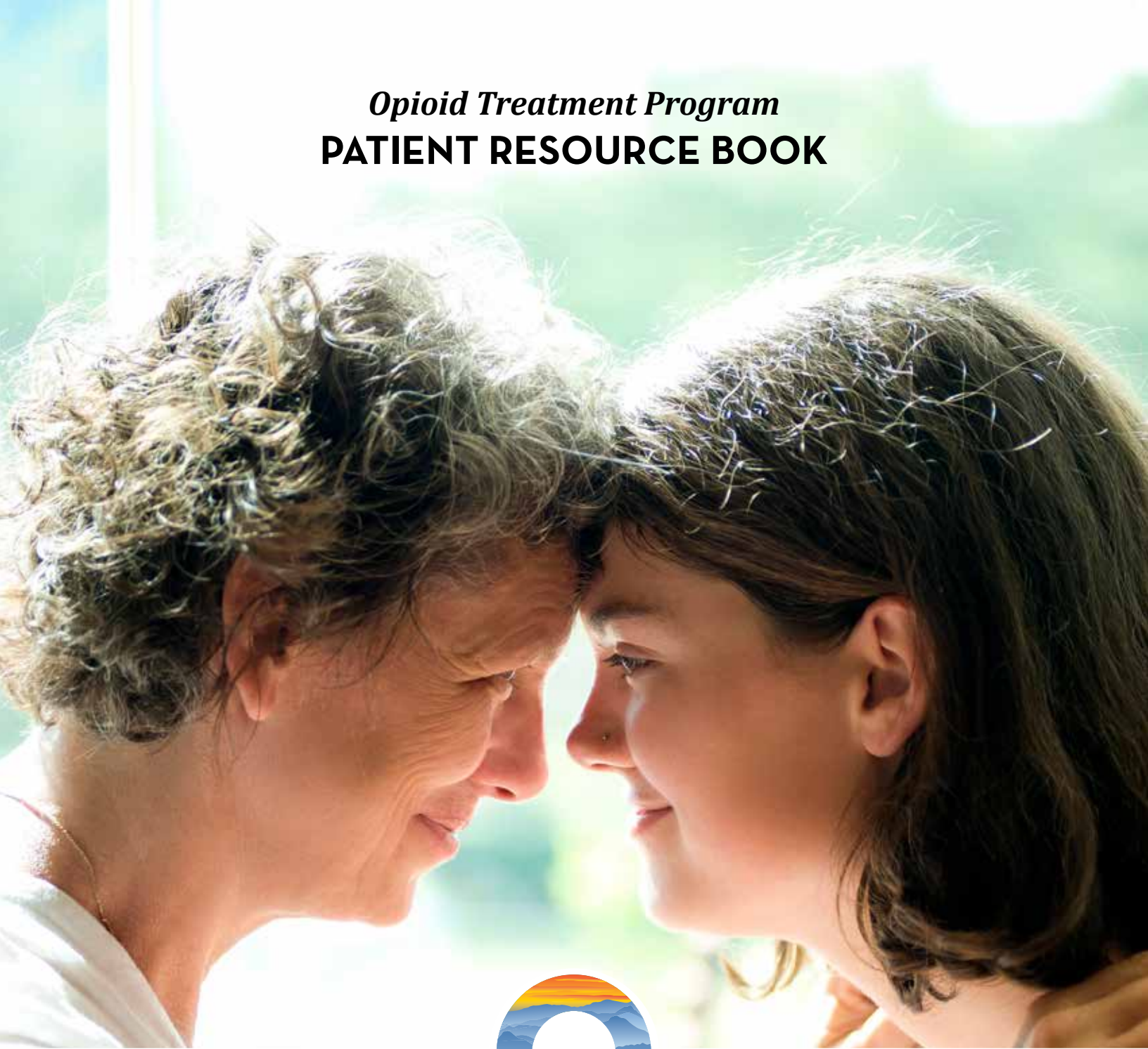


Opioid Treatment Program
PATIENT RESOURCE BOOK



**OVERMOUNTAIN
RECOVERY**

RECOVERY *is* POSSIBLE

800.TREATMENT | overmountainrecovery.org

In case of a disaster or emergency that prevents normal clinic operations, all patients must provide an email or cell phone number to receive notification from Tennessee Central Registry regarding dosing procedures.

AFTER HOURS
EMERGENCY NUMBER
833.371.0509



OVERMOUNTAIN
RECOVERY

OPIOID TREATMENT PROGRAM PATIENT RESOURCE BOOK

Business hours:

Monday – Friday 5:30 a.m. to 1:30 p.m.

Dosing only:

Monday – Friday 5:30 a.m. to 11:30 a.m.

Saturday – Sunday 6:30 a.m. to 9:30 a.m.

Overmountain Recovery

203 Gray Commons Circle, Suite 110
Johnson City, TN 37615

Phone: 800.TREATMENT

Fax: 423.467.2820

overmountainrecovery.org

Holiday schedule:

Overmountain Recovery observes the following holidays:

- New Year's Day
- Independence Day
- Thanksgiving Day
- Christmas Day



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AN INTRODUCTION TO OPIOID ADDICTION

WELCOME

Welcome to the Overmountain Recovery Opioid Treatment Program. We are pleased that you have selected us to be your treatment provider, and we will strive to provide you with the highest quality treatment. This handbook is provided to orient you to our treatment program and provide you and your loved ones answers to questions you might have concerning treatment.

IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THIS HANDBOOK. AT THE BEGINNING OF YOUR TREATMENT, AFTER YOU HAVE READ THIS BOOK, YOU WILL BE ASKED TO SIGN A STATEMENT SAYING, "I HAVE READ AND UNDERSTAND MY RESPONSIBILITIES." YOU WILL ALSO ATTEND AN ORIENTATION ON THE INTAKE DAY TO CLARIFY QUESTIONS AND CONCERNS.

OUR TREATMENT IS BASED ON THE FOLLOWING BELIEFS AND PRINCIPLES:

1. The goal for our patients is to abstain from all substances of abuse, and if preferable to the patient, to eventually taper off.
2. Methadone is an available **tool** in your treatment process to reduce your urge to use illicit opiates. Clinical services that are crucial to successful recovery from addiction include individual and group counseling sessions. Counseling can provide skills needed to prevent relapse, change lifestyles, reduce risks, improve health and build new, healthy relationships as your recovery progresses.
3. Each patient will be treated with respect and dignity. We expect that team members will be treated with the same respect. Patients need to work with their counselors to make informed decisions about their treatment needs, plans and goals. Positive changes will be supported, recognized and encouraged. We realize that successful abstinence and recovery from addiction require treating the whole person.
4. No single treatment is appropriate for all individuals. Patients with strong spiritual beliefs might benefit from 12-step programs and outside support groups, while others might respond to various behavioral therapies. Treatment should build on patient strengths and preferences.
5. We strive to provide excellent patient service, and we value your input. You may submit your concerns and/or suggestions at any time to the program director or other Overmountain Recovery team members. Suggestion boxes are also placed within our facilities.
6. Recovery from addiction can be a long-term process which may require treatment changes, medical and counselor interventions and in some instances, involuntary taper and suspension of methadone services.
7. Our purpose is not only to point you in the direction of freedom and health, but also to ensure that you have the proper tools for successful management of your disease.

Thank you again for choosing Overmountain Recovery to help you with your recovery process.

ABOUT OPIOID ADDICTION

Dependence on opioids is a physical illness, a central nervous system disorder caused by long-term opioid intake. **After long-term use, the nerve cells which would normally produce endogenous (natural) opiates degenerate and cease to function normally.** The user becomes physically dependent on the external supply of opioids.

Abrupt abstinence can cause severe physiological withdrawal symptoms. Opioid addiction and dependency require appropriate medical care and treatment.

Methadone is used as a tool to treat opioid addiction. Overmountain Recovery is proud to be involved in your treatment and recovery as you start on the road to regain your life.

HOW AND WHY METHADONE WORKS

It is important that you realize that methadone is a powerful medication used in the treatment of opiate addiction. Opioids are all derivatives of opium, a natural narcotic obtained from poppies or similar man-made substances. Opioids include heroin, morphine, codeine, hydromorphone (DILAUDID) and oxycodone (OXYCONTIN)*.

**Medication brand names in parentheses are the registered trademarks of their respective owners.*

METHADONE IS A SYNTHETIC OPIATE AND IS VERY EFFECTIVE IN THE FOLLOWING WAYS:

- Methadone is taken orally, rather than by injection. Therefore, methadone frees you from the dangerous practice of “shooting up.”
- Methadone is very long acting. You will only need to take methadone once a day. Methadone lasts from 24-36 hours.
- Methadone takes effect slowly. Because the medication has a slower and more gradual onset of effects, you will not get a “rush.” This helps break the cycle of the “rush-stoned-crash-withdrawal” symptoms.
- Methadone side effects will lessen as your treatment progresses, and you will then feel fewer of the medication’s initial effects.
- Once you are stabilized at an appropriate therapeutic level, you will look, act and feel drug-free.
- Methadone prevents withdrawal symptoms, reduces hunger/cravings and blocks the effects of opioids.

AS USEFUL AS METHADONE IS, IT IS NOT ENOUGH ON ITS OWN. REMEMBER, METHADONE IS A TOOL; IT IS NOT TREATMENT BY ITSELF AND MUST BE COMBINED WITH OTHER CLINICAL SERVICES IN ORDER TO BE EFFECTIVE.

METHADONE SIDE EFFECTS

Methadone side effects are usually minimal and short-lived. They most often occur in the early stages of your treatment. Most patients experience no severe side effects. Please read the list below and notify the medical staff if you experience any symptoms of these side effects.

The **most frequently** observed negative effects are light-headedness, dizziness, extreme tiredness, nausea, vomiting, sweating, ankle swelling or skin rash.

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

You might experience some side effects from methadone, but they are usually minor and typically do not outweigh the benefits of treatment. Notify the nurses if you experience any side effects listed above.

Methadone is a medication that produces dependence and has the same side effects as other opioids. Overdose might cause sedation and/or respiratory and cardiac depression.

IF YOU HAVE DIFFICULTY BREATHING, CHEST PAINS OR OTHER SERIOUS SYMPTOMS, CALL 911!

If you have a mild reaction that you believe is medication-related, call the Overmountain Recovery medical staff for assistance. After hours, contact the local emergency room. If it is necessary, go to the hospital, but have someone else drive you.

FOR A MEDICAL EMERGENCY OR DRUG OVERDOSE CALL 911!

METHADONE OVERDOSE: WHAT YOU NEED TO KNOW

WHAT TO WATCH FOR:

AN OFTEN UNRECOGNIZED SYMPTOM OF METHADONE OVERMEDICATION IS UNUSUAL FEELINGS OF EXCESS ENERGY WITH OR WITHOUT EUPHORIA. AS METHADONE LEVELS DROP, THE OTHER SIGNS/ SYMPTOMS MIGHT EMERGE.

SIGNS AND SYMPTOMS OF AN OVERDOSE:

- Body is limp
- Cannot be aroused or unable to talk
- Difficulty arousing the person from sleep
- Fingernails or lips turning blue/purple
- Mental confusion, slurred speech or intoxicated behavior
- Pinpoint pupils (miosis)
- Slow heartbeat or lowered blood pressure
- Slow or shallow breathing
- Unusual sleepiness, grogginess, drowsiness (over sedation, somnolence)
- Unusual snoring while asleep
- Vomiting or gurgling noises

WHAT TO DO FOR A METHADONE OVERDOSE

Share this with your friends and family

TAKE IMMEDIATE ACTION.

If there are possible signs/symptoms of overmedication or overdose, determine if the victim is responsive. Shout their name, pinch their ear or rub your knuckles on their breastbone to arouse them. Keep them awake and call 911. **If the victim cannot be aroused, call 911 immediately.**

USE INTRANASAL NALOXONE.

Intranasal naloxone can be life-saving for someone who has overdosed on opioids. After using this medication, it is still important to **get immediate medical help** because naloxone's effect will wear off before methadone's effect. Ask an Overmountain Recovery team member about how to obtain naloxone.

WHAT NOT TO DO FOR A METHADONE OVERDOSE

There are many "street myths" about how to deal with an opioid overdose, including an overdose with methadone. All of the alleged "remedies" take precious time away from getting real help, and they all can be harmful rather than helpful. Here are several precautions for patients and their relatives/friends to know about.

- Do **not** inject the person with any substance (salt water, "speed," heroin, etc.). **The only antidote for an opioid overdose is naloxone.**
- Do **not** put the person into a cold bath or shower. They could fall, go into shock or drown.
- Do **not** slap the victim or walk/drag them around to wake them up. If they cannot be roused by shouting, rubbing knuckles on the sternum (center of rib cage) or pinching their ear, they are unconscious. Further stimulation will not help and may cause injury.
- Do **not** try to make the victim vomit orally ingested opioids. They might choke or inhale the vomit into their lungs, causing fatal damage.

THE MOST IMPORTANT THING TO DO IN THE CASE OF AN OVERDOSE IS CALL 911!

METHADONE DRUG INTERACTIONS

Methadone is a powerful medication and has a number of interactions and side effects that you should know and understand. Methadone must be used with caution. It has to be used in reduced doses if you are currently taking narcotic painkillers, tranquilizers, sedatives, antidepressant drugs or any similar medications.

Please note: We require you to notify the opioid treatment physician, nurse and counselor anytime you are taking medication from any primary care doctor, specialist, weight-loss clinic or dentist.

You must notify the nurse any time a physician or other healthcare provider has written a prescription for you. You must physically bring all medications to the nurse each and every time you get a medicine filled or refilled, and the nurse must document each medication(s) in your medical record. You must also sign a release of information for any outside physician and/or dentist who is prescribing medications. Failure to do so is grounds for suspension from the opioid treatment program.

IT IS NEVER SAFE TO USE ALCOHOL OR UNAPPROVED BENZODIAZEPINES WHEN TAKING METHADONE. EXCESSIVE USE CAN CAUSE BREATHING TO STOP, RESULTING IN COMA OR DEATH.

The following are examples of benzodiazepines: alprazolam (XANAX), diazepam (VALIUM), clonazepam (KLONOPIN), lorazepam (ATIVAN), temazepam (RESTORIL), chlordiazepoxide (LIBRIUM), triazolam (HALCION), etc. A more comprehensive list can be acquired from counseling or medical staff.

MEDICATIONS THAT MIGHT CAUSE WITHDRAWAL SYMPTOMS IF COMBINED WITH METHADONE

There are certain medications that cannot be used by patients on methadone and may lead to severe withdrawal or unpredictable interactions. It is important that you share the following list with your healthcare practitioners (i.e. physicians, surgeons, dentists, psychiatrist, etc.).

THE FOLLOWING IS A LIST OF SOME MEDICATIONS THAT MIGHT CAUSE WITHDRAWAL SYMPTOMS IF COMBINED WITH METHADONE:

- Buprenorphine (BUPRENEX, SUBOXONE, SUBUTEX)
- Butorphanol (STADOL)
- Nalbuphine (NUBAIN)
- Naloxone (NARCAN)
- Naltrexone (REVIA, VIVITROL)
- Pentazocine (TALWIN Nx)
- Rifampin

DO NOT TAKE THE FOLLOWING WITHOUT INFORMING YOUR PRIMARY PHYSICIAN BECAUSE THEY MIGHT INTERACT WITH METHADONE:

- Amiodarone (CORDARONE)
- Barbiturates
- Carbamazepine (TEGRETOL)
- Ciprofloxacin (CIPRO)
- Clarithromycin (BIAXIN)
- Erythromycin
- Fluconazole (DIFLUCAN)
- Grapefruit juice
- Levofloxacin (LEVAQUIN)
- Levothyroxine (SYNTHROID)
- MAO inhibitors
- Phenytoin (DILANTIN)
- Promethazine (PHENERGAN)
- Quinidine
- Thioridazine (MELLARIL)
- Tramadol (ULTRAM/ULTRACET)

EXAMPLES OF OVER-THE-COUNTER MEDICATIONS TO AVOID

- ALL cough medicine containing Dextromethorphan (i.e. Robitussin DM, Vicks, Delsym, Coricidin, Nyquil Nite Time or any medication that ends in DM)
- Chlorpheniramine (Chlor-trimeton)
- Cimetidine (TAGAMET)
- Cold and sinus medications
- Diphenhydramine (BENADRYL)
- Omeprazole (PRILOSEC)
- Pseudoephedrine (SUDAFED)
- St. John's Wort

Poppy seeds can also cause your drug screen to test positive and will require a confirmatory test.

This is a short list of medications. Please ensure that you discuss any medications or over-the-counter medications with the medical staff prior to taking them.



MEDICATION POLICY

ROUTINE PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATIONS:

Each time you fill or refill a routinely prescribed medication or purchase an over-the-counter medication or supplements including vitamins, minerals and weight-loss or weight gain supplements of any kind, you have seven days to bring the prescription or over-the-counter medication to the dispensing nurse to count and submit to the program physician for approval.

IMPORTANT: If you do not present your prescription or over-the counter medications as required, and your urine drug screen tests positive for an illicit substance, you must pay a non-refundable fee to have an additional test to confirm the results were not due to illicit use. Confirmation tests must be requested and paid for within 48 hours of your notification of the urine drug screen. If you do not choose to confirm the results, the urine drug screen will be considered positive for an illicit substance and you will be subject to the consequences associated with such results, including suspension of any take homes.

NARCOTIC PAIN MEDICATION:

Medical studies show that combining **narcotic pain medications** with methadone can lead to a potential overdose or death and can also be a trigger for relapse. If you require pain medication, ***you must inform the prescribing physician that you are taking methadone and sign a consent allowing Overmountain Recovery to communicate with that physician.***

YOU MUST BRING IN ALL PAIN MEDICATIONS TO THE DISPENSING NURSE TO BE COUNTED THE DAY THE PRESCRIPTION IS FILLED. IF THE PROGRAM PHYSICIAN APPROVES THE PAIN MEDICATION, YOU MAY TAKE IT AS PRESCRIBED FOR THREE DAYS. YOU MUST BRING IT AGAIN TO THE DISPENSING NURSE ON THE FOURTH DAY TO BE RECOUNTED. IF YOU REQUIRE THE PAIN MEDICATION FOR MORE THAN THREE DAYS, THE MEDICAL DIRECTOR MUST APPROVE YOUR CONTINUED USE.

STIMULANTS:

Medical research has shown that taking stimulant medication for prolonged periods of time can lead to dependence. Due to its abuse potential, Overmountain Recovery seldom uses stimulant therapy, but this intervention can be approved by the program physician following an in-depth evaluation, which will include a review of documentation that supports a prior diagnosis of ADHD.

BENZODIAZEPINES:

Medical research proves combining benzodiazepines and methadone can cause harmful reactions, including **overdose and death**. As an alternative to benzodiazepine therapy, treatment will focus on behavioral interventions.

GABAPENTIN:

Gabapentin (NEURONTIN) has become a drug of abuse, and as such can interfere with recovery from opioid addiction. Any prescription for this medication must be specifically approved by the Overmountain Recovery medical director. ***Overmountain Recovery has zero tolerance for illicit gabapentin.***

VIOLATIONS OF THE MEDICATION POLICY

THE FOLLOWING PROTOCOL WILL BE UTILIZED FOR VIOLATIONS INVOLVING ILLICIT SUBSTANCES:

- Continued inappropriate urine drug screens for unapproved medications might result in an automatic suspension by the medical director.
- Inappropriate urine drug screens for unapproved medications will result in a review by the treatment team with a possible increase in level of care.
- The patient will be required to meet with the physician in order to develop a plan to discontinue unapproved medications.
- The physician might adjust the methadone dose for the safety of the patient.
- Two consecutive appropriate drug screens must occur for the patient to be removed from active treatment team review.

ALL VIOLATIONS OF THE MEDICATION POLICY WILL BE REVIEWED BY THE TREATMENT TEAM, AND RECOMMENDATIONS FOR INCREASED LEVELS OF CARE WILL BE EVALUATED. YOU MUST BRING IN ALL APPROVED MEDICATIONS TO THE DISPENSING NURSE TO BE COUNTED. IF YOU REQUIRE PAIN MEDICATION, THE MEDICAL DIRECTOR MUST APPROVE YOUR CONTINUED USE.

ADMISSION CRITERIA

INTAKE

Federal guidelines determine when you are a candidate for methadone treatment. To qualify for induction and initial treatment with methadone, an individual must have a documented one-year history of opioid dependency, prior treatment attempts and observed signs and symptoms of opioid withdrawal as determined by the medical staff, and pay the appropriate fees.

The intake process consists of a clinical evaluation, a medical assessment and a physical examination. As part of the physical exam, blood is collected for lab testing, a tuberculosis skin test (PPD) is done and

any other tests that are considered necessary are completed. A urine sample is required of all patients at the time of admission to verify opioid drug use and rule out benzodiazepine use. The evaluating physician determines if an individual is a candidate for methadone maintenance.

All admissions are contingent upon federal and state guidelines and physician approval.

TREATMENT LEVELS

Overmountain Recovery is committed to assisting patients in working on a recovery program. All patients entering treatment will develop goals (patient's own expectations) for an individualized treatment plan in order to determine the necessary length of treatment.

The initial individual treatment plan will be signed by the patient and the primary counselor, and it must be approved by the medical director. The individual treatment plan will then be reviewed, updated and signed every 90 days for a patient in treatment less than one year and annually thereafter.

Patients entering the opioid treatment program will receive a clinical assessment that takes into account the natural history of opioid addiction as altered by time and treatment. Therefore, treatment tasks are determined based on the patient's stage in the disease.

1. **Initial treatment:** This phase of your treatment is more intensive with frequent medical and counseling assessments/interventions and can last a minimum of 30 days.
(Acute care phase of treatment)
2. **Early stabilization:** This phase includes the induction phase and can last six months.
(Acute care phase of treatment)
3. **Long-term treatment:** This phase follows early stabilization and can last for the duration of treatment. **(Rehabilitative or medical maintenance phase of treatment)**
4. **Medically supervised withdrawal (taper):** With continuing care if and when appropriate. **(Acute, rehabilitative, medical maintenance or tapering phases of treatment)**
5. **Immediate emergency treatment:** Provision of methadone therapy in situations where access to a comprehensive treatment program is not possible.

PROGRAM SERVICES

DETOX PROGRAM

Information about our detox program is available at any time. Please discuss your desire to participate in a detox program with your counselor. As part of our program, your counselor will ask you at a minimum once per year if you are willing to begin a tapering program.

DISCHARGE FOLLOW UP PROCEDURES

If the discharge is initiated by the patient, Overmountain Recovery counselors can continue to see patients – for a fee – until such a time when the patient can get an appointment at the appropriate referral placement or up to 30 days post discharge.

EMERGENCY PROCEDURE

In the event of an emergency at Overmountain Recovery, be aware of the team members and look to them for guidance and direction.

FAMILY SUPPORT

Family members are encouraged to participate in treatment with their person. Groups are available for family members to begin the healing process. Please call or come in to get the group schedule.

FOLLOW UP PROCEDURE

Patients who are mandated to methadone treatment through the legal system, regardless of his/her discharge outcomes, will be followed up for 30 days post discharge from Overmountain Recovery.

GROUP COUNSELING

Patients are expected to attend groups, according to their treatment level. Patients are expected to participate and contribute to the group process. Group session attendance is mandatory. Group facilitators cannot excuse a patient from attending group. Any excused absence must be approved by the primary counselor.

INDIVIDUAL COUNSELING SESSIONS

Patients are expected to meet with their primary counselors based on level of care for a minimum of 30 minutes per session (more if clinically indicated). During these counseling sessions, short and long-term goals should be established and reviewed. Progress in treatment should also be addressed, as well as situations that impact the patients' recovery/treatment programs.

LEGAL SYSTEM

If you are involved with the legal system, please ensure that you have signed a release of information allowing the counselors or medical staff to contact lawyers, probation/parole officers or other persons involved with your status. Overmountain Recovery team members will not typically go to court on your behalf. You will be expected to follow all of the requirements of your probation/parole while you are a patient at Overmountain Recovery. Please be aware that NO team members are allowed to have contact with the legal system about you or your behavior without your permission.

NATURAL DISASTER PROCEDURES

In the event of a snow storm that closes roads or other natural disasters, Tennessee Central Registry will send out an email or text providing details and instructions. **Please ensure that you have your patient ID card with you at all times and your phone number is kept current.**

PSYCHIATRIC CARE

If you need to see a psychiatrist, please coordinate the appointment with your counselor. When you make an appointment, that time is reserved for you, so it is important to keep the appointment or call at least 24 hours in advance to change it. If you are seeing a private psychiatrist or primary care doctor, you must sign a consent to release information to Overmountain Recovery and the medical director will need to approve all medications.

PROGRAM SERVICES

SCHEDULED APPOINTMENTS

Patients are required to attend all scheduled appointments, i.e. counseling sessions, group sessions and medical appointments, as requested by program team members. If a patient misses more than three scheduled appointments within a 90-day period of time or has two consecutive absences, the patient will be reviewed by the treatment team for program non-compliance. Again, possible suspension from the program will be considered.

SECLUSION/RESTRAINT

There is no seclusion or restraint used at this facility.

TREATMENT ALTERNATIVES

Several options are available for effectively treating addiction to prescription and illicit opioids. These options are drawn from experience and research. They include medications such as buprenorphine or naltrexone. Other treatment modalities include behavioral counseling, acupuncture and residential treatment.

In addition, a useful step toward long-term treatment of opioid addiction is detoxification. Detoxification, in itself, is not treatment for opioid addiction. Rather, its primary objective is to relieve withdrawal symptoms while the person adjusts to being drug-free.



OVERMOUNTAIN RECOVERY

MEDICAL SERVICES DEPARTMENT

THE MEDICAL SERVICES DEPARTMENT IS RESPONSIBLE FOR:

1. Collection of biological specimens for chemical analysis
2. HIV counseling, testing, referral and education
3. Medication education and management
4. Nursing care by registered nurses (RNs) and licensed practical nurses (LPNs)
5. Physical exams and medical assessments
6. Pregnancy testing and referrals
7. Prevention, early detection and referral for acute and chronic illnesses
8. Tuberculosis/syphilis screening and referral

GENERAL MEDICAL CARE

Routine medical care is not part of your treatment. Please see your primary care provider for your general medical care. You must sign a consent form to have medical and/or dental records sent to Overmountain Recovery.

HOSPITALIZATION

If you require hospitalization, your daily dose can be provided to you by the hospital. Notify the hospital personnel that you are an Overmountain Recovery methadone patient and sign a consent to release information so Overmountain Recovery can confirm your enrollment and current dose.

You will need to bring a copy of your discharge papers from the hospital the day you return to Overmountain Recovery.

THIS PROTOCOL DOES NOT INCLUDE NARCOTIC PAIN MEDICATIONS, BENZODIAZEPINES, GABAPENTIN, BARBITURATES, CARISOPRODOL OR STIMULANTS. YOU MUST REFER TO THE MEDICATION POLICY FOR ADDITIONAL INFORMATION.

If you are seeing a private doctor, you will need to sign a consent form to allow communication between Overmountain Recovery and your doctor so the medical director can determine whether or not it is safe for you to take the prescription(s).

INFECTION CONTROL

All patients are encouraged to wash their hands after using the bathroom facilities. Patients should wear gloves if they come in contact with blood or bodily fluids. Patients are to be mindful of items that carry the red biohazard labels. The labels are placed on canisters and devices that have potentially infectious materials. Patients should never attempt to open such devices or place any objects within those devices.

PREGNANCY

No drug or medicine is absolutely safe during pregnancy, but methadone has been taken by many pregnant women.

A pregnancy test will be administered to all females upon admission and yearly.

1. A release form is to be signed by the patient authorizing Overmountain Recovery to notify the OB/GYN physician, pediatrician and designated hospital of current involvement in the methadone program, current methadone dose, prescribed medications, monthly drug screens and patient status.
2. Literature regarding the effect of methadone on the unborn child will be given to the patient. Documentation will be kept that literature was given. The pregnant patient will sign a consent to be treated with methadone. The decision to remain on opioid substitution therapy remains with the patient.
3. When the medical staff is informed by the patient that she is pregnant, the staff will consult with the patient's OB/GYN physician to coordinate methadone services.

OVERMOUNTAIN RECOVERY

MEDICAL SERVICES DEPARTMENT

URINE TESTING

Patients are required to submit a urine specimen when requested by team members. Patients may not receive their methadone dose until they have given their specimen. This process will be observed in order to verify the urine submitted is yours. Failure to cooperate is considered a violation of program policy, which could seriously jeopardize your enrollment.

All patients are expected to have urine containing only methadone and approved prescription medications within 60 days of enrollment. Overmountain Recovery tests for all categories of drugs of abuse. Patients with urine continually positive for illicit drugs jeopardize their treatment and risk their health. Continued use of illicit drugs or non-approved prescription medications may ultimately result in the medical director implementing a medically supervised taper. Urine specimens are checked for temperature. When there is a doubt about the source of the specimen, the urine will not be accepted, and another specimen will be required before dosing.

ONCE A URINE SPECIMEN HAS BEEN REQUESTED, YOU ARE REQUIRED TO SUBMIT YOUR SAMPLE DURING DOSING HOURS. YOU MAY NOT LEAVE THE FACILITY AFTER YOU HAVE BEEN REQUESTED TO SUBMIT A URINE SPECIMEN. IF YOU LEAVE THE FACILITY BEFORE GIVING YOUR SAMPLE, YOU WILL NOT BE ADMINISTERED YOUR DOSE FOR THAT DAY OR RECEIVE YOUR TAKE — HOME MEDICATIONS.

DOSING

INITIAL DOSE

Patients enrolled in Overmountain Recovery opioid treatment program receive an initial dose between 1 mg and 30 mg of methadone, depending on the patient's opioid withdrawal severity the day of admission. The methadone dose will be determined by the program physician. After the initial dose, patients must wait for 30 minutes before leaving the facility to be observed for any adverse reactions.

Do not expect a dose change to be effective during the first day. It takes about 72 hours before the full effect of methadone is realized. Methadone blood levels are fairly constant for 24-36 hours, which is why it is only taken once per day.

During this initial treatment, it is extremely important that you stop using all substances of abuse. While in the initial treatment and early stabilization phases, we ask that you see your counselor and attend group counseling weekly. It is important that you take a dose every day to maintain your methadone blood levels and prevent withdrawal symptoms.

DOSING RULES

When you arrive at the clinic, you must check in at the registration window to present your ID card. Do not bring drinking utensils, beverages or any other portable containers into the dispensing area. Children and family members or other guests must wait in the lobby until you are finished receiving your dose.

After taking your dose, you must speak to the nurse prior to leaving the dispensing area to assure that all medication has been swallowed. After you are finished taking your dose, you must promptly leave the premises, unless you have other business at the clinic. Please do not wait or socialize in the building, hallway or parking lot.

All patients should be suitable for dosing. This includes, but is not limited to, zero intoxication from alcohol or other drugs. You might be asked give a urine and/or blood sample at any time or on any day of the month, including Saturday and Sunday. Failure to do so jeopardizes your enrollment in Overmountain Recovery's program.

You may not leave the facility after you have been requested to submit a urine specimen. In the event you

leave the facility before giving your sample, you will not be administered your dose for that day.

LATE DOSING

You must check in with the receptionist at least 15 minutes before dosing hours end.

WE RESERVE THE RIGHT TO REFUSE TO DOSE ANY PATIENT WHO APPEARS INTOXICATED OR HIGH, AND YOU WILL BE ASKED TO SURRENDER YOUR CAR KEYS. FAILURE TO COMPLY WILL RESULT IN POLICE NOTIFICATION.

Should an emergency situation arise, you need to call the clinic. Calling the clinic does not guarantee you will be given your dose, but consideration will be given to your situation.

VOMITING YOUR DOSE

Due to federal and/or state regulations, we might not be able to replace a vomited dose. If you are nauseated, consult with the nursing staff and do not leave the lobby. Doses vomited outside the clinic or at home cannot be replaced. Please notify medical staff if this occurs. Doses vomited in the clinic and in the presence of a team member might be replaced with the medical director's approval.

DOSING

MISSED DOSES

Consistent dosing is a necessary part of your treatment; therefore, missing any dosing day is discouraged. Exceptions will be made for continuous hospitalization or incarceration during the time period that doses were missed. Documentation must be submitted to verify your absence.

If you have take-home doses and do not present to the clinic for dosing on your scheduled pick-up day, your situation will be reviewed by the clinical and medical team, you will be required to submit a urine drug screen and the program physician will be consulted regarding your continued take-home eligibility.

DOSE INCREASES

Patients who request a dose increase must first inform their primary counselor or a nurse that they desire an increase. After the counselor and/or nurse has received the request, the program physician will make a decision, and you will be informed of his decision.

DOSE DECREASES

When you feel you are ready for a decrease or a drop in your methadone dose, you should first notify a nurse or your primary counselor. Your request is reviewed by the program physician, and you will be informed of the decision. Overmountain Recovery will not dose you against your will; you have the right to refuse medication.

GUEST DOSING

When travel arrangements are made for patients by the counselor/nurse, they must be made at least five days in advance for clinics within the state and 14 days in advance for out-of-state travel. Approval will be based upon the criteria of the visiting program.

A travel arrangement within the first 30 days of treatment is prohibited with the exception of a medical emergency or death of an immediate family member (documentation is required). Patients with mental/medical instabilities whose most recent drug screen was positive for illicit substances that are on a behavioral contract or administrative taper will not be approved for guest dosing.

It should also be noted that patients who request guest dosing at a clinic that provides a Sunday take-home dose must meet ALL criteria to receive a take-home (financial balance alone would not apply). Guest dosing is not permissible for more than 14 consecutive days.

REVIEW OF SERUM METHADONE LEVELS

To ensure safety and accuracy when medicating patients with methadone, the program physician might periodically order serum blood levels. When you are asked to submit a blood level for testing, you must submit for testing before receiving your dose for that day. If your results are above the therapeutic range, the program physician will order a decrease in your dosage. If you are below the therapeutic range, the program physician will order an increase in your current dosage. Whenever your current dosage is above 100 mg, the physician might order a serum methadone level.

VIDEO SURVEILLANCE

Hi-tech video monitoring systems, which record nurses dispensing methadone, as well as patients taking methadone doses, are installed in Overmountain Recovery.

TENNESSEE CONTROLLED SUBSTANCE MONITORING DATABASE (TN CSMD)

Overmountain Recovery participates in the TN CSMD. This is a statewide reporting system established by Tennessee to improve the state's ability to identify people who abuse and misuse prescription medications classified as Scheduled II-V controlled substances.

When necessary, Overmountain Recovery will discuss the results with other providers for proper management of your care.

DOSING

TAKE-HOME PRIVILEGES (UNSUPERVISED DOSING)

Methadone is a potent drug, and take-home medications are a privilege to be earned. The time in treatment is only a minimum criterion. Due to the danger of diversion, the staff must feel it will benefit the patient and that the patient has demonstrated responsibility in being able to safeguard the medication. The medical director can deny or take away take-home privileges at any time, for any reason, without notice. A patient must meet the following conditions to earn take-home privileges:

- Appropriate drug screens
- Compliance with counseling appointments
- Current on all financial obligations, based on the fee schedule
- Responsibility determination by counselor with approval of medical director
- Thirty consecutive days of attendance

If a patient **requests** to reduce his or her clinic attendance by receiving take-home doses, the primary counselor will review the request to determine if the patient meets eligibility requirements. The counselor will submit the request to the treatment team, and the treatment team will render a decision to award none or up to 13 take-home doses.

Any patient that has been granted 13 take-home doses is required to have a face-to-face session with the medical director.

METHADONE IS A SCHEDULED II NARCOTIC AND SHOULD BE CONSIDERED DANGEROUS. IT CAN BE FATAL IF CONSUMED BY A CHILD OR OTHERS. YOUR TAKE-HOME DOSE IS A PRIVILEGE, NOT A RIGHT, AND SHOULD BE CONSIDERED A TRUST GIVEN TO YOU IN YOUR TREATMENT.

NO CONTAINER = NO TAKE-HOMES

- All empty take-home bottles **MUST** be returned to the clinic for disposal. Bring empty bottle(s) back the next time you are in the clinic. If empty bottles are not returned, or if the seal is tampered with, then the patient will lose his or her take-home privileges.
- If the patient has a problem with the police due to the possession of a Class II narcotic, the patient should ask the police to call the clinic for verification.
- Patient must provide and maintain a working phone number and agree to messages being left either on voicemail or with person answering the phone number provided.
- The patient must assure staff that medications can be safely transported and stored.
 - All patients must put his/her patient ID# on the lock box.
 - Containers may be checked by staff as appropriate
 - Each patient must provide his/her own secured container. (No sharing)
 - It is the patient's responsibility to check all take home bottles before leaving the dosing booth.
 - Lock boxes may be searched by staff at any time.
 - Medication should not be left in cars or other hot places.
 - The container must have a key or combination lock.

Takes-homes must be picked up on your scheduled day. If a patient does not have the money for the take-home doses on the scheduled day, he/she may take what can be paid for at that time. The patient may not come back to the clinic later the same day or week to get take homes. The patient will be required to dose at the clinic for the remaining days. If a patient is experiencing financial difficulties paying for take-homes on scheduled days, then he/she should discuss scheduling options with counselor. If problems with payment persist, a mandatory schedule might be put into place.



DOSING

TAKE-HOME PRIVILEGES (UNSUPERVISED DOSING)

The following requirements must be met in order to be eligible for consideration to receive take-home doses and are based on federal regulations.

CRITERIA FOR TAKE-HOME ELIGIBILITY:

1. Absence of drug use (opioid and non-opioid), including alcohol
2. Absence of serious behavioral problems while at the clinic
3. Doses stored safely in a locked container when transporting/storing doses within the home
4. If you transfer to our program from another treatment program with privileges, documentation must be provided to prove your take-home eligibility. A determination will be made by the treatment team regarding the awarding or loss of transfer take-home privileges, depending on compliance with Overmountain Recovery's program.
5. Length of time in comprehensive maintenance treatment
6. Medically and psychiatrically stable — rehabilitative benefits derived from decreased clinic attendance outweighs any potential risk of diversion
7. No criminal activity for the past 90 days
8. Regular attendance at clinic and at all required individual and group counseling sessions, based on treatment phase
9. Stable home environment and social relationships (i.e. no one in the home actively using)

Mandatory random call-backs will be done to control diversion of medication. This will be in addition to regular scheduled appointments. When the patient is designated to bring medications to the clinic:

- **DO NOT TAKE YOUR DOSE UNTIL YOU GET TO THE CLINIC.**
- Failure to comply with the call-back will result in loss of take-home privileges.
- Report within 24 hours with all take-home medications.
- The quantity and packaging will be checked.

Consequences for not coming in for call-backs will be progressive.

- First time = loss of phase for 30 days. Must attend Diversion Group.
- Second time = loss of phase for 90 days. Must attend Diversion Group.

Continued non-compliance with call-backs might result in loss of take-home privileges for more than 90 days.

IN ADDITION, A PATIENT MUST MEET THE CRITERIA FOR EACH TREATMENT LEVEL. SEE THE CHART ON THE FOLLOWING PAGE.

TREATMENT LEVELS AND TAKE-HOME ELIGIBILITY SCHEDULE

ELIGIBILITY LEVEL	CONTINUOUS ABSTINENCE AND/OR TIME IN TREATMENT	ELIGIBLE TAKE-HOME DOSES	URINE DRUG SCREEN	WEEKLY CLINIC ATTENDANCE	PROGRAM REQUIREMENTS
LEVEL 1	One-30 days	None	Weekly	Seven days	Individual counseling once per week and group counseling once per week
LEVEL 2	31-90 days	One	Monthly	Six days	Individual counseling once per week and group counseling three times within 60 days
LEVEL 3	91-120 days	Two	Monthly	Five days	Individual counseling once a week
LEVEL 4	121-180 days	Two	Monthly	Five days	Individual counseling every other week
LEVEL 5	181-270 days	Three	Monthly	Four days	Individual counseling every other week
LEVEL 6	271-364 days	Four-six	Monthly	One-three days	Individual counseling once a month
LEVEL 7	365+ ddays	13	Monthly	Once bi-weekly	Individual counseling once a month

DOSING

TREATMENT LEVELS

Each patient must complete a specified number of days at each Level. Each patient must also spend the minimum amount of time in each and may not skip Levels.

LEVEL 1:

- During the first 30 days of treatment, the patient must attend the clinic seven days per week. The patient must ingest all doses under supervision at the clinic.
- Patient is required to attend at least two counseling sessions per week during this Level.

LEVEL 2:

- Patient is required to complete three groups before proceeding to Level 3.
- Patient is required to remain in Level 2 for a minimum of 60 days.
- Patient may receive one take-home medication per week, if he/she meets the requirements.
- Patient must attend one individual counseling session per week.

LEVEL 3:

- Patient is required to remain in Level 3 for a minimum of 30 days.
- Patient is required to see his/her counselor a minimum of one session per week.
- Patient may receive two take-home doses per week.
- Patient must continue to meet all eligibility criteria.

LEVEL 4:

- Patient is required to remain in Level 4 for a minimum of 60 days.
- Patient may receive two take-home doses per week.
- Patient must attend counseling at least twice a month.
- Patient must continue to meet all eligibility criteria.

LEVEL 5:

- Patient is required to remain in Level 5 for a minimum of 90 days.
- Patient may receive three take-home doses per week, cannot be consecutive.
- Patient must attend counseling at least twice a month.
- Patient must continue to meet all eligibility criteria.

LEVEL 6:

- Patient is required to remain in Level 6 for a minimum of 90 days.
- Patient may receive six take-home doses per week.
- Patient must attend counseling at least once a month.
- Patient must continue to meet all eligibility criteria.

LEVEL 7:

- Patient may be given a maximum 13-day supply of take home medication.
- Patient must continue to meet all eligibility criteria.
- Patient must have a minimum of one session per month with their counselor.

Patients who are enrolled in the detoxification program will have the opportunity for take-homes as deemed appropriate by the physician and treatment team.

DOSING

There are no Sunday pick-up days for Level 6 or 7. If Saturday is approved as an exception, then the patient might be required to provide documentation from their employer that would require Saturday as the only available pick-up day.

These treatment levels are minimum guidelines that are defined in the federal regulations 42 CFR, Section 8.12. These guidelines define the treatment a patient can be entitled to if they meet all other requirements.

If a patient experiences a relapse, his/her services will be intensified and he/she will lose their level. This can also include, but is not limited to, increase in individual or group counseling and/or mandatory treatment team meetings.

LOSS OF TAKE-HOME PRIVILEGES

Take-home privileges can be lost at any time due, but not limited, to the following:

- Any patient missing three consecutive days of dosing
- Behavioral problems at the clinic
- Charging/financial instability
- Criminal activity or arrests
- Emotional or physical instability
- Failure to follow policy, rules or procedures
- Failure to provide prescription medications prescribed by other physicians (Prescription Monitoring)
- Inappropriate drug screens
- Medication not being safely stored within the patient's home
- Not attending counseling or educational groups
- Risk of diverting medications: selling or buying and/or suspected of selling/buying drugs
- Second time not returning bottles
 - Anyone who loses his/her take-homes due to relapse will be required to attend a Relapse Prevention Group before returning to previous Level.
 - Patients losing take-homes more than one time might be required to provide additional appropriate drugs screens before re-gaining Level. Patient's fee will recur monthly at \$25 until two consecutive appropriate drug screens occur.
- Tampering of packaging of take-homes
- Unemployment
- Unexcused absences from appointments: failure to provide acceptable proof of reasons for missing scheduled dosing day, counseling, physical exam or appointment with the doctor.
- Unstable home environment and/or social relationships

DOSING

SANCTIONS AND INCENTIVES FOR URINE DRUG SCREENS

The state requires that we impose the following:

1. The first inappropriate drug screen will result in revocation of your take-home privileges for a minimum of 30 days AND you will be required at a minimum to attend weekly counseling sessions AND based on your history, additional group or individual counseling might be imposed.
2. The second inappropriate drug screen will result in revocation of your take-home privileges for a minimum of 30 days AND you will be required at a minimum to attend weekly counseling sessions AND based on your history, additional group or individual counseling might be imposed AND you will be required to appear before the treatment team.
3. The third inappropriate drug screen will result in revocation of your take-home privileges for a minimum of 30 days AND you will be required at a minimum to attend weekly counseling sessions AND based on your history, additional group or individual counseling might be imposed AND you will be required to appear before the treatment team AND will include a discussion on the appropriateness of continuing in methadone treatment.

DIVERSION CONTROL

Overmountain Recovery implements its diversion control plan to address the program's responsibility to ensure the health and safety of the person served, its team members and the community. This plan is an integral part of our strategic plan that identifies this organization's philosophy regarding corporate citizenship. The diversion control plan is reviewed annually by the program director and amended based upon input from people served, team members and community.

IDENTIFICATION

Upon admission, patients must show a driver's license or official photo identification card, and a copy is placed in the medical record. A photograph of the patient is taken using a camera and kept in the medical record.

DUAL ENROLLMENT

Overmountain Recovery has instituted policies and procedures to reasonably prevent patients from being enrolled in more than one opioid treatment program or pain management program and from receiving more than one dose of methadone per day. Overmountain Recovery is part of the Tennessee Central Registry. All pertinent demographic information and identifying characteristics will be entered in the computer. The State Opioid Treatment Authority (SOTA) will periodically extract this data from the system as part of the central registry. The patient must sign a consent form for permission to notify treatment programs within the state of Tennessee that this patient is enrolled in our program. The patient must also sign the consent for the Central Registry. Periodically, Overmountain Recovery will contact other treatment programs to verify enrollment.

FAILURE TO NOTIFY THE CLINIC OF CHANGES, ANSWERING MACHINES/ VOICEMAIL MALFUNCTIONS OR FAILURE TO RECEIVE MESSAGES DOES NOT RELIEVE PATIENT FROM CONSEQUENCES OF FAILURE TO RETURN WITHIN 24 HOURS OF A CALL BACK. REFUSAL TO RETURN TO THE CLINIC WITH TAKE-HOME BOTTLES IS CONSIDERED DIVERSION OF METHADONE AND WILL RESULT IN NOTIFICATION TO THE STATE OPIOID TREATMENT AUTHORITY.

METHADONE TAPER

VOLUNTARY TAPER

Voluntary taper refers to a medically supervised, gradual reduction or tapering of your dose over time to eliminate physical dependence on methadone. This is voluntary (something you ask for), and it is done at a rate that can be well tolerated by you. Women are required to submit a urine specimen before beginning a taper to determine if they are pregnant.

INVOLUNTARY TAPER

It is essential that patients understand and comply with the policies of Overmountain Recovery's Opioid Treatment Program. Failure to abide by program policies can result in discharge from treatment.

An involuntary taper can be initiated under the following situations:

1. Failure to get annual physical: Annual physical exam was not completed within 14 days of notification that it was due.
2. Medical/safety override: The medical director deemed it medically dangerous/unsafe to continue prescribing methadone to you.
3. Treatment team decision: Recommendation for discharge for non-compliance/violation of program policies.

INVOLUNTARY TAPER PROCESS

The treatment team will review all recommended administrative withdrawal and discharges from treatment.

When it is alleged that a patient violated a fundamental rule and/or other treatment program policies and procedures and is being considered for discharge from the program, the patient will be notified of the alleged violation(s) and will be given an opportunity to appear before the compliance team to respond. After hearing the patient's response (if he/she makes either an oral or written response), the compliance team will determine if the patient has violated a program policy.

The program physician will decide if the patient should be immediately discharged from the program or whether some other action should be taken. If the patient is to be immediately discharged from the program, the compliance team will inform the patient

that he/she is being discharged and that:

1. An administrative detox will begin.
2. The length of time over which the detox will be accomplished.
3. When the first decrease in dose will begin.

IF THE PATIENT FAILS TO ATTEND THE COMPLIANCE TEAM MEETING, THE PATIENT WILL BE INFORMED IN WRITING OF THE TEAM'S DECISION. IF THE DECISION IS TO DISCHARGE THE PATIENT FROM THE PROGRAM AND TO INITIATE WITHDRAWAL FROM METHADONE, THE PATIENT WILL BE NOTIFIED PRIOR TO THE FIRST DECREASE IN DOSE IN WRITING.

PROGRAM EXPECTATIONS

Any of the following incidents can result in a mandatory compliance team meeting. Attendance and a possible increase in level of care may be necessary or suspension from the program:

1. A urine and/or blood drug screen that is negative for methadone
2. Any contract violation
3. Any inappropriate urine and/or blood drug screen for illicit drug use
4. Any positive urine and/or blood drug screen for alcohol
5. Any two consecutive inappropriate urine and/or blood drug screens once take-homes have been established
6. Any two consecutive unexcused absences (group, individual, med checks, physicals, etc.). Failure to respond to a “call-back”
7. Failure to submit prescription medications to medical staff
8. Failure to submit over-the-counter medications to medical staff
9. Following utilization of one-time late dosing exception
10. Missed appointments for patients requiring only two contacts per month
11. Obtaining a prescription from an outside physician without notifying staff
12. Providing false information or false urine and/or blood results

DRUG DEALING

Any suspicion or observation of drug dealing on the premises, including the diverting or selling of methadone and any other medications, can also result in notification of law enforcement. This includes the parking lot.

FUNDAMENTAL RULES

In addition to a therapeutic environment, Overmountain Recovery has a responsibility to provide a safe place for team members, patients, visitors and other consumers. There are certain situations which pose a threat to the safety and well-being of individuals within the treatment facility.

Violation of any of the following fundamental rules will result in **IMMEDIATE DISCHARGE** from Overmountain Recovery’s Opioid Treatment Program. In the event a violation occurs, team members will take immediate action toward discharge and to secure the safety of team members and other patients (i.e. security escort, designated dosing times, dosing at another Overmountain Recovery location, etc.)

There is no appeal for any fundamental rule violation that results in immediate discharge.

VIOLENT ACTS

Any violent act or aggressive behavior toward another person or that results in the destruction of property (hitting, kicking, punching, throwing things, grabbing, slapping, pushing, physically threatening someone, etc.) that is committed can also result in notification of law enforcement.

WEAPONS

Weapons of any kind (knives, firearms, or any other objects for which the intended purpose is to cause bodily harm) are not permitted on the premises at any time, under any circumstance. This includes the parking lot.

UNACCEPTABLE BEHAVIORS

The following behaviors are unacceptable, and all violations will be reviewed by the treatment team and can result in consequences, up to and including discharge from the program.

APPEARANCE

The following article of clothing are not considered appropriate dress for the clinic: any clothing that advertises substance use or other offensive, vulgar or abusive content, or clothing that reveals the back, chest, stomach or undergarments. Sunglasses are not allowed to be worn inside the facility.

COMMUNICATING A THREAT

Verbal threats, blatant or implied, communicated to team members or other patients

CONFIDENTIALITY

Treatment is a private matter, and what is said in group must stay in the group. Do not discuss with anyone who you see in group or at the Overmountain Recovery clinic.

HARASSMENT

Harassment of any kind will not be tolerated. This includes, but is not limited to:

- Abusive or profane language toward the team members or other patients
- Asking other patients if they are thinking or requesting to sell their medications
- Harassment based on sex, race, religion, physical or mental limitations, age, sexual preference, socioeconomic status, etc.
- Pushing other patients to reveal their dosage level
- Sexual harassment, which is any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature

If a patient feels that he or she is being harassed, the patient should inform his/her primary counselor concerning the situation.

LOITERING

Loitering is defined by remaining on the premises without a scheduled appointment or legitimate reason for being at the clinic (i.e. waiting for a ride). The premises includes: the building, outbuilding, landscaped areas and all parking areas.

OVER-THE-COUNTER MEDICATIONS

Distributing or sharing any medication with others is prohibited. All medications should be in their original containers.

PASSING OF ITEMS

The exchanging or passing of ANY items (money, cigarettes, etc.) on Overmountain Recovery property is prohibited.

PROHIBITED ACTS

Crimes committed on the premises, including but not limited to stealing, vandalism, breaking and entering, Medicaid fraud, etc. will result in notification to law enforcement.

RESTRICTED AREAS

Areas of the clinic, other than the lobby or restrooms, are off limits unless you are accompanied by an Overmountain Recovery team member.

SMOKING/TOBACCO USE

Smoking/tobacco use is ONLY allowed in your car. Those who are caught smoking or discarding smoking materials on the premises could have sanctions placed against them.

UNDER THE INFLUENCE

Participation in treatment services while under the influence of drugs or alcohol is not permitted. Law enforcement will be notified in the event someone leaves the premises under the influence and is driving a motor vehicle.

APPEAL PROCEDURE

As a consumer of the opioid treatment program at Overmountain Recovery, you are entitled to make active decisions regarding your treatment and to appeal treatment decisions you believe are unfair.

In the event that your counselor plans to recommend changes to your treatment at the next treatment team meeting, you will be informed of the recommended changes. Should you disagree, you will be invited to attend the treatment team meeting and voice your concerns. In the event that the treatment team recommends any changes to your treatment, you will be informed in writing of the recommendation prior to any changes occurring.

Should you disagree with the recommendation, you may file an appeal by contacting the treatment team within seven days of being informed of the recommendation. **If you do not contact the treatment team within the seven days, you will give up your right to appeal.** Your counselor can provide you with the contact information. Your level of treatment will not change during this seven day period, or until the appeal decision is rendered.

The treatment team will normally set up a meeting with you within five business days. You may bring any witnesses, advocates, friends or family with you to the meeting. **Appointments will not be rescheduled unless a written excuse for a legitimate emergency is provided. If you do not show up at the designated time, you will give up your right to appeal.**

The treatment team will evaluate your case and then render a written decision either upholding, overturning or modifying the treatment team's recommendation. The treatment team will notify you or your counselor in writing of the decision within seven days following the meeting. The decision of the treatment team is final.

In the event the medical director determines it is medically dangerous for you to continue on methadone, he will prescribe an appropriate taper, and you will be informed of this decision prior to the taper starting. **There is no appeal for a medical/safety override by the medical director.**

PLEASE NOTE: A REDUCTION OR ELIMINATION OF TAKE-HOME DOSES IS NOT CONSIDERED A CHANGE IN SERVICES. TAKE-HOME DOSES ARE A PRIVILEGE, NOT A RIGHT. THE DECISION OF THE TREATMENT TEAM AND THE MEDICAL DIRECTOR CONCERNING TAKE-HOME DOSES IS FINAL.

GRIEVANCE PROCEDURE

Among your rights, as a consumer of services from Overmountain Recovery, is the right to file a complaint or grievance. This means that if you are having a problem with any of our services, you have the right to state your concern and expect a reasonable, fair and timely solution to that problem.

Also, you have the right to be free from any pressure that might discourage you from stating your concerns or grievance and to be free from any retaliation for filing a grievance. If you discuss a problem with the team member(s) providing your services and you are not satisfied with the results, your next step is to file a formal complaint.

In order to file a grievance, tell the team member(s) providing your services, or the program director, that you wish to file a grievance and ask for a grievance form, which should be located at the front desk. If you have any trouble completing the form, ask a team member, family member, friend or advocate to help you. Or, if necessary, you may give your grievance orally to a team member, who will fill out the form for you.

The grievance form will be given to the team member's supervisor, and the supervisor will contact you within five days to try to resolve the complaint.

If you are still not satisfied with the results, your grievance will be forwarded to the president of Overmountain Recovery, who will contact you to discuss your concerns.

If your grievance involves a potential violation of your rights, the treatment team might be contacted. The treatment team will review your complaint and decide whether or not your case involves a patient rights violation. Within seven days after the treatment team reviews your case, you will be notified of the decision in writing. The decision of the treatment team is the final decision. If the treatment team does not find cause to review your case, you will be notified in writing

METHADONE SUPPORT GROUP

**THE NATIONAL ALLIANCE FOR
MEDICATION ASSISTED RECOVERY
IS AN ORGANIZATION OF
MEDICATION ASSISTED TREATMENT
(MAT) PATIENTS, HEALTHCARE
PROFESSIONALS, FRIENDS
AND ASSOCIATES WORKING
TOGETHER FOR GREATER PUBLIC
UNDERSTANDING AND ACCEPTANCE
OF MAT. FOR INFORMATION,
PLEASE VISIT METHADONE.ORG.**



PRICING SCHEDULE

FEE SCHEDULE	COST
Initial evaluation	\$125
Take-home bottle cost	\$1
Replacement badge	\$1
Reinstatement Fee	\$92.50
Guest daily	\$18
Guest UDS	\$10
Annual labs	\$30
Pregnancy test	\$10
Lock box	\$20
Inappropriate screening	If an inappropriate screening occurs, there will be monthly charge of \$25 until two consecutive appropriate screenings occur.

REGULAR DOSING FEE SCHEDULE	COST
Daily cost	\$16
Weekly cost (seven days)	\$112
Monthly cost (28 days)	\$448
Monthly cost (30 days)	\$480
Monthly cost (31 days)	\$496

DISCOUNTED DOSING FEE SCHEDULE*	COST
Weekly cost (seven days)	\$100.80
Monthly cost (28 days)	\$403.20
Monthly cost (30 days)	\$432
Monthly cost (31 days)	\$446.40

**Account balances must be paid at least seven days in advance to receive discount.*

***\$92.50 is non-refundable if not admitted into the program.*

*** Only CASH and DEBIT/CREDIT CARDS are accepted.*

Nonpayment of required fees might result in medically supervised taper and discharge from the program. The billing supervisor will review all refund requests for accuracy and validity and approve or deny for processing.

OVERMOUNTAIN RECOVERY CODE OF ETHICS

Overmountain Recovery board members, team members, interns and volunteers are expected to adhere to the following ethical guidelines:

1. We will protect the confidentiality of patients in accordance with federal confidentiality laws.
2. We will not discriminate because of race, age, sex, socioeconomic, religion, sexual orientation, national origin or disability either in rendering service or employment.
3. We will provide services and use techniques only when we are qualified by training and experience, and we will only utilize techniques that meet accepted Standards of Practice in the field.
4. We will maintain a professional relationship with all current and former patients of Overmountain Recovery. The development of personal relationships, including intimate or sexual relationships, between Overmountain Recovery team members and patients is forbidden.
5. We will obey all civil and criminal laws and refrain from involvement in activities that include fraud, misrepresentation or immorality.
6. We will make public statements, announcement of services, advertisements and conduct promotional activities only to serve the purpose of helping the public make informed choices.
7. We will protect the welfare and respect the integrity of all patients by providing services in a safe environment and ensuring the patient receives all needed information to make informed choices in treatment.
8. We will treat co-workers and patients with dignity, courtesy and respect. Overmountain Recovery team members shall be aware of and respect the traditions and practices of other professional and non-professional groups.
9. We will not conduct research involving patients without following procedures for review to ensure research is valid and does not compromise patient welfare. Patients must give informed consent to participate in research or have their medical records used for research purposes.
10. We will not accept any personal gifts or favors from any current or former patients.

AS A CONSUMER OF OVERMOUNTAIN RECOVERY, YOU SHOULD UNDERSTAND THAT ALL OVERMOUNTAIN RECOVERY EMPLOYEES ARE EXPECTED TO FOLLOW THIS CODE OF ETHICS. IF YOU BELIEVE THAT DURING THE COURSE OF YOUR TREATMENT AN EMPLOYEE HAS VIOLATED ANY PROVISION OF THIS CODE, YOU SHOULD IMMEDIATELY REPORT THE VIOLATION TO THE PROGRAM DIRECTOR.

FACTS ABOUT HIV/AIDS

WHAT IS HIV?

HIV stands for human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

WHAT IS AIDS?

AIDS stands for acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections. When someone has one or more of these infections and a low number of T cells, he or she has AIDS.

HOW IS IT SPREAD?

HIV can be found in body fluids, including:

- Blood
- Breast milk
- Semen
- Some body fluids handled by healthcare workers (fluids surrounding the brain and spinal cord, bone joints and around an unborn baby)
- Vaginal fluids

HIV is passed from one person to another:

- During pregnancy, birth or breast-feeding if a mother has HIV
- Getting a blood transfusion from a person with HIV
- Having sex (vaginal, anal or oral) with a person who has HIV
- Sharing needles with a drug user who has HIV

SYMPTOMS

The only way to know if you are infected is to be tested for HIV infection. You cannot rely on symptoms to know whether or not you are infected. Many people who are infected with HIV do not have any symptoms at all for 10 years or more. Everyone should know their HIV status to protect themselves and others.

PREVENTION

Abstaining from (not having) sex is the most effective way to prevent HIV transmission. There are several ways to protect yourself or to prevent transmitting HIV during vaginal, oral or anal sex if you choose to have sex:

- Be faithful to your sexual partner.
- Get tested for HIV and know the HIV status of yourself and your partner.
- Use condoms or other latex barriers during vaginal, oral and anal sex, and never reuse condoms or latex barriers.

***HIV cannot be transmitted by casual contact.
Here are the facts:***

- You cannot get HIV from a mosquito bite.
- You cannot get HIV from being coughed or sneezed on by a person with HIV/AIDS.
- You cannot get HIV from giving blood.
- You cannot get HIV from shaking hands or hugging a person with HIV/AIDS.
- You cannot get HIV from sharing a drink.
- You cannot get HIV from using a public phone, drinking fountain, restroom, swimming pool or Jacuzzi/hot tub.

TESTING

Once HIV enters the body, the body starts to produce antibodies — substances the immune system creates after infection. Most HIV tests look for these antibodies rather than the virus itself. There are many different kinds of HIV tests, including blood tests and rapid tests. All HIV tests approved by the US government are very good at finding HIV.

FACTS ABOUT SYPHILIS

WHAT IS IT?

Syphilis is a bacterial infection, primarily a sexually transmitted disease (STD).

HOW IS IT SPREAD?

Syphilis is spread by sexual contact with an infected individual, with the exception of congenital syphilis, which is spread from mother to fetus. Transmission by sexual contact requires exposure to moist lesions of skin or mucous membranes.

SYMPTOMS

The symptoms of syphilis occur in stages called primary, secondary and late. The first or primary sign of syphilis is usually a sore(s), which is painless and appears at the site of initial contact. It might be accompanied by swollen glands, which develop within a week after the appearance of the initial sore. The sore might last from one to five weeks, and may disappear by itself even if no treatment is received.

Approximately six weeks after the sore first appears, a person will enter the second stage of the disease. The most common symptom during this stage is a rash, which can appear on any part of the body including trunk, arms, legs, palms, soles, etc. Other symptoms can occur such as tiredness, fever, sore throat, headaches, hoarseness, loss of appetite, patchy hair loss and swollen glands. These signs and symptoms will last two to six weeks and generally disappear in the absence of adequate treatment. The third stage, called late syphilis (syphilis of over four years' duration), can involve illness in the skin, bones, central nervous system and heart.

TREATMENT

Syphilis is treated with penicillin or tetracycline. The amount of treatment depends on the stage of syphilis the patient is in. Pregnant women with a history of allergic reaction to penicillin should undergo penicillin desensitization followed by appropriate penicillin therapy. A baby born with the disease needs daily penicillin treatment for 10 days.

COMPLICATIONS

Untreated syphilis can lead to destruction of soft tissue and bone, heart failure, blindness and a variety of other conditions, which can be mild to incapacitating. More importantly, a female with untreated syphilis might transmit the disease to her unborn child, which can result in death or deformity of the child. Physicians and hospitals are required to test pregnant females for syphilis at prenatal visits and at the time of delivery.

PREVENTION

There are a number of ways to prevent the spread of syphilis:

- All pregnant women should receive at least one prenatal blood test for syphilis.
- If you think you are infected, avoid sexual contact and visit your local STD clinic, a hospital or your doctor.
- Limit your number of sex partners.
- Notify all sexual contacts immediately so they can obtain examination and treatment.
- Use a male or female condom.

Health Information

FACTS ABOUT HEPATITIS A, B AND C

FACTS	HEPATITIS A (HAV)	HEPATITIS B (HBV)	HEPATITIS C (HCV)
WHAT IS IT?	HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease.	HBV is a virus that causes inflammation of the liver. It can cause liver cell damage, leading to cirrhosis and cancer.	HCV is a virus that causes inflammation of the liver. It can cause liver cell damage, leading to cirrhosis and cancer.
HOW IS IT SPREAD?	Transmitted by fecal/oral (anal/oral sex), close person-to-person contact, injection drug use, ingestion of contaminated food and water or hand to mouth after contact with feces, such as changing diapers	Contact with infected blood, seminal fluid, vaginal secretions, contaminated needles (including tattoo and body-piercing tools), infected mother to newborn, human bite or sexual contact	Contact with infected blood, contaminated IV needles, razors, tattoo and body-piercing tools, infected mother to newborn or having multiple sex partners, though it's not easily spread through sex
SYMPTOMS	Children may have none. Adults usually have light stools, dark urine, fatigue, fever, nausea, vomiting, abdominal pain and jaundice.	May have none. Some people have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever	Same as HBV
TREATMENT	Not applicable	Interferon, lamivudine, entecavir, adefovir, tenofovir and emtricitabine control replication of the virus	Ledipasvir/Sofosbuvir (Harvoni), glecaprevir/pibrentasvir (Mavyret), Pegylated Interferon with ribavirin with varying success
PREVENTION	Vaccination. Immune Globulin within two weeks of exposure. Washing hands with soap and water after going to the toilet. Use household bleach (10 parts water to one part bleach) to clean surfaces contaminated with feces, such as changing tables. Safer sex	Vaccination provides protection for more than 20 years. Hepatitis B Immune Globulin within one week of exposure. Clean up blood with household bleach and wear protective gloves. Do not share razors, toothbrushes or needles. Safer sex	Clean up spilled blood with household bleach. Wear gloves when touching blood. Do not share razors, toothbrushes or needles with anyone. Safer sex

PATIENT AGREEMENT

I HAVE RECEIVED AND UNDERSTAND THE CONTENTS OF THIS PATIENT RESOURCE HANDBOOK AS IT HAS BEEN EXPLAINED BY MY COUNSELOR.

Signature _____

Date _____

Counselor signature _____

Date _____



In case of a disaster or emergency that prevents normal clinic operations, all patients must provide an email or cell phone number to receive notification from Tennessee Central Registry regarding dosing procedures.

**AFTER HOURS
EMERGENCY NUMBER
833.371.0509**



**OVERMOUNTAIN
RECOVERY**

OPIOID TREATMENT PROGRAM PATIENT RESOURCE BOOK

Business hours:

Monday – Friday 5:30 a.m. to 1:30 p.m.

Dosing only:

Monday – Friday 5:30 a.m. to 11:30 a.m.

Saturday – Sunday 6:30 a.m. to 9:30 a.m.

Overmountain Recovery

203 Gray Commons Circle, Suite 110

Johnson City, TN 37615

Phone: 800.TREATMENT

Fax: 423.467.2820

overmountainrecovery.org

Holiday schedule:

Overmountain Recovery observes the following holidays:

- New Year's Day
- Independence Day
- Thanksgiving Day
- Christmas Day

