

METHADONE MAINTENANCE
AND
BUPRENORPHINE
PATIENT/CLIENT HANDBOOK

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WELCOME TO NEW HORIZON TREATMENT SERVICES

This handbook is intended to orient you to our agency policies and services that will help you in your recovery.

GENERAL INFORMATION

It is our goal to provide high quality treatment services to help with problems of substance abuse. Our staff is committed to caring and promoting dignity and self-respect in and for each and every patient.

As a licensed outpatient treatment program, we provide you with the opportunity to obtain treatment and embrace recovery with the least amount of disruption in your life. Your treatment is personalized from intake to discharge, to assure that you receive necessary medical and counseling attention. As a result, you can continue to receive support from the community and your family.

Our staff consists of professionals who are trained in the treatment of addiction. We believe in and encourage our patients to become involved in the 12- Step Programs of AA., NA, MA, Al-Anon & Nar-Anon. Family participation is highly encouraged because addiction affects each member.

Recovery is a challenging adventure and the staff at New Horizon Treatment Services is here to help you overcome the pitfalls on the way. The staff works as a team to provide the tools that you need to build a satisfying and health life.

New Horizon Treatment Services

Informed Consent/Treatment Requirements Acknowledgment

I acknowledge that I have received a detailed explanation of my rights and responsibilities as a patient. New Horizon Treatment Services has provided an explanation of patient duties, responsibilities and what is meant by the terms “available” and “appropriate” treatment. I understand that:

1. I must fully comply with the terms and conditions of the treatment program,
2. I must attend all scheduled treatment sessions and actively participate in the treatment program,
3. If I fail to comply with the treatment requirements, I will be subject to progressive compliance sanctions, as allowed by agency policy and procedures. These sanctions may result in discharge from the program.
4. I am required to pay weekly for the cost of my treatment. It was explained to me that this represents a “co-payment” and is a percentage of the overall cost of my treatment. If I fail to meet this co-payment requirement, New Horizon Treatment Services will determine that I am not complying with the terms and conditions of treatment and I will be discharged from the program.
5. The treatment team will request the immediate termination of my treatment if I engage in prohibited actions or behaviors, as described in the New Horizon Treatment Services Patient Manual under the heading, “Discharge from Treatment”.
6. In the event that the treatment team requests immediate termination of my treatment, I will be transferred to Burlington Comprehensive Counseling, 75 Washington Street, Mount Holly, NJ, to complete an administrative detox program of no less than 21-days.
7. The Records Release Authorization that I have signed for Burlington Comprehensive Counseling would be applicable for any appropriate communications regarding an administrative detox at that facility.

My signature below indicates that the following has been explained to me and that I have had the opportunity to ask questions.

- An explanation of the purpose, goals, techniques, and rules of procedure for my treatment
- An explanation of confidentiality and its limits (copy received)
- Length of treatment
- Patient Bill of Rights (copy received)
- Qualifications and credentials of treatment staff
- Consent for medical treatment
- Dispensing practice policy
- Medical Laboratory release
- Medication policy
- Cost sharing agreement
- Patient manual (copy received)
- Termination from treatment fro non-compliance with policy
- Advanced Directive/Living Will
- Received Orientation

I fully understand these requirements and agree to comply with these provisions of treatment.

Patient Signature

Date

Witness

Date

Patient Bill of Rights

As a patient, you have the right to

1. Understand and use these rights. If for any reason you do not understand or you need help. New Horizon must provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
3. No patients will be deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.
4. Be informed of clinic hours, rules and regulations, the various services available and any changes that may arise which may affect these.
5. Every patient will be informed of these rights, rules and regulations, including the patient's responsibility to respect the personal rights and private property of others.
6. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
7. Receive emergency care if you need it.
8. Be informed of the name and position of the doctor who will be in charge of your care.
9. Know the names, positions, and functions of any clinical staff involved in your care and, if you wish, refuse their treatment, examination, or observation.
10. Expect a non-smoking environment. In accordance with the state and city fire codes, this is a SMOKE-FREE facility.
11. Receive complete information about your diagnosis, treatment, and prognosis. You will be informed orally and in writing of the pharmacological effects of methadone prior to being build-up.
12. Every patient shall have the right to know his/her dosage, unless medically contraindicated.
13. Every patient shall have the right to receive available supportive services, both at the clinic and at the appropriate alternative treatment modalities incidental to his/her needs.

Patient Bill of Rights (continued)

14. Receive all the information you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
15. All patients have the right to be treated with consideration, respect, and full recognition of his/her dignity and individuality.
16. Expect privacy while at New Horizon and confidentiality of all information and records regarding your care.
17. Refuse treatment and be told what effect this may have on your health.
18. No patient will be required to perform services for this facility.
19. All patients will be free from mental and physical abuse, free from exploitation, and free from chemical, physical, and other types of restraints.
20. Receive all the information you need to give informed consent for an order not to resuscitate.
21. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please consult "*DO NOT RESUSCITATE*" *ORDERS-A GUIDE FOR PATIENTS AND FAMILIES AND THE HEALTH CARE PROXY FORM*.
22. Refuse to take part in research. In deciding whether to participate, you have the right to a full explanation.
23. Participate in all decisions about your treatment and discharge from New Horizon. New Horizon must provide you with a written discharge plan and written description of how you can appeal the discharge.
24. All patients may join with other patients or individuals to work for improvement in patient care.
25. Each patient will be assured of exercising civil and religious liberties, including the right to independent personal decisions.
26. Review your medical record without charge, or to obtain a copy of your medical record, for which New Horizon can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

Patient Bill of Rights (continued)

27. Received an itemized bill and explanation of all charges.
28. Complain without fear of reprisals about the care and services you are receiving and to have New Horizon respond to you, if you request it, in writing. If you are not satisfied with the hospital's response, you can complain to the New Jersey Health Department. New Horizon must provide you with the Health Department telephone number.

Methadone Outpatient Services

Medication Hours

Monday through Friday: 6:15AM to 2:00PM
5:15PM to 6:15PM
Saturday 6:15AM to 10:00AM (only)

Counseling Hours

Monday through Thursday: 6:00AM to 7:00PM
Friday 6:00AM to 2:30PM(only)

Program Conditions

1. All new patients are required to attend eight (8) consecutive Early Recovery Program group sessions. Failure to attend any two consecutive sessions will result in an administrative discharge from the program.
2. All patients are expected to attend a minimum of eight (8) Narcotics Anonymous (NA) meetings during the first 60 days of treatment.
3. Missing three (3) consecutive days of medication will result in discharge from the methadone treatment program. After the first occurrence of being discharged for three consecutive medication misses, you may be eligible for re-admittance. If you apply within seven (7) days of your last medication. At that time, you will be responsible for assuring that your cost-sharing account is current.

Patient Signature

Date

Witness

Date

Medication Policy

PURPOSE: To establish a written policy with regard to all medications prescribed by outside physicians, including over-the-counter medications being taken by clients. This policy is designed to help reduce the risk associated with drug interactions for clients taking methadone.

PROCEDURE

1. Clients are required to bring in all medication prescribed by outside physicians, including any over-the-counter medications, being taken. All outside medications must be counted and/or measured by the nursing staff.
2. Clients must bring in a letter from the prescribing physician stating that he/she is *aware* that the client is on a methadone program, the reason for the prescription and/or the diagnosis.
3. Clients must bring in the medication (prescribed or over-the-counter), in its original container, and give it to the nurse with the prescribing physician's correspondence.
4. All medication will be registered and counted/measured to assure accuracy in taking the prescribed or over-the-counter medication.
5. Failure to comply with this policy will result in one or more of the following actions by the multi-disciplinary treatment team:
 - a. Staffing with the treatment team
 - b. Suspension of take-home bottles
 - c. Administrative Detoxification

I have read the above policy regarding prescribed and over-the-counter medications and hereby agree to abide by this policy.

Client Signature: _____ Date: _____

Witness: _____ Date: _____

Dispensing Policy

Patient's Responsibility

1. The patient shall wait behind the door until called to the window.
2. The patient wills swallow the entire amount of medication while standing in front of the nurse at the dispensing window.
3. The patient will drink water at the counter in front of the nurse and throw the cup away at the bin in front of the dispensing window. No cup may be taken outside.
4. The patient must speak to the nurse after swallowing the mediation
5. No more than 2 patients at the counter at one time
6. Failure to comply with these rules will result in a meeting with their counselor and possible administrative detoxification.

Drug Screening

Patient's Responsibility

1. Patients must have a minimum of eight (8) drug screens per year. These screens will come in the form of PassPoint, a test that measures the eyes reaction to light.
2. Point of Care Tests (urine dips) will be performed as needed. If a patient contests a urine drug screen results, they may request a "confirmation test". The cost of the test is \$15.00 and is the responsibility of the patient regardless of the results.
3. Mouth swabs will be performed is a patient cannot void (patient must void on intake).

Patient Signature

Date

Witness

Date

**Handling of Special Take-Home Bottle Medication
When New Horizon Treatment Services is Closed for Planned or
Emergency Situations**

Client Name _____

1. I fully understand that when given take home bottle medication, I am solely responsible for its safety
2. I further understand that under no circumstances will medication be replaced by additional pick-up or re-medication at the clinic in the event that it is lost, stolen, spilled, or any other problems
3. I understand that I will receive a clearly labeled bottle for everyday of take home medication. Mutilated, torn-off, or altered bottle labels will result in the disqualification of take-home bottle privileges.
4. Bottle must never be stored in the refrigerator, on a low shelf, or other place where children may have access.
5. Failure to return all empty bottles or returning bottles that have been defaced will result in the disqualification of take home privileges.
6. Selling, trading, or giving away methadone is a felony criminal act and is contrary to clinic policy. Immediate detox from the clinic will occur.

I have received a copy of this policy, have read and understand its contents, and hereby agree to abide by the policies herein.

Client Signature: _____ Date: _____

Witness: _____ Date: _____

New Horizon Treatment Services, Inc.

COST SHARING POLICY/AGREEMENT FOR TREATMENT & SLIDING FEE SCALE

A. SELF PAY PATIENTS :

Intake Fee = \$125.00

1. Base Program & fee = **Nu-Step Program - \$70/week.**
2. DAS Programs fees = **DAS Regular - \$50/week and
Reduced DAS - \$40/week.**
3. Other programs & weekly fees = **C.R.E.S.T. program- \$75/week** (intensive program of treatment); **4M program- \$65/week** (program for those who qualify after 24 months of documented clean time & qualification for up to 28 days of take home bottles).
4. The service week begins on Tuesdays and ends at the close of business Mondays.
5. All patients are expected to pay each week in advance for the upcoming week and are also expected to keep their account current at all times. Payments can be made to cover current week or as many future weeks that the patient chooses.
6. All paying patients will receive either a computer generated receipt or a manually written receipt and are expected to keep their receipts as a personal record of payment.
7. Payments will be accepted by MONEY ORDER or CREDIT CARD ONLY (MasterCard or VISA are accepted)!
8. Payments will be made payable to **New Horizons Treatment Services.**
9. Payments will be received by a Front Office Employee Only! Special accommodations are made for those patients who are unable to climb steps to the 2nd floor front office. In these circumstances, the Senior Program Aide or other designee, as deemed by the Administrative Director, is authorized to take payment and deliver to the front office personnel for processing.
10. Billing Hours = Monday thru Friday from 6:15 AM to 7:00 PM.
11. **The Weekly Billing Payment Deadline is Mondays at 7 P.M. All payments not received by the deadline by the patient will result in the patient being put on an ARREARS LIST Tuesday morning.**
12. **IF A PATIENT BECOMES DELINQUENT ON THEIR ACCOUNT, AN INVOLUNTARY WITHDRAWAL OF MEDICATION FOR NON-PAYMENT WILL TAKE PLACE. The withdrawal will be the reduction in milligrams of medication at a scheduled rate for each day until bill is paid in full and 1 week in advance.**

13. If the patient should fall into the arrears, makes no payment, and is detoxed and discharged off the program, he or she will not be admitted back into New Horizon Treatment Services in the future unless all bad debts are paid in full.

Note: The Agency will evaluate each potential intake that has a bad debt and possibly make special arrangements to assist.

B. BUPRENORPHINE – SELF PAY PATIENTS:

1. Intake Fee = \$228.00
2. Base Fee = \$128.00 per week.
3. The guidelines listed above under letter “A”, from #3 thru #12, will apply for all Buprenorphine patients understanding that any and all exceptions are subject to Administrative review when applicable.
4. Assessment Fee: \$54.00 - For transfer from another program within New Horizons Treatment Services and into the Buprenorphine Program.

C. REDUCED FEE PATIENTS (DAS) :

1. \$40.00 PER WEEK = This fee applies to those that can show proof of possessing out of state welfare, in state permanent disability, on social security, or be on state welfare. Monthly proof of assistance/coverage is required to be given to the Front Office each month in order to remain on reduced fee status. This copy will be retained in the patient’s cost sharing account folder in the front office.
2. \$50.00 PER WEEK = This fee applies to those initial 243 patients that enrolled in the program and are partially subsidized by the Division of Addiction Services. As patients are discharged successfully or unsuccessfully from this “Regular” patient program and a “slot” becomes vacant, patients from one of the other programs would grandfather into the vacancy and their weekly fee adjusted accordingly.
3. \$50.00 PER WEEK = Additionally to the above, patients who show proof of Medicaid, “New Jersey Family Care/Kid Care” qualify for a the \$50.00 weekly amount. Continued reduced fee status for Family Care/Kid Care is contingent on the patient submitting a monthly certificate from the State of New Jersey that proves coverage. This must be copied by front office personnel and retained in the patient’s cost sharing account folder.
4. **ALL REDUCED FEE PATIENTS WILL BE RE-CLASSIFIED AND TRANSFERRED INVOLUNTARILY TO THE NU-STEP PROGRAM (\$70.00 PER WEEK) IF THE REQUIRED MONTHLY CERTIFICATES, SHOWING PROOF OF COVERAGE, ARE NOT SUBMITTED.**

3rd PARTY GUARANTOR PATIENTS:

D. EXEMPT FEE PATIENTS / Public Assistance Programs:

1. **WFNJ & NJM** - Any patient that qualifies for Social Services Programs of assistance (Work First New Jersey and Type “A” NJ Medicaid) will be exempt fee status unless the slots designated for these programs are full (if they are full a reduced fee will apply). All New Jersey Medicaid patients **MUST** show proof of coverage each month before the end of the first week of each month and have the Front Office personnel at New Horizons Treatment Services make a copy of that proof of coverage.

Continued assistance in these programs that are \$0 fee status, rely solely on the patients ability to conform to the rules deemed by the state of New Jersey and the requirements set forth by Work first New Jersey and NJ Medicaid Departments. Failure to abide by those requirements will result in the patient being **TRANSFERRED AND RE-ASSIGNED TO THE NU-STEP PROGRAM (\$70 per week).**

2. **PIP** = Patient Incentive Program – This program is fully subsidized by the Division of Aids. Eligibility is assessed by the PHP Coordinator or personnel in that department. If a slot is open and an individual qualifies, they are given service for either 120 days or 12 months. Details of this program can be obtained from the PHP Coordinator.

NOTE – Any patient that experiences a problem with payment is strongly encouraged to contact their counselor ASAP to possibly negotiate a plan to help.

E. ALL PAYMENTS ARE NON-REFUNDABLE FOR ALL STATUS.

F. OUTPATIENT COUNSELING PATIENTS (self pay patients as well as some clients referred thru Federal, State, and County Agencies – many clients from Drug court & Probation are covered by those establishments).

1. INTAKE FEE = \$75
2. Weekly fee = \$45.00
3. Weekly Fee for “12” DAS Slots = \$45.00
4. TB Test = \$25.00 (refundable upon client returning for result)
5. Urine Screening = \$7.00
6. Substance Abuse Evaluation & Psychological Evals. = \$125.00...\$75.00 for parolees. (Special Services Director Evals. Only)
7. **All weekly and urine screening fees are and must be paid at the time of service or service will not be rendered.**
8. The TRAC Program, in consult with the Executive Director, reserves the right to evaluate a client for a clinical schedule involving a reduced fee to the fee noted above for self pay patients. Therefore a reduced clinical schedule will reflect a reduced weekly fee. These slots are limited and are only put into place under special circumstances.

SLIDING FEE SCALE: Weekly fees...

- **\$0.00 = PIP Program, NJM Type “A” coverage, WFNJ eligible. (NJM=DAS).**
- **\$40.00 = Disability, SSI / SSD, Out of state welfare. (All DAS).**
- **\$50.00 = Regular DAS slot with no special circumstances / NJM Family Care Kid Care coverage.**
- **\$65.00 = 4M Program – Those patients who qualify (over time) for permanent extended take home privileges.**
- **\$70.00 = Nu-Step Program – Base line program placement with no special circumstances when DAS slots are full and no indigencies.**
- **\$75.00 = C.R.E.S.T. Program – Intensive treatment program with extended services.**

NOTE: New Horizons Treatment Services relies on the local Social Services Department to decide on the eligibility of various programs that a patient may qualify for. Based upon their assessment, we (New Horizons Treatment Services) will place that patient into the proper above noted program slots.

PATIENT SIGNATURE:_____

DATE:_____

WITNESS SIGNATURE:_____

DATE:_____

Brief summary of Federal Confidentiality Regulations

Applicability

The Federal Alcohol and Other Drug (AOD) Confidentiality Law applies to all programs, organizations, and individual practitioners who:

1. Receive Federal assistance (funding)
2. Are licensed by the Federal Government to dispense methadone
3. Provide and hold themselves out as providing AOD diagnosis, counseling, treatment, or referral for treatment

Who is Protected by Regulations?

The Federal regulations prohibit disclosure of patient identifying information without consent for those who:

1. Request information about treatment, referral for treatment, or diagnosis
2. Are screened for admission to treatment, interviewed, evaluated, or diagnosed
3. Enter treatment
4. Have ever participated in treatment

The Federal regulations protect current, former, and deceased patients. Disclosure of information means to communicate in any way, written or oral, which identifies someone as a patient, alcohol or drug abuser.

What Information is Covered?

Documents, records and information covered by the Federal regulations include:

1. Patient identity records
2. Treatment records
3. Prognostic records
4. Diagnostic records
5. Attendance records
6. Patient status information
7. Physical whereabouts information
8. Financial/billing information

Authorization to Disclose Information by Valid Consent

A program may disclose any information about a patient if the patient or authorized legal representative signs a valid consent form. Under Federal regulations a valid consent form must contain the following nine elements:

1. The name of the patient
2. The name of the program making the disclosure
3. The recipient of information
4. The purpose for the disclosure
5. The information to be released
6. A statement indicating that the consent can be revoked*
7. The specific date, event, or condition upon which the consent will expire
8. The date the consent is signed
9. The signature of the patient or legally authorized representative

Disclosures authorized by written consent must be accompanied by a notice prohibiting re-disclosure by the recipient.

*Disclosures to elements of the criminal justice system which have referred patients under certain circumstances are not subject to the normal revocation standards (see Subpart C- Disclosures with Patient Consent – 2.35)

When Can Information be Disclosed Without Patient Consent?

Federal regulations allow limited and specific disclosure without patient consent only under the following circumstances:

1. To a qualified service organization, with a written QSO agreement
2. In the event of a bona fide medical emergency to professional medical personnel only (not family members)
3. For mandated reporting of cases of suspected child abuse or neglect under state law
4. For qualified scientific research
5. Crimes (or threats of crimes) against program personnel or on program premise
6. For audits or evaluations conducted by qualified personnel from government organizations that fund the program, oversight organizations, peer review organizations, licensure and regulatory organizations
7. Under valid court orders (not a subpoena or warrant)

8. When a minor, in the judgment of the program director, lacks the capacity to decide rationally whether to consent to notification of a parent or guardian, the program may communicate relevant facts to a parent or guardian.
9. When communication of information does not constitute disclosure that identifies the patient in any manner e.g. reports of aggregate data or research
10. For internal program communications on a need-to-know basis

What are the Penalties for Violating Confidentiality Regulations?

Any person who violates any provision of the Federal Confidentiality Regulations are subject to the following penalties:

1. A fine of up to \$500 for the first offense
2. A fine of up to \$5,000 for subsequent offenses
3. The program may lose certification of accreditation
4. Licensed practitioners may lose license
5. A patient may also sue for damages in civil court

What Does Unconditional Compliance Mean?

The restrictions on disclosure apply whether the holder of the information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement officer or other official, has obtained a subpoena, or asserts any other justification for a disclosure or use which is not permitted by Federal Regulations.

No State law may either authorize or compel any disclosure prohibited by the Federal regulations.

Patient Signature

Date

Witness

Date

PATIENT SERVICES

The evaluation process is the first step for someone seeking treatment. Patients are screened and evaluated for appropriateness of treatment. Issues, problems and strengths will be identified and developed into a treatment plan. If further evaluation is needed, the patient will be referred to our Medical Director.

Each patient receives a medical evaluation. The medical department is responsible for dispensing methadone, as well as dealing with patient health issues. Professional medical care assures that medical conditions such as Hepatitis B, Hepatitis C, venereal disease, cardio-vascular disease, HIV infection, and issues of prenatal care are diagnosed and managed early.

Patients diagnosed with any of the above noted problems will be referred to outside agencies for care and follow-up of those conditions.

An initial urine screen serves to verify addiction. Ongoing random urine screens assure that progress is monitored. Urine screen results are one of the tools used in managing treatment and include urine specimens, blood samples and Pass Point (eye screening machine) as well as alcohol sensor testing.

The counselor and patient mutually agree upon recommendations for treatment. Patients are highly encouraged to participate in all phases of treatment.

Addiction is a chronic, relapsing disease that is both preventable and treatable. Recovery means becoming involved in healthy relationships, counseling, and the community. At NHTS all patients are required to participate in individual and group counseling. This will help you develop the skills necessary to remain drug free. You will learn to identify and correct problems and to work each day to prevent relapses.

NEW HORIZON TREATMENT SERVICES offers these services:

- Individual and Group Counseling
- Drug Free Counseling
- Urine Drug Screenings
- AIDS/HCV Education & Prevention
- HIV/HCV Testing, Education, Counseling and Referrals
- HIV/HCV Case Management
- HIV Support Group
- Referral to Inpatient/Residential Programs
- Community Education
- Medical Consultation, Coordination & Referral
- Drug & Alcohol Screenings and Assessments

PROGRAM EXPECTATIONS

Group Sessions

In group treatment “many approaches will be used; however, group treatment provides clients with increased opportunities for working on interpersonal behaviors, sharing feelings and ideas, and for gaining reinforcement and acceptance from group members. Group sessions are to validate a client’s feelings and pain and as a cooperative force that confronts behavior that may not be productive. As clients you will use the group to:

- ❑ Understand addiction and the recovery process
- ❑ Identify relapse triggers and gain insight into relapse prevention measures
- ❑ Identify stressors and high-risk situations
- ❑ Identify successful approaches to resolve problems
- ❑ Learn coping skills and risk-management
- ❑ Develop a social structure, friendship, which a substance abuser needs after losing their other, non-breathing, “best friend”.

The behaviors associated in having the group work for you is:

- ❑ Please be on time so the group remains focused
- ❑ Share your feelings and relate other’s issues to yourself
- ❑ Confront gently – group is not meant to lash out or to hurt others
- ❑ Maintain the group’s confidentiality – please do not discuss individuals and/or their issues outside of group
- ❑ Be sensitive to other group member’s feelings as you would want them to be sensitive to yours
- ❑ Listen and hear what others are saying in a non-judgmental manner
- ❑ Be respectful of others and yourself

PATIENT ADVOCACY COMMITTEE

NHTS has a Patient Advocacy Committee that is comprised of up to six methadone patients who have allowed NHTS to work for them by presenting client issues to the administration in order to seek solutions. If you meet the criteria of being a model client and are in communication with other clients and are aware of what their issues are, please contact your counselor who in turn will contact the Methadone Department Supervisor and make an appointment for you to join in on monthly meetings with the Quality Assurance Officer and the Executive Director.

PATIENT/CLIENT VOLUNTARY GROUPS

Women's Group

New Horizon Treatment Services provides optional voluntary groups that support the recovery process. The agency has a women's process group that deals with the difficulties of maintaining a women's role in the family, community, and workforce while maintaining a recovery plan. This dynamic group gives women the room to express themselves in a supportive and non-threatening environment.

Holistic Disciplines

This group is facilitated by the Director of Clinical Services who has a multitude of experience with holistic health. It is an open group for all patient/clients who are interested in learning about stress reduction and maintaining optimal health with nutrition, vitamins and herbs.

Patient Educational Days

Approximately four (4) times per year New Horizon Treatment Services provides clients with an opportunity to have an interactive group with educational providers that include: understanding methadone on the mind and body, environmental issues, available services, veteran association, and other groups on topics that the patients/clients are interested in.

Patients/clients may tell their counselor about subjects they would like to see presented, put ideas in the suggestion box, and/or write a letter and leave it at the front desk.

IMPORTANT GENERAL POLICIES AND PROCEDURES

The actions listed here are violations of clinic treatment policy. Violation of any of these policies and procedures may result in a written probation notice to the patient. If any further violations occur, you may be placed on a treatment contract. If a contract is violated, the treatment team will request administrative detoxification.

1. Repeated failure to respond to clinic regulations regarding the prescribed use of medication.
2. Failure to stabilize on methadone due to attendance and arrears detox problems.
3. Unauthorized use of the clinic premises for reasons not specifically relevant to treatment such as buying or selling goods or merchandise of any kind in or near the clinic.
4. Failure to submit urines when requested.
5. Falsification or manipulation of urines will result in immediate suspension of take home bottle (THB) privileges and administrative detoxification upon the second incident.
6. Lack of significant progress toward treatment plan goals, indicated by chronic drug use, missing counseling and/or medical appointments and behavior problems in or on the property of the clinic.
7. Failure to follow up medical referral and treatment when found positive for venereal disease, tuberculosis, and suspected hepatitis.
8. Loitering in or around the clinic area when not participating in clinic programs.
9. Patients reporting to the clinic under the influence of illicit drugs and/or alcohol will not be medicated or allowed to participate in counseling sessions.
10. All methadone patients are required to speak to the nurse after drinking their medication, to ensure that the medication is swallowed.
11. All patients are **REQUIRED** to register all prescriptions with the Medical Department and submit a note from their private physician indicating their awareness of your participation in Methadone Treatment at the time of registering the medication with the Medical Department.

DISCHARGE/EXPULSION

Improper conduct exhibited by a patient in and/or around the clinic grounds may result in an Administrative Detoxification and EXPULSION from this program. In all cases of expulsion for any reason, the patient may appeal this decision in writing, to the Clinical Director within three working days of the patient being informed of the expulsion decision. The following actions are some examples that could be cause for an Administrative Detoxification

1. Illegal Transactions and exchanges of anything in or around the clinic between patients. A patient who demonstrates this behavior will be immediately transferred to another clinic for an Administrative Detox.
2. Substance abuse ingestion/sales or under the influence of drugs and/or alcohol.
3. Refusal to report all prescription medications that you are presently taking and refusal to inform your private physician that you are taking methadone.
4. The threat of or actual physical harm toward a staff member or any another patient presenting clear and present danger. A patient who demonstrates this behavior will be Administrative Detoxified.
5. Attempt to falsify a urine sample
6. Continued failure or refusal to leave requested urine samples.
7. Instability on Methadone due to missed days of medication or multiple cost-sharing arrears detoxifications. (If a patient is on Methadone Maintenance, they will automatically be terminated after 3 consecutive missed medication days and does not report back within 10 days of their last scheduled dosage).
8. Malicious destruction of the property of the clinic or the personal property of either a staff member or another patient
9. Possession of a weapon in or around the clinic grounds.
10. Lack of significant positive movement toward treatment goals as demonstrated by chronic drug use, chronic arrears, chronic unjustified unemployment, missed counseling appointments, missed medication days, etc.
11. Attempting and/or succeeding in removing methadone from the clinic in an inappropriate manner or procedure
12. Loitering in and/or around the clinic facility and grounds.

STEPS FOR FILING GRIEVANCES/COMPLAINTS

All information that is provided will be held strictly confidential in the same manner as the patient protections described in the U.S. Federal Confidentiality Regulations 42 CFR and the Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) as established by the Department of Health and Human Services (HHS) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In order to assist you at the maximum level of follow-up and outcome, we do request certain personal information on the form. However, if you do not want us to disclose your name for any reason, we will honor your wishes.

Issues that may result in a grievance: The primary counselor, the clinical supervisor, staff actions, program operational hours, treatment fees, management procedures, or any other situations that create an uncomfortable environment for the patient.

Procedure:

Step 1

The patient should discuss the complaint with his/her counselor in an attempt to seek a solution.

Step 2

If the problem has not been satisfied, the patient then completes a grievance/complaint form and gives it to the Clinical Director or the Executive Director. If it is a verbal complaint, the patient tells the Clinical Director or the Executive Director. The patient may ask his/her counselor to initiate this process.

Step 3

The response time for a verbal complaint is one business day, and for a written complaint it is 5 business days. If the exploration of the grievance is time consuming, the patient's counselor will contact him/her periodically, (unless the grievance is with their counselor), then communication will be by the supervisor of the department.

Step 4

The Clinical Director will contact the patient to discuss the issue and explore resolutions.

Step 5

If not satisfied, the patient may appeal the decision to the Executive Director for further conflict resolution.

Step 6

The patient will receive the decision in writing within 10 days with the reasoning stated and may contact him if further discussion is required.

Other, describe:

Please Note: All verbal complaints or grievances will be acted upon immediately and will receive a response within 1 business day. Written complaints or grievances will receive a response within 5 business days. If you are not satisfied with the agency response, you may contact the NJ State Department of Health (609) 292-7837 or The Division of Addiction Services (609) 292-6587.

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The staff at New Horizon Treatment Services is confident that this will be a positive treatment experience. Working together is how we all can accomplish our mission *to save lives from the devastation of addiction.*