms of payment. To remain on the program you must maintain in good standing with the financial department. A fee of \$300.00 will be required upfront via cash or money order on the day of intake if you are unable to provide proof of Medicaid or Insurance.

Medicaid and private insurance are accepted. Patients using their private insurance will be required to pay for services; CDP will file *provided* paperwork to give to the insurance companies.

The clinic fee includes urinalysis and individual and group counseling costs.

Patients who are discharged for financial non-compliance will need to pay the previous balance before enrolling into the program again.

PATIENT IDENTIFICATION CARDS:

Patients are provided an identification card from Methasoft with important patient and clinic information. The receptionists will laminate the card. Please keep the card on your person. If you lose the card, inform the receptionist so a new card can be made.

RIGHTS AND RESPONSIBILITIES OF THE PATIENT:

Center for Drug Problems
CODE OF ETHICS & PATIENT BILL OF RIGHTS
(Methadone Assisted Treatment)

Center for Drug Problems supports and protects the fundamental human, civil, constitutional, and statutory rights of each patient. We believe that understanding your rights can contribute to the effectiveness of your treatment and quality of care.

1. You have the right to confidentiality regarding your treatment records. You may consent to release information from the treatment record only upon completion of a written authorization to release confidential information specifying the person or agency and the information to be released. You have the right to personal privacy and confidentiality as it relates to your treatment. Case consultation and treatment progress will be reviewed with CDP staff and will be discussed discreetly and confidentially. Confidentiality of treatment is given to each patient as provided for in 42 C.F.R Part 2, Federal Confidentiality Regulations, and the Health Insurance Portability and Accountability Act (HIPAA) 45 C.F.R.
2. You have the right to be provided with information as it pertains to meeting your immediate, pending, and potential future treatment needs. Information will be provided to you in a manner that is clear and understandable. You have the right to participate in the consideration of ethical issues that arise in the provision of care and services. Information may be provided to you verbally or in written form. You have the right to be informed and to participate in decisions regarding your care and services. Services include, but are not limited to assessment for placement and ongoing treatment services, development of treatment plans, administration of treatment, access to clinical/medical treatment team members, discharge planning, and community referrals.
3. You have the right to participate and expect adequate and humane care in your treatment, which includes treatment in the least restrictive environment, knowledge concerning the composition of the service delivery team, development of an individualized treatment plan, a periodic review of your treatment plan, and an adequate number of qualified clinical/medical treatment team members to carry out the treatment plan and promote measurable goal attainments.
4. You have the right to know, by name and job responsibilities, the clinical/medical treatment team members involved in your treatment. You have the right to information about the relationship of CDP Program to other concurrent services to include but not limited to; health care providers, agencies in the provision of services, and referrals.
5. You have the right to access or referral to: legal entities for appropriate representation, self-help support services, and advocacy support services. You have the right to legal

representation; if you do not have the financial means to pursue your legal rights through a private attorney, a community referral list will be made available to you.

6. You have the right to terminate treatment services at any time. You have the right to be informed of Center for Drug Problems (CDP) rules and regulations concerning patient conduct expectations. You have the right to expect professional services without fear or psychological abuse, including humiliating, threatening, or exploitive actions.
7. You have the right to be informed of your rights in a language, and in a way that's clear and understandable to you. If translation is needed to provide an understandable explanation of rights of the person served, a translator will be present. Each patient receiving Methadone will be provided information concerning the use of Methadone.
8. You have the right to reasonable access to care that nurtures, respects, and protects your dignity, values, and beliefs. You have the right to reasonable access to a CDP Directing Clinician, Nurse, and the Medical Director. Patient communication, other than grievances, can be made by using CDP Action Request Forms. Efforts will be made to respond within five working days of request.
9. All patients have the right to be free of physical or verbal abuse by staff. No patient will be discriminated against and freedom will be highly respected in regards to race, ethnicity, creed, color, national origin, gender, marital status, religion or spiritual beliefs, political affiliation, age, disability, sexual orientation, ethnic/cultural background, socioeconomic status, language or any other class protected by law. You have the right to experience a safe setting, free from neglect, sexual abuse, harassment, verbal abuse, physical punishment, psychological abuse, fiduciary abuse, threatening or exploiting actions, retaliation from CDP patients or CDP staff, humiliation, or any form of degradation.
10. Each patient has the right to file a written grievance/appeal if they feel that they have been treated unfairly. All patients will be advised of the grievance/appeal procedure upon admission and a copy of the procedure will be posted on the patient bulletin board. Copies of the Grievance/Appeal Form are found on the dispensing window door and Patient Forms wall in the CDP lobby.
11. You may examine and receive an explanation of your bill, regardless of source of payment. You have the right to manage your own finances without fear of undue influence or financial exploitation, e.g., misuse of your personal funds or property.
12. In accordance with Federal Regulation 42 C.F.R. and HIPAA 45 C.F.R, patients may have access to their own records either visually or by obtaining a hard copy and information pertinent to treatment services received in sufficient time to facilitate decision making (5 working days). CDP patients are afforded access to their treatment record with clinical/medical staff supervision.
13. You have the right to be informed of and choose participation in research, experimentation, or clinical trials. You have the right to refuse participation in any proposed projects without

compromising access to agency services. CDP promotes patients abilities to make informed and safe decisions. You have the right to receive evidence-based information, about alternative treatments, medications, modalities, and scientific evidence regarding treatment.

14. You have the right to designate and alternate decision-maker if you become incapable of understanding proposed treatment/procedures, or unable to communicate your wishes regarding care.
15. You have the right and are encouraged to express any concern, opinion, or problem encountered during your course of treatment without fear of retaliation or reprisal. Concerns and problems are viewed as an opportunity to improve services. CDP program does not tolerate retribution against anyone who makes a report in good faith. All information is thoroughly investigated to ensure that a resolution of alleged infringements of rights is expeditiously and appropriately addressed.
16. In order to promote your recovery efforts, you have the right to protection from the behavioral disruptions of other persons served at CDP.

PATIENT CDP CONTRACT:

1. Of my own free will, I hereby voluntarily agree to consent to Center for Drug Problems (CDP) Treatment program services. I agree to comply with all rules and regulations, as they pertain to me, at CDP. I understand that I will receive fair and honest consequences, if I neglect to adhere to CDP's rules and regulations.
2. I am over 18 years of age, and I am dependent on opioids. To be eligible for methadone maintenance, I acknowledge that I have been addicted to opioid-type drugs for at least one year. I understand that methadone is a narcotic drug, and I will become physiologically dependent on methadone while consuming or experiencing the effects of withdrawal symptoms from a medically prescribed and monitored dose.
3. I realize that to remain on the program, I will be required to provide observed and unobserved urine specimens upon the request of CDP Medical/Clinical.
4. I agree to honor the confidentiality and the rights of all personal involved with CDP i.e. patients, children, staff, and volunteers.
5. I will not engage in threats or acts of violence of any form. I will refrain from using verbally abusive language while participating in the program.
6. I realize that I will be required to follow the rules and regulations of this program, the intake procedure and subsequent recommendations of the Treatment Team.
7. I have been advised of and have received a copy of all of the rules and regulations regarding my CDP treatment expectations to include, but not limited to: the CDP Code of Ethics/Patient Bill of Rights,

CDP Administrative Discharge Policies, CDP Rules and Regulations, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and Notice of Privacy Practices Health Insurance Portability and Accountability Act (HIPAA).

8. I have been advised and received a copy of CDP's Grievance Procedure.
9. I understand that my treatment will be terminated, if I fail to report for medication for three (3) consecutive days.
10. I understand that there are opportunities for my family and friends to participate in my treatment, if I so choose.
11. I agree to have a CDP directing clinician contact me as part of follow-up and aftercare.
12. I agree to abstain from the use of all dangerous drugs, narcotics, and unapproved substances. I understand that methadone used in conjunction with some other drugs can prove **FATAL** (this includes alcohol and benzodiazepines). Should it be necessary for me to withdraw from the program, I will be given a gradually decreasing dose. If arrested, I understand that I might not be dosed while in custody.
13. I agree to work with my directing clinician and keep him/her informed of any changes in my circumstances that may affect my treatment.

COMPLAINT AND APPEALS PROCEDURE:

Center for Drug Problems ***PATIENT COMPLAINT, GRIEVANCE, & APPEAL PROCEDURES***

All persons receiving Center for Drug Problems (CDP) Services can expect to be treated with dignity and respect. If you are not satisfied with services or you feel that your rights have been violated, you may file a complaint or a formal grievance. You have the right to file a grievance or make a complaint without fear of intimidation, retaliation, reprisal, or barriers to services. Patient confidentiality will be strictly maintained throughout the grievance procedure. For your safety and protection, CDP will adhere to 42 C.F.R. Part 2 and HIPAA 45 C.F.R. confidentiality requirements at all times. Copies of Grievance Procedures may be obtained from any CDP Staff Member upon request. This form is clearly posted and available in the patient lobby, and copies of this form are located in an appropriately marked folder in the patient lobby.

Informal Complaints/Concerns: CDP encourages you to appropriately express your feelings, thoughts, and concerns. If a problem exists, and it can be responsibly resolved, please feel free to respectfully express your concerns verbally or in written form with a CDP Staff Member. If they are unable to resolve your problem, they will direct you to the appropriately qualified CDP Staff Member. To submit an informal complaint all you need is an Action Request Form. Action Request Forms are located on the wall in the lobby. If you need help locating this form, any CDP Staff

Member can assist you. After you have written out your complaint turn it in at the dosing window. The CCO will review your complaint, and your concerns will be professionally addressed in an unbiased manner, within five working days. If you are not satisfied with the answer you receive, please file a formal grievance without fear of bias or intimidation.

Formal Grievance: CDP does not support any policy, practice, nor does it support any intention to prohibit your right to file a formal grievance. CDP advocates for and supports your recovery efforts. CDP wants you to feel free to submit a written grievance. If you have any special needs or require any form of advocacy, assistance, or explanation while completing your grievance, please inform any CDP Staff Member of your need, and they will promptly ensure that you receive assistance. To submit a formal grievance all you need is a blank piece of paper. At the top of the page put your patient # and write Formal Patient Grievance. After you have written out your grievance, you will need to sign and date your patient grievance.

Formal Grievance/Complaint Process: At your discretion, you may submit your signed and dated written grievance to the CDP front desk staff, where they will have you slip it in a confidential file folder for the Corporate Compliance Officer. CDP's Corporate Compliance Officer (CCO) will be notified of all formal grievances. An appointment will be scheduled with you and an advocate if you desire, within five working days of your submission, to discuss your concerns. You will receive a written notification regarding the decisions and actions taken to address your complaint within five working days.

Appeal Process: If you are not satisfied with the decision you receive, you may appeal the decision in writing to CDP's (CCO). Your appeal should be submitted within five working days after receiving a written notification of CDP's decision. An appointment will be scheduled with you, within five working days of your submission, to discuss your concerns. You will receive a written notification regarding the actions to be taken to address the complaint within five working days.

CDP's CCO assumes responsibility for the review, management, and maintenance of all formal complaints, grievances, and appeals. All documentation must be forwarded to the CCO. In the absence of the CCO, CDP's CCO's designee will assume the CCO's responsibilities.

Additionally, any unresolved complaints may be submitted in writing to the following office:

BEHAVIORAL HEALTH SPECIALIST

State of Alaska
Behavioral Health
P.O. Box 240249
Anchorage, Alaska 99524-0249

.....
Any unresolved problems and complaints regarding CDP's Policies and Procedures may be submitted in writing to:

Corporate Compliance Officer
NDTC, Inc.
1015 E. 6th Avenue
Anchorage, AK 99501

Any confidentiality or privacy issues, complaints may be submitted in writing to:

HIPAA Compliance Officer

NDTC, Inc.

1015 E. 6th Avenue

Anchorage, AK 99501

After receipt of the complaint, the appropriate CDP Officer will schedule a review of the complaint within 5 working days.

WAYS IN WHICH INPUT CAN BE GIVEN:

Action Requests are the written form of communication between the CDP and patients. Any desired change outside the routine of daily dispensing and regularly scheduled individual counseling will require an "Action Request."

This includes any desired change in the prescribed methadone dose, take home request, and all other medical and clinical matters.

Action Requests are available to the patient any day of the week.

They may be discussed with the medical staff or clinical staff, depending on the need; signed and reviewed by the medical or clinical staff, depending on the contents of the Action Request. The requests are submitted to the medical staff and presented to the Medical Director for the Doctor's Order. Staff is always available to assist with writing Action Requests.

The request must be approved by the Medical Director prior to taking effect.

- The nursing staff will enter all the medical director's orders into the electronic health record.
- A copy will be made for the patient with the result of the request.

If the request is denied, it will be returned to the patient with a brief reason for denial.

If you are unsatisfied with the outcome of an Action Request, please see your Directing Clinician or the medical staff. If you feel that you have to bring a situation to the attention of the Corporate Compliance Officer, please follow the above Grievance Procedure. These forms are located in two areas of the CDP clinic: the lobby and the nursing area door. A staff member is always available to assist you.

Patients will have the opportunity to fill out Annual Surveys about the clinic and staff performance. Results of the patient surveys will be graphed and posted on the bulletin board for patients to view the results.

Patients will complete a Client Status Review (CSR) form every 90-120 days with their directing clinician. The CSR measures patient satisfaction and progress in their life domains. The data is reported to the state of Alaska in the AKAIMS system.

CONFIDENTIALITY:

Confidentiality is very important among all CDP staff and patients.

It is your responsibility to not talk to others about what happens or whom you see at this clinic. You should also not discuss any of your own personal treatment issues in either waiting areas, including the lobby.

You will be asked to sign a confidentiality form at the time of enrollment stating that you will honor this agreement.

This also means that you should not discuss another patient's business or information they reveal in group counseling, even with staff members.

To ensure confidentiality we ask that you do not bring non-CDP patients into the clinic prior to 12:30 PM.

The mornings are scheduled for CDP patients only.

If you are arriving at the clinic with a non-CDP patient prior to 12:30 PM, he/she must wait outside the clinic while your business is conducted.

This does not include young children as long as confidentiality can be maintained.

Your cooperation with this matter will benefit all.

Pulling Covers or Exposing the Truth is encouraged. Being honest with yourself and others is highly encouraged. Discussing personal drug use and confronting relapse warning signs and issues is also necessary. However, telling war stories (glorifying the use of drugs) is not tolerated.

Children should be respectful and observed while in at CDP. In an effort to protect the rights of all CDP patients, children should be informed about confidentiality by their caregivers. Any form of child abuse or neglect will be dealt with appropriately. No form of abuse will be tolerated.

Releases of Information (ROI) need to be filled out by the patient to allow CDP staff to speak to whomever the Release of Information is intended. The ROI needs to include your name, the content to be released, the purpose of the ROI, whom to release the information to, signature date, date, event or condition for expiration, how to revoke the ROI, and your signature. ROI's will comply with all applicable laws. The CDP is unable to release ANY information without the proper release of information completed.

INTENT/CONSENT TO TREATMENT:

You will be required to sign the consent for treatment. Methadone is a schedule II narcotic and consent must be given, by you, in writing to authorize treatment.

ENTRY, TRANSITION, DISCHARGE CRITERIA AND PROCEDURES:

Description: CDP program is designed to promote persons served with the skills needed to transition from a culture of addiction to the culture of recovery. The entry criteria includes a positive urinalysis for opioids, documented withdrawal from opiates, a history and physical performed by a medical doctor, attendance of all pre-admission groups, and financial arrangements made with the financial department. The transition process is initiated during initial contact phases of the patient's treatment. ASAM supported multi-dimensional transitional goals are identified and developed upon enrollment, and measurable patient centered goals are developed throughout all phases of treatment to pursue the attainment of long term transition goals. CDP's transition based treatment is designed to promote a lifetime of recovery and is not intended to be terminated at the time of

patient discharge. A clinically documented discharge summation will be completed when patients depart from the program (planned or unplanned). Discharge summations describe the course of services provided and the response of persons served. CDP intends to remain in contact with patients after formal transition or discharge to gain information related to their post discharge status. Discharge information is reviewed to determine the effectiveness of the services and whether additional services are needed. Transition plans are conjointly developed and provided to patients as an intricate part of the discharge process.

CDP's transition, continuing care, and discharge planning procedures promote the patients ability to move from one level of care to another within the organization. CDP provides resource information and referrals to promote the patients abilities to gain the support of services that are not available at CDP. CDP's patients actively participate in the development of their transition plans. Transition plans identify supports that are needed to prevent a reoccurrence of symptoms or reduction in functioning. Patients receive a copy of their individualized transition plan. Transition plans may include planned discharge, referrals to a higher level of care, transfer to other Medication Assisted Treatment Programs, and aftercare treatment. CDP offers free aftercare services to successful graduates of the program.

INELIGIBILITY FOR SERVICES: Patients found ineligible for services are referred to the appropriate starting point to gain access to services. The patient will have an explanation as to the reasons and care will be coordinated between the CDP and the referral source. Recommendations for alternative services will be documented on the patient's initial phone screening.

TRANSFERS OR DISCHARGES:

It is the policy of CDP to ensure that when a person is transferred or discharged, the program identifies a process to ensure coordination, and names the personnel responsible for coordinating the transfer or discharge.

Discharges may occur administratively, medically, or voluntarily. Administratively means that the value of MAT is not therapeutic for various reasons, i.e. not participating in treatment; medically means that the Medical Director and your healthcare provider are working together to taper you safely due to medical circumstances, and voluntarily means you are tapering yourself.

IDENTIFICATION OF POTENTIAL RISKS TO THE PATIENT:

It is the policy of CDP to ensure that when an assessment identifies a potential risk for dangerous behaviors, a personal safety plan is completed with the patient and as soon as possible. Personal Safety Plans contain triggers, current coping skills, warning signs, actions to be taken, preferred interventions necessary for personal and public safety and advanced directives, when available.

AFTER HOURS EMERGENCY CONTACT PHONE NUMBER:

To contact the Medical Staff after hours for an emergency, please call: 907.276.6422

DO NOT use the Emergency After Hours Contact Number for non-emergency situations.

Examples: questions about dosing, late calls, dosing times and other issues that can be addressed during normal business hours.

HOSPITALIZATION: There is a nurse at the facility every day at 5:30 a.m. Call (907) 276-6430 to speak with a nurse. If you end up hospitalized, please leave a voice mail and the nurse will make arrangements to get your medication dose to you in the hospital.

INCARCERATION: If you are incarcerated within the Alaska Department of Corrections system, please inform the nurse or correctional officer upon intake that you are a patient on the methadone program at the Center for Drug Problems.

- The CDP medical staff will attempt to accommodate the request depending on available resources.

STANDARDS OF PROFESSIONAL CONDUCT RELATED TO SERVICES:

COUNSELOR CODE OF ETHICS

I HEREBY AFFIRM.....

1. That I have a total commitment to provide the highest quality care for those who seek my professional services.
2. That I dedicate myself to the best interest of my patients and to assisting my patients to help themselves.
3. That at all times I shall maintain a professional relationship with all patients.
4. That I will be willing when I recognize that it is to the best interest of the patient to release or refer the patient to another program or individual.
5. That I shall adhere to the rules of confidentiality of all records, materials, and knowledge concerning the patient.
6. That I shall not in any way discriminate against patients or professionals.
7. That I shall respect the rights and views of other counselors, other professionals, and patients.
8. That I shall maintain respect for institutional policies and management functions within the agencies and institutions, but will take the initiative toward improving such policies if it will best serve the interest of the patient.
9. That I have a commitment to assess my own personal strengths, cultural values, limitations, biases and effectiveness on a continuing basis; that I shall continuously strive for self-improvement; that I have a personal responsibility for professional growth through further education and /or training.
10. That I, as an individual, have a responsibility for my own conduct in all areas including the use of mood-altering drugs.
11. That I, as an individual, have a responsibility to myself, my patients, and other associates to maintain my physical and mental well-being.
12. That I have no history or substantial evidence of alcohol or other drug misuse for a period of one year immediately prior to the time of application for certification.

REPORTING/FOLLOW-UP REQUIREMENTS FOR THE MANDATED PERSON SERVED:

Regardless of the discharge outcome, the institution that mandated the persons served to treatment will receive a discharge report from the organization.

HEALTH AND SAFETY POLICIES:

SECLUSION AND RESTRAINT: It is the policy of CDP to ensure that there is **no use** of seclusion or restraint within the delivery and provision of program services.

TOBACCO USE: It is the policy of the CDP to remain a tobacco free facility; this includes cigarettes, chewing tobacco, and electronic or vapor cigarettes. Tobacco use is prohibited within 50 feet of the CDP medical facility; in accordance with Anchorage Municipal Code.

ILLEGAL SUBSTANCES BROUGHT INTO THE PROGRAM: It is the policy of CDP to prohibit bringing illegal drugs, weapons, and alcohol onto the premises.

LEGAL SUBSTANCES BROUGHT INTO THE PROGRAM:

MEDICATION POLICY AND MEDICATION DISPOSAL:

Patients must notify medical staff when receiving any prescriptions from her/his physician and discuss appropriate medication use with the nurse.

Please report in writing, on the approved CDP form, all prescription medications, over-the-counter medications, and herbal supplements to the dispensing nurse.

If you are given medications at the emergency room, please remember to provide medical staff with a copy of your emergency room record or prescriptions provided.

Patients must present their new prescription or refill order to CDP medical staff and update with any changes.

Failure to produce this required documentation may be considered an infraction.

In addition, a urine drug screen will be collected when there is an absence from the clinic.

The CDP has a zero tolerance policy for benzodiazepine use unless medically cleared by the Medical Director and the prescribing physician's awareness of the patient participating in a Medication Assisted Treatment Program.

Overuse of medications will result in an infraction and additional care coordination with the prescribing medical care provider.

If you start or stop mental health medications, you must report this to the dispensing nurse.

SAFE MEDICATION DISPOSAL: This can be done at local pharmacies, or the Anchorage Police Department. A receipt can be provided at some businesses.

The CDP does not dispose of medications for patients.

CDP recommends that you obtain and wear a medical alert bracelet in case you are incapacitated and in an emergency status/situation. They may give you a medication that would conflict with methadone.

In the event of a medical emergency, CDP is authorized to release information concerning your treatment on a need to know basis.

WEAPONS BROUGHT INTO THE PROGRAM:

The CDP reserves the right to start an administrative withdrawal and discharge paperwork for patients who bring weapons onto the program. Weapons include knives, guns, stun guns, and any other threatening object brought into the program.

The CDP reserves the right to inform local law enforcement of the situation as needed to protect all patients and staff from threats or violence with a weapon.

HEALTH EDUCATION:

HIV/AIDS is transmitted by exchanging blood and body fluids with a person who is positive for HIV/AIDS. Do not share needles or engage in unprotected sex.

Sexually transmitted infections (STI's) include herpes, chlamydia, gonorrhea, genital warts, HPV and syphilis. Protect yourself with condoms or dental dams.

Hepatitis C is spread by blood. Do not share needles or engage in unprotected sex if you are Hepatitis C positive.

Hepatitis B is spread by blood and body fluids. There is an immunization for Hepatitis B. Do not share needles or engage in unprotected sex if you are Hepatitis B positive.

Tuberculosis is airborne and can be spread by sneezing, coughing, or laughing. Treatment is available for tuberculosis.

As a patient you will be screened for tuberculosis, syphilis, and hepatitis B & C. Through the S.T.O.P. AIDS project you may anonymously check your HIV status. A referral can be made to the STI clinic for screening as needed.

PROGRAM RULES AND EXPECTATIONS:

LOITERING: This will not be tolerated on program premises. Patients are expected to dose and leave the premises, unless they have Medical or Clinical needs that requires meeting with a CDP staff member.

MISSED DOSING:

If you are going to be late to dosing or cannot get to the clinic to dose, you must contact the medical department before dosing ends at 907.276.6430.

Failure to contact the medical department will be considered a no-show to dosing.

Patients who miss dosing will be required to provide a urine drug screen the following day.

If medical staff refuses to dose you due to drug use or perceived drug use it will be considered a "Missed Dose" and is an infraction.

Failure to dose for 3 (three) consecutive days will result in patient review by the Medical Director to determine further treatment options.

URINE DRUG SCREEN COLLECTION:

You may be asked for a urine drug screen on any given day, please come prepared every day.

The inability to provide a sample is considered a positive urine drug screen.

URINE DRUG SCREENS NEED TO BE COMPLETED BY 10:45 AM. ANY PATIENT ARRIVING AFTER 10:45 AM WILL HAVE A REFUSED URINE DRUG SCREEN ON FILE. PLAN ACCORDINGLY.

Patients should report any unapproved substance use to the dispensing nurse, prior to being asked for, or providing a urine drug screen sample.

Each patient must follow the clinic's procedure for collecting urine drug screens.

- The Laboratory Collection Service Assistant collecting the urine drug screen specimen will explain this procedure at the time of collection.

When asked to provide a urine drug screen, patients must provide the sample prior to the end of dosing and must remain in the clinic lobby if they want the urine drug screen to be counted.

Patients who do not provide a specimen on their scheduled urine drug screen day will receive a positive urinalysis for their inability to produce a sample.

Patients who provide an adulterated or contaminated specimen, and those that are considered positive for failure to provide a specimen, may be administratively discharged from the program and administratively withdrawn from methadone. The CDP tests all urine samples for adulteration. Any unapproved substance reported as present in the urine (positive) is considered drug use by the patient.

Patients still in detoxification status who submit a positive urine drug screens will not be permitted to extend their detoxification beyond the scheduled time.

Benzodiazepine (BZP) positive UDS is not acceptable. Report any BZP use & Medical Director will review cases individually.

AT THE DOSING WINDOW:**NO DRINKS, NO CELLPHONES, NO CHILDREN!!!**

1. Say your unique patient identifying number to the nurse.
2. Report any unapproved substance use to the dispensing nurse.
3. Report any withdrawal symptoms or drowsiness to the nurse.
4. Let the nurse know once you have completed a urine sample
 - a. If you are scheduled, you must provide a urine drug sample prior to ingesting a dose of methadone. Follow the dispensing nurse's instructions.
5. You must state your dose amount
6. The nurse will announce the milligrams of your dose and you will ingest the dose in front of the nurse with water.
7. You are required to speak with the nurse prior to leaving to ensure that the dose has been swallowed.
8. You will be asked to open your mouth and stick out your tongue as required by the nurse to ensure the dose has been swallowed.
9. Exit the dosing area
10. If there is a need to speak privately with a nurse, request this at the dosing window and the dispensing nurse will check the availability of the additional staff nurses.

- a. If the dispensing nurse is the only nurse on shift, they will speak to you privately in the nurse's office.
10. If you appear intoxicated at the dosing window, the nurse has every right to not dose you. It is the nurses choice.

MISSED COUNSELING SESSIONS:

Missed counseling sessions, individual or group, are considered and recorded as a non-attendance to an appointment.

All canceled appointments need to be verified.

- Examples of verification include: medical excuses signed by a doctor, towing bill, parent/teacher conference.

Upon enrollment all patients are required to attend individual counseling sessions weekly for at least three months.

Failure to attend or to cancel an appointment after this time will be considered a No-Show.

If you have to cancel an appointment, you must contact the appropriate directing clinician at least one hour prior to the session. This is known as the **One Hour Rule**.

No shows to counseling include failure to cancel your appointment **prior** to the appointment time.

Only one individual session can be cancelled and excused within a (30) thirty day period.

Only one in four group counseling sessions may be cancelled within a 30 (thirty) day period, or it will be considered a no show.

If your appointment time is rescheduled, you are responsible for remembering the new appointment time.

- You will be given an appointment card to aid in tracking appointments.

Failure to attend a rescheduled appointment will be considered a No-Show and may slow your progression in treatment i.e. take home privileges.

EVENTS, BEHAVIORS, OR ATTITUDES AND THE LIKELY CONSEQUENCES:

Reasons for administrative withdrawal and discharge from the medication assisted treatment program

1. Threats or use of physical violence against any patient on program property or staff member.
2. Any diversion of Methadone.
3. Holding, passing, selling, or using drugs or alcohol at the program site or in its visible vicinity.
4. Bringing weapons of any kind onto the clinic premises.
5. Failure to attend scheduled counseling sessions.
6. Missing doses and/or using illicit or unapproved substances.
7. Failure or refusal to provide the federally required urine specimens upon requests.
8. Theft or damage to clinic program, patients, or staff property.
9. Violating the confidentiality of another patient and therefore placing that patient in jeopardy.
10. Financial Non-Compliance (not due to indigence).

TREATMENT PROGRESSION:

Patients can earn take home privileges by attending all scheduled CDP appointments and following the CDP treatment team recommendations.

Patients who test free of unapproved substances in their random drug screens have to opportunity to earn take home privileges, less frequent urine drug screens, and less frequent clinical sessions. Take home privileges and decreased treatment interventions are earned by: attending daily dispensing, testing free of unapproved substances, attending clinical appointments, following treatment team recommendations, having stable, sober social relationships, having safe housing, the absence of criminal activity, the absence of behavioral issues, and a commitment to store medication safely.

Take Home Privileges are determined by length of time in treatment and the level of maintenance in treatment.

HOW PATIENTS CAN REGAIN THEIR RIGHTS AND PRIVILEGES THAT HAVE BEEN RESTRICTED:

Patients who remain infraction free for 90 days by attending all scheduled medical and clinical appointments and following the CDP treatment team recommendations, have the option to re-apply for the restricted right or privilege on an Action Request form.

- The patient must maintain the infraction free status to retain the right or privilege.

FAMILIARIZATION WITH THE PREMISIS:

The Intake Coordinator conducts Orientation class and ends each class with a clinic tour to familiarize the patients with the building. The Intake Coordinator reviews the following areas:

Emergency Exits: Light-up signage, directs all persons in the building to the exits on the north and south sides of the building.

Fire Suppression Equipment: Fire extinguishers are located at various parts of the building, the Intake Coordinator points out the fire extinguishers on the clinic tour.

First Aid Kits: These are located in the dispensing office, the front desk, and at the CFO's desk upstairs. The Intake Coordinator will point these out on the clinic tour.

- CDP staff members have a disposable CPR mask in each office.

ADVANCED DIRECTIVES:

An Advanced Directive is a document in which you express your health care preferences. If someday you cannot make health care decisions for yourself, this advanced directive can help guide the people who will make the decisions for you.

Advanced Directives allow you to name specific people to make health care decisions for you, describe your preferences for how you want to be treated, and describe your preferences for medical care, mental health care, and long-term care, or other types of health care.

The CDP medical team can assist you in a referral to an outside agency to create an Advanced Directive.

ORIENTATION, WAITLIST, AND ASSESSMENTS:

To become an active patient on the CDP waiting list or to be directly enrolled to the program an individual may walk in or call the clinic and request services.

Upon completion of the mini-initial assessment intervention, the prospective patient will be provided with a time and date to attend a CDP Program Orientation class.

- During the orientation process, individual's will be screened to validate and ensure that they are age 18 or older, have current verifiable dependence on opiates, have an opiate positive urine drug screen, and are eligible under excepted SAMHSA/CSAT requirements.
- During the orientation process the Intake Coordinator will inform the patient about confidentiality procedures, provide resource information regarding other available community resources, explain and collect a signed HIPAA (Health Insurance Portability and Accountability Act) consent and consent to receive CDP Harm Reduction Education and Interventions.
 - The patient will be scheduled to attend the S.T.O.P. AIDS Project communicable disease & harm reduction education class that includes education regarding HIV, AIDS, HCV, HBV, HAV, TB, STD, STI, FAS, FASD, IVDU information, and overdose prevention education.
- The patient will be educated about available community resources, provided with community resource information, and offered referral support.

WAITLIST:

At times the CDP needs to maintain a waitlist.

Following Orientation, a patient will be placed on and remain on a managed CDP waitlist until a treatment slot becomes available. The patient's date of placement on the waitlist will be maintained by the Intake Coordinator.

The Intake Coordinator will maintain, review and update the waitlist.

To remain on the waitlist, patients are required to contact the Intake Coordinator weekly by phone. Additionally, the Intake Coordinator contacts patients weekly.

CDP clinical and medical staff members will provide referrals to patients in crisis to necessitate care.

ENROLLMENT CRITERIA:

Pregnant women and the Injection Drug User receive enrollment priority status. You must provide verification to receive priority enrollment status.

A person who has resided in a penal or chronic care institution for 1 month or longer and has been released in the last six months may be admitted directly into methadone maintenance treatment without documented evidence of physiological dependence, provided that the person would have been eligible for such services prior to their incarceration and treatment is medically justified as determined by the Medical Director.

- The patient must provide documented evidence of residence in such an institution to the CDP prior to the patient's enrollment to the program.

Anyone wishing to be enrolled onto the program must complete the following appointments prior to enrollment:

1. Mini Initial Assessment Intervention (phone or walk in)
2. Orientation
3. Provide UA and Identification
4. S.T.O.P. AIDS Project Education & Harm Reduction Class
5. Enrollment Assessment
6. Financial Contract

Those who do not complete the above six (6) items prior the anticipated enrollment date will not be considered for enrollment to this Medication Assisted Treatment Program.

Prospective patients who are going through the enrollment process and fail to attend or re-schedule an assigned appointment required for enrollment will be contacted by the Intake Coordinator to review their interest in treatment and re-schedule the appointment if requested by the patient.

In order to reapply for enrollment, prospective patients are required to complete another mini-initial assessment.

ENROLLMENT ASSESSMENT:

When a Medication Assisted Treatment slot becomes available, the Intake Coordinator will contact the patient and schedule the patient for an Enrollment Assessment appointment. At the enrollment assessment appointment, the patient will complete the enrollment assessment. An assessment is used as a guide in matching patients to the appropriate level of care. The assessment will take approximately 1 hour.

Your assessment will determine your diagnosis and level of care/service.

If indicated on the assessment, you may be referred to a higher level of care. If so, CDP will coordinate services with the inpatient treatment center.

RECOVERY CARE PLANNING:

Recovery Care Planning is based on your individual needs and areas you are struggling with due to the opioid use disorder and its associated problems. The holistic approach is implemented in an effort to address the whole person.

Patients with a co-occurring disorder are encouraged to be in compliance with their mental health medications.

In an effort to integrate treatment goals and objectives between CDP clinical/medical staff and outside provider's patients with co-occurring disorders are encouraged to actively participate in the coordination of their services.

Treatment goals and objectives are broken down into six dimensions: 1) Acute Intoxication and /or Withdrawal Potential, 2) Biomedical Conditions and Complications, 3) Emotional Behavioral or Cognitive Conditions and Complications, 4) Readiness to Change, 5) Relapse Continued Use or Continued Problem Potential, and 6) Recovery/Living Environment.

The patient and directing clinician will participate together in development and implementation of the recovery care plan, including goal development and achievement.

The assessment and treatment plan will initiate the course of treatment, whether it is detoxification or maintenance.

MOTIVATIONAL INCENTIVES:

These are used to encourage treatment participation. Patients are given a ticket stub to write their patient number on for each group and individual session attended for the specific month. At the end of the month a drawing takes place and the patient may earn the prize. Patients can also earn patient of the month status by attending all required sessions and being a role model in the clinic.

The patient of the month doses ahead of everyone in line for the specific month. The CDP will

comply with all expectations of legally required appointments, sanctions, or court notifications as legally allowed.

FAMILY INVOLVEMENT:

Families are encouraged to participate and support their loved on through the recovery process. Family members must follow confidentiality rules as listed in the lobby.

METHADONE SAFETY:

When taken as prescribed, methadone is safe and effective. You should not experience drowsiness. If you ingest additional drugs, licit or illicit, drowsiness may occur. Common methadone side effects are: constipation, excess sweating, decreased sexual desire, nausea (eating prior to dosing may help), and craving sweets. Methadone does not rot your teeth, nor are you substituting one drug for another. These are common myths associated with methadone.

DRUG INTERACTIONS:

Report all medications, over the counter medications and herbal supplements to the medical staff. Some medications may cause sedation or withdrawal from methadone. The Medical Director will review drug interactions and assist you and your provider with choosing other medication options to avoid over sedation or withdrawal.

SIGNS AND SYMPTOMS OF AN OVERDOSE:

Unresponsiveness, drowsiness, shallow breathing, cold, clammy bluish skin, are signs of an over dose. CALL 911!

NARCAN kits are available for **FREE** at 4 A's (1057 West Fireweed).

WHAT IS ADDICTION?

More than three decades of research supported by the National Institute on Drug Abuse (NIDA) has proven that addiction is a complex brain disease characterized by compulsive, at times uncontrollable, drug craving, seeking, and use that persist despite potentially devastating consequences.

ENROLLMENT DAY:

1. Enrollment day for Medication Assisted Treatment is schedule on Tuesdays, Wednesdays, and Thursdays weekly.
2. Pregnant women are enrolled as soon as the Medical Director is available.
3. Those scheduled for enrollment onto the program must report to the clinic no later than 6:00 AM.
4. You must stop all drug use early enough before your enrollment day so that our medical staff will be able to observe you in withdrawal.
5. You will provide a Urine Drug Screen (UDS) free of BZP prior to receiving Methadone.
6. During the course of the day, you will be monitored on a regular basis and withdrawal symptoms documented.
7. Plan on staying at the clinic until approximately 12:00 PM on the day of enrollment.

8. Your name will be submitted to the central registry system to determine if you are receiving services with any other medication assisted treatment program within Alaska.
9. You will meet with the physician to complete a history and physical and review the Alaska Prescription Drug Monitoring Program (PDMP). The PDMP reviews prescriptions you have obtained through pharmacies.
10. You will meet with your individual Directing Clinician to begin the development of your recovery care plan.
11. Your scheduled groups will begin within a few days.
 - a. Work out the details with your Directing Clinician.
12. Your first counseling session will be spent gathering more general information about your life.
13. After the enrollment process is complete, you are required to go to Lab Corp and have blood drawn for the following tests: CMP, Hemogram, RPR w/Reflex Titer, HBV, HCV, HIV and other tests as ordered by the MD.
 - This lab appointment must be completed on the enrollment afternoon, prior to dosing the next day.
 - If you do not bring proof of the blood draw, you will be asked to go to the lab and have the blood draw prior to the second dose of methadone given at the CDP clinic.

TO MAKE YOUR ENROLLMENT DAY EASIER:

- You **must** be able to show withdrawals on the day of enrollment in order to get enrolled onto the program.
- You will be here from 6:00 AM to approximately 12:00 PM.
- Bring anything you might need to be comfortable; such as snacks, water, reading material, music laptops, iPads, blankets, pillows etc.
- Any liquid must be in a spill proof container.
- Please bring all authentic prescriptions and medications you are taking so the medical staff can log them in and have the Medical Director review them.

TAKE HOME POLICY:

Before being approved for take homes, medical staff will conduct a home visit to verify the safety of the home environment regarding the ability to store methadone and minimize the risk of diversion. It is your responsibility to maintain the safe storage of your take-home methadone dose once it is in your possession.

CDP will assist you in that responsibility by providing child-resistant, self-sealing, individually labeled containers for your take-home methadone.

You must provide a lockable box for Methadone security and present this lockable carrier to the dispensing nurse if you are to receive your authorized take-home methadone doses. The medical staff will approve what is an appropriate lock box for storage of take home medications. You will be working closely with the medical staff when the time comes for take home medication.

If you do not provide an approved, lockable carrier you will not be able to take the take-home medication out of the facility.

On such an occasion, the dispensing nurse will dispense only the dose to be consumed at the window for that day.

Methadone is a controlled substance and can be potentially lethal if ingested by an individual for whom this drug has not been prescribed by a physician.

Please review safety precautions for the storage of take-home methadone doses with the medical staff and safely store and otherwise handle your take-home doses in a responsible manner.

Any **diversion or mishandling** of take home doses may result in administrative discharge and withdrawal from methadone or daily dosing at the window. The Medical Director will meet with you to discuss the options.

Failure to return empty take home bottles will lead the dispensing nurse to refuse you dosing.

You have until the end of dispensing hours to produce the empty bottle.

If you do not dose due to failure to present your take home bottles, you will receive a No Show Infraction for dosing.

The medical director will determine the status of your take home doses due to non-compliance with the take home medication handling rules.

TREATMENT PROGRESSION:

METHADONE MAINTENANCE (MM) Status:

Patients must have proof of one year of addiction (including two notarized letters of addiction), proof of full-time activity, a complete recovery care plan, and a current financial contract.

Please see your directing clinician to complete an action request as soon as you have met these requirements.

After 90-days of stability in Methadone Maintenance, you can apply for the following:

First Take Home Privilege (THP).

Once a patient is stabilized on the program in Methadone Maintenance, infractions would lead to loss of their most recently granted privilege.

A patient may continue to earn take home privileges in treatment every 90 days for the first 2 take home privileges and every 60 days thereafter up to 27 take home privileges in a row.

After earning your 5th take home privilege, you are considered to be in the Medical Methadone Maintenance component (3M's). This component is for patients who have earned the 5th through the 27th take home privileges.

COUNSELING SESSION PROGRESSION:

Individual counseling is reduced to a session every other week after three months in treatment.

After six months in treatment, you will be moved to individual counseling sessions on a monthly basis.

Continued group involvement will be determined on a case by case basis throughout your entire treatment episode, and the level of this involvement will be based on your current needs.

Participation in group sessions is a required part of treatment, and you must document why you are unable to participate in groups and what method you have used to progress in your recovery efforts.

You must be able to participate in this treatment program's services in order to remain a patient on this program. Outside groups count as group participation. Your Directing Clinician can give you signature forms for outside meetings. This signing paper provides proof to the CDP of outside meeting attendance.

DRUG FREE PROGRAM:

Any methadone treatment patient who has successfully completed a voluntary withdrawal from methadone can continue their substance abuse counseling through the Drug Free program.

The Drug Free program consists of a monthly individual counseling. Patients who complete their scheduled medication assisted treatment are encouraged to continue their treatment through the Drug Free Program for aftercare/continuing care follow up work.

An aftercare/continuing care plan will be completed by the patient and directing clinician to include the patient's current strengths, needs, abilities and preferences.

All Drug Free patients can meet with their assigned directing clinician for monthly one-hour sessions. Failure to appear for three consecutive counseling sessions may result in termination from the Drug Free Program.

DISCHARGES:

Any medication assisted treatment patient, who fails to appear for methadone dispensing for three consecutive days, will report to the Medical Director to discuss future options.

You have the right to stop treatment at any time.

DOSING RELATED ISSUES:

1. If you vomit your dose, you must bring in the emesis for the nurse to see in order to be re-dosed. If you keep the dose down for 20 minutes you do not need to be re-dosed. If you feel nauseous remain in the lobby. You will not be re-dosed if you leave the lobby.

2. Random urine drug screens are done weekly for patients in the first 90 days of treatment or more frequently per medical or clinical department concerns. **URINE DRUG SCREENS NEED TO BE COMPLETED BY 10:45 AM. ANY PATIENT ARRIVING AFTER 10:45 AM WILL HAVE A REFUSED URINE DRUG SCREEN ON FILE. PLAN ACCORDINGLY.**

3. Prescription Medications, Over the Counter Medications and Herbal Supplements must be reported to the dispensing nurse to be recorded or it will count as an infraction against you. Poppy Seed Muffins are not allowed to be consumed either as they provide false positive drug test results.

4. Lab work must be done before dosing the day after enrollment.

FIRE PREVENTION AND EMERGENCY SAFETY EXITS:

As the Intake Coordinator completes orientation and the building tour, he/she will point out all fire exits and fire extinguishers.

The Intake Coordinator will verbally cover the emergency evacuation plan related to natural disasters and the role of the patient in a natural disaster. This information is also located in the CDP patient handbook in the main lobby.

The Intake Coordinator will review the outside meeting place in the event of an emergency and the building needs to be evacuated

NDTC's Disaster Plan Patient Guide

Location of NDTC: 1015 East 6th Avenue, Anchorage, AK 99501

Location of Alternative Dosing Site #1: 3230 C Street, Anchorage, AK 99503

Location of Alternative Dosing Site #2: 201 Barrow Street, Anchorage, AK 99501

Emergency Phone Number: 907.276.6422

This phone line will be updated with current dosing location information as long as phones are accessible.

Keep a copy of your clinic identification and state identification with you at all times to verify your treatment participation.

In the event of a disaster, where the clinic is not accessible, please follow the guidelines listed below.

When will I be able to dose?

In the event of a disaster, the clinic requires one day to resume dispensing at the alternative site. A patient may miss one dose of medication. The NDTC staff will do their best to ensure continuation of medication dispensing.

How will I know where to dose?

A sign will be posted on the exterior of the building at 1015 East 6th Avenue.

The Emergency Phone Message will direct you to dosing site #1 or #2.

Available staff will be located at 1015 East 6th Avenue to provide direction to the alternative dosing sites.

Maps will be provided to the alternative dosing sites.

Public radio and television will provide information in a way that does not break a patient's confidentiality.

Will I get to pick up my take homes?

The disaster will be assessed and the medical director and program sponsor will determine when take home privileges will resume. Many factors need to be considered to make this decision.

Please use this as reference tool. Additional copies are always available at the front desk.

Patient Number/Initials

Date

Orientation Handbook Sections:	Initials
I. Introduction	_____
II. Medication Assisted Treatment	_____
III. Clinic Fees	_____
IV. Clinic Hours	_____
V. Program Rules	_____
VI. Urinalysis Testing	_____
VII. Medication Policy	_____
VIII. Assessment	_____
IX. Enrollment Criteria	_____
X. Recovery Care Planning	_____
XI. Enrollment Day	_____
XII. Take Home Policy	_____
XIII. Treatment Progression	_____
XIV. Action Requests	_____
XV. Drug Free Program	_____
XVI. Discharges	_____
XVII. Confidentiality	_____
XVIII. Fire/Safety	_____
XIX. Disaster Planning	_____

I have reviewed all the information presented in each section of the Orientation Manual. I realize I am responsible for knowing all the information presented above. I understand that these are the requirements of treatment participation at the Center for Drug Problems. If I have questions, I agree to ask one of the CDP staff members.

If placed on a waitlist, I understand that I must contact the Intake Coordinator weekly in order to remain on the waitlist.

Patient Signature

Date

Intake Coordinator Signature

Date

*A copy of this page will be placed in your file.

****Page 24 in section 1 of file****