Opioid Treatment Program

PATIENT RESOURCE BOOK

Buprenorphine Edition

OVERMOUNTAIN RECOVERY

RECOVERY *is* POSSIBLE

800-TREATMENT | OVERMOUNTAINRECOVERY.ORG

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January 2026

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 support system with answers to questions you may have about treatment. This handbook is for treatment with **buprenorphine** (the active ingredient in Suboxone®, Subutex®, Buprenex®, Zubsolv®, Sublocade®, and Butrans®).

IT IS VERY IMPORTANT THAT YOU READ AND UNDERSTAND THIS HANDBOOK AT THE BEGINNING OF YOUR TREATMENT.

After reviewing this book, you will be asked to sign a statement saying,

"I HAVE RECEIVED AND UNDERSTAND THE CONTENTS OF THIS PATIENT RESOURCE HANDBOOK AS IT HAS BEEN EXPLAINED DURING ORIENTATION."

You will be given an opportunity to ask questions and receive clarification on intake day and again during the orientation group. It is REQUIRED for you to attend this group within your first 30 days.

OUR TREATMENT PROGRAM IS BASED ON THE FOLLOWING BELIEFS AND PRINCIPLES:

1. Each patient will be treated with respect and dignity.
2. The goal for our patients is stabilization of functioning.
3. Buprenorphine is an available **tool** in your treatment process to reduce your urge to use illicit opiates.
4. Clinical services that are crucial to successful recovery from addiction may include individual and group counseling sessions. Counseling will provide skills needed to prevent relapse, reduce risks, improve health, build coping skills, and assist in examining and building positive relationships.
3. 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. Successful recovery requires treating the whole person.
4. No single treatment is appropriate for all individuals. We offer several courses of treatment and behavioral strategies that are tailored to patients' strengths and preferences.
5. We strive to provide excellent patient services, 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.
6. Recovery is an evolving process. Individual treatment changes will include medical and counseling interventions as appropriate.
7. Our purpose is to point you in the direction of freedom and health, and to ensure that you have the proper tools to successfully manage your disease.

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

ADMISSION CRITERIA

INTAKE

A candidate for buprenorphine treatment at an OTP must have a diagnosed moderate to severe opioid use disorder, as determined by a qualified OTP practitioner, and be assessed as appropriate for treatment.

The "intake process" consists of a clinical evaluation, a medical assessment, a physical examination, screening for communicable disease, an observed drug screen and any other medical testing that is deemed necessary (EKG, Pregnancy testing, etc). As part of the physical exam, blood is collected for lab testing, all testing will be attempted on the day of intake, if not within 7 days of admission. An observed drug screen is required of all patients at the time of admission for clinical decision making. The evaluating provider determines whether medication assisted treatment will be the most appropriate treatment modality for the service recipient.

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

IDENTIFICATION

Photo identification (to the extent possible) such as a driver's license must be presented, and a copy is placed in the medical record. Proof of Tennessee residency is needed for admission to grant services. A photograph of the patient is taken and is kept in the medical record. You will be provided with a clinic ID.

YOU MUST HAVE YOUR OMR ID CARD IN ORDER TO RECEIVE MEDICATIONS.

ABOUT OPIOID DEPENDENCE

Dependence on opioids is a brain disorder caused by long-term opioid intake. **After long-term use, changes in the brain occur that reinforce seeking the substance, often despite adverse consequences from use. The body also adapts to having higher levels of opioids, and the user becomes physiologically dependent on the external supply of opioids**. Abrupt abstinence can cause severe withdrawal symptoms, such as elevated blood pressure, sweating, nausea, vomiting, and diarrhea.

Opioid addiction and dependency require appropriate medical care and treatment. Methadone, buprenorphine, and naltrexone are tools used to treat opioid addiction when appropriate.

Suboxone is the name of a medication that contains buprenorphine and naloxone. The naloxone is added to **prevent abuse**. When a therapeutic dose is used, Buprenorphine helps eliminate cravings for opiates in persons addicted to these substances. It will minimize cravings and withdrawal symptoms associated with opiate addiction.

Buprenorphine is used as a tool to treat opioid addiction as part of a comprehensive treatment plan that includes individual and group counseling and case management services.

HOW BUPRENORPHINE WORKS

Buprenorphine has unique pharmacological properties that help:

- Lower the potential for misuse of the medication
- Diminish the effects of physical dependency to opioids, such as withdrawal symptoms and cravings
- Lower the risk of overdose
- Buprenorphine is long-acting

Buprenorphine is a **partial opioid agonist**. If taken too soon after taking a full opioid agonist [methadone, heroin, morphine, fentanyl, oxycodone for example], Buprenorphine can cause withdrawal symptoms.

The opioid effects of Buprenorphine increase as the dose increases until they level off at moderate doses, even with further dose increases. This "**ceiling effect**" lowers the risk of misuse, dependency, and side effects.

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

POSSIBLE ADVERSE REACTIONS AND SIDE EFFECTS TO BUPRENORPHINE

- Nausea, vomiting, and constipation
- Muscle aches and cramps
- Headache and stomach pain
- Difficulty falling asleep or staying asleep
- Distress and irritability
- Sweating
- Fever

UNLIKELY BUT SERIOUS SIDE EFFECTS – NOTIFY YOUR DOCTOR IMMEDIATELY

- Hives
- Skin rash
- Itching
- Difficulty breathing or swallowing
- Slowed breathing
- Stomach/abdominal pain
- Extreme tiredness
- Unusual bleeding or bruising
- Lack of energy
- Loss of appetite
- Yellowing of the skin or eyes
- Flu-like symptoms
- Mental/mood changes (such as agitation, confusion, hallucinations)

RARE SIDE EFFECTS

- Liver Disease
- Allergic reaction – rash, itching/swelling especially of face/tongue/throat, severe dizziness or **trouble breathing (seek immediate medical attention)**

HOW TO TAKE BUPRENORPHINE

1. Wash and dry your hands. Open the pouch with dry hands.
2. Place **film or tablet under your tongue** (film may also be placed inside the cheek if instructed).
3. If taking more than one dose, **spread them out** (do not stack tablets; place films on opposite sides of the mouth).
4. Allow medication to **fully dissolve** (usually 5–10 minutes).
5. **Do not chew or swallow.** Avoid eating, drinking, talking, or moving the medication while it is dissolving.
6. Do not brush teeth for **1 hour after dosing**. You may eat or drink once medication is fully dissolved.

MEDICATION POLICY

ROUTINE PRESCRIPTIONS AND OVER-THE- COUNTER MEDICATIONS:

All medications (prescribed/over the counter) and supplements (including vitamins, minerals, and weight loss/weight gain supplements), MUST BE REPORTED for the program physician to review.

IMPORTANT: If you do not report your prescription or over-the-counter medications as required and your urine drug screen tests positive for an illicit substance, your dose may be decreased, and take-home privileges revoked.

NARCOTIC PAIN MEDICATION:

Medical studies show that combining narcotic pain medications with Buprenorphine can lead to potential overdose or death. If you require pain medication, ***you must inform the prescribing physician that you are taking Buprenorphine and you will be asked to sign a consent allowing Overmountain Recovery to communicate with that physician by signing a release of information form. You MUST bring all pain medications to the facility to be counted. Your medical provider must approve all pain medication.***

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

VIOLATIONS OF THE MEDICATION POLICY

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

1. Inappropriate urine drug screens for unapproved medications will result in a review by the treatment team with a possible increase in level of care.
2. The patient will be required to meet with the provider to develop a plan to discontinue unapproved medications.
3. The provider may adjust the Buprenorphine dose for the safety of the patient.
4. Continued inappropriate urine drug screens for unapproved medications may result in termination of treatment.

*****USE OF BENZODIAZEPINES IS STRICTLY MONITORED. UNAPPROVED PRESCRIPTIONS OR ILLICIT USE MAY RESULT IN SUBOXONE DOSE REDUCTIONS, OR TREATMENT TERMINATION DUE TO SAFETY CONCERNS. ALL PATIENTS TESTING POSITIVE FOR BENZODIAZEPINES WILL MEET WITH TREATMENT TEAM AND COMPLETE AN ACTION PLAN WITHIN 14 DAYS OF NOTICE.***

OVERMOUNTAIN RECOVERY MEDICAL SERVICES DEPARTMENT

THE MEDICAL SERVICES DEPARTMENT IS RESPONSIBLE FOR:

1. Collection of biological specimens for medical analysis.
2. Physical exams and medical assessments.
3. Medication education and management.
4. Nursing care by registered nurses (RNs) and licensed practical nurses (LPNs).
5. Communicable disease screening, referral, testing and education.
6. Pregnancy testing (where applicable) 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. If you do not have a primary care provider, a case manager at Overmountain Recovery can help you research options.

HOSPITALIZATION

Scheduled or known hospitalizations must be disclosed to Overmountain Recovery **in advance** to allow for appropriate care coordination.

Advance notification helps prevent treatment disruptions and supports safe, compliant care planning.

Hospitalizations often involve pain management considerations, potential opioid exposure, hospital-administered dosing, and medical documentation that may affect drug screening results. Early communication allows the care team to coordinate appropriately and avoid issues such as diversion callbacks, unexpected UDS results, or gaps in medication continuity.

If hospitalization is emergent, patients must notify Overmountain Recovery as soon as reasonably possible following admission.

During Hospitalization

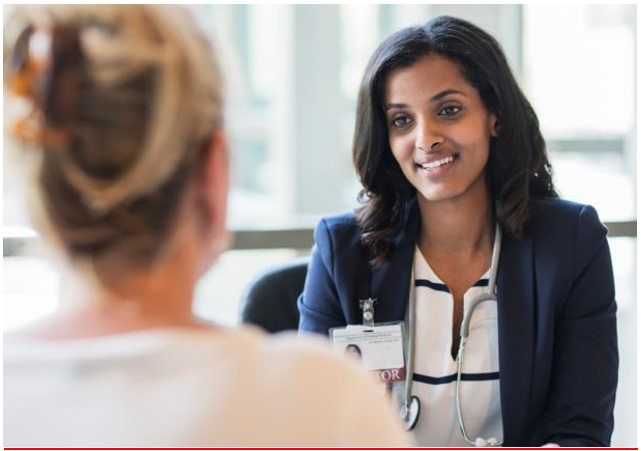
- Your daily buprenorphine may be administered by the hospital.
- Notify hospital staff that you are an Overmountain Recovery buprenorphine patient.
- You will be asked to sign a consent for release of information so Overmountain Recovery can verify enrollment and current dosing.

Upon Return to Clinic

- Patients are required to bring hospital discharge documentation on the day they return to Overmountain Recovery Nursing.
- Hospital documentation is required to ensure continuity of care; failure to provide this information may delay treatment or impact program requirement.
- Bring all unused medications with you.

INFECTION CONTROL

All patients are encouraged to wash their hands after using our bathroom facilities. Patients should not touch 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 without risks during pregnancy, but many pregnant patients take buprenorphine.

If you find out that you are pregnant, please let our medical team know right away. This helps us ensure the safest and most appropriate care for you.

A pregnancy test will be administered to all patients of childbearing age and/or ability upon admission and monthly per program recommendations.

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 buprenorphine program, current dose, prescribed medications, monthly drug screens and patient status.

2. Education regarding the effect of buprenorphine on the fetus will be given to the patient. The pregnant patient will sign a consent to be treated with buprenorphine. The decision to remain on opioid medication assisted treatment remains with the patient.

DRUG TESTING

Patients are required to submit a drug screen upon request. Failure or refusal to provide an adequate specimen may be considered non-compliance with treatment requirements and will be reviewed by the Provider to determine next steps.

***All patients are expected to have urine containing only Suboxone and approved prescription medications after initial stabilization phase.**

All patients will be notified of an inappropriate drug screen within 72 hours (either in person or via secure messaging). It will be up to the patient to notify staff if they wish to send out screenings for lab confirmation testing within 24 hours of notification.

1.Initial Inappropriate drug screen

- The patient's take-home status will be adjusted to Code 1 for a period of 28 days. If already at Code 1, dosage adjustment may be initiated.

2.Opportunity for Re-Stabilization

- If the patient provides appropriate drug screens during this 28-day period, they may resume their previous take-home status (Code 1, T, or M, as applicable).

3. Repeat Inappropriate Results

Habitual inappropriate drug screens within any 12- month period will be handled individually at the Providers discretion. Decisions will be based on the patient's overall clinical presentation, stability, and treatment needs and may include return to beginning of level progression system, tapering and or dismissal.

***Testing positive for THC (marijuana) is not considered a failed drug screen and will not automatically affect your take-home medication. If your THC use suggests possible Cannabis Use Disorder, your treatment team will discuss supportive options with you. All decisions about take-home medication are based on your overall progress and treatment goals, not on THC results alone.*

REFUSAL OR INABILITY TO PROVIDE A DRUG SCREEN

First incident: Provider may determine whether the patient may dose and/or receive take-homes.

Repeated incidents: will be handled individually at the Providers discretion. Decisions will be based on the patient's overall clinical presentation, stability, and treatment needs and may include return to beginning of level progression system, tapering or dismissal.

FALSIFICATION

Falsifying or attempting to falsify a drug test will result in the patient being returned to *Code 1 status for a minimum of 28 days before any take-home privileges are reconsidered. Any repeated attempts to falsify a test within a 12-month period will result restarting the level progression system, tapering and may lead to program dismissal. Continued violations of this policy may result in termination of services.

Patient Directed Testing- If you disagree with your screening results you may request to pay for your specimen to be sent to an outside lab for confirmatory testing. Charges must be paid prior to specimen being sent. If the test returns negative, your monies will be refunded to you. **Testing may also be sent out at any time at the discretion of the Medical Provider for clinical decision-making purposes. Payment responsibility will be on a case-by -case basis depending on the nature of the situation.*

Once a drug screen has been requested, YOU MAY NOT LEAVE THE FACILITY. You will be given no more than 10 mins per attempt and up x 2 attempts to void. No specimens will be accepted after lab closure at 11:30.

Tampering with a specimen is a program violation.

Specimens are checked for temperature, dilution, and other forms of tampering. When there is a doubt about the source of the specimen, that urine may not be accepted.

VIDEO SURVEILLANCE

High-tech video monitoring systems, which record nurses dispensing Buprenorphine and patients taking it, are installed in Overmountain Recovery. Video monitoring systems are also utilized to observe patients providing urine specimens.

TELEHEALTH SERVICES

Telehealth services may be offered as appropriate. It is at the discretion of the Treatment Team and will be reviewed on a regular basis throughout treatment. Decision to use telehealth services will be based on safety, ability, access, privacy, and location. We may only offer telehealth services to patients who are located within the state of Tennessee.
The frequency of telehealth visits may be dictated by your program assignment.

A separate telehealth consent must be signed prior to use of technology. A telehealth proctor will be assigned to assist with the use of technology. Your assigned Treatment Team may also assist with any questions/concerns you may have.

We will verify identity, physical location, and emergency contact at the start of the session. This information may be used in case of a medical, safety, and/or psychiatric emergency should the need arise.

<u>*No telehealth session</u> will start and/or continue if a patient is 1) driving at any time during the session 2) parties are inappropriately dressed or undressed 3) privacy cannot be maintained 4) location cannot be verified or is not conducive to service completion.

TENNESSEE CONTROLLED SUBSTANCE MONITORING DATABASE (TN CSMD)

Overmountain Recovery monitors 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.

DUAL ENROLLMENT

Overmountain Recovery has instituted policies and procedures to reasonably prevent patients from being dually enrolled in more than one opioid treatment program. Overmountain Recovery is part of the Tennessee Central Registry. All pertinent demographic information and identifying characteristics will be entered into 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 to permit permission to notify treatment programs within the state of Tennessee that this patient is enrolled in our program.

CLINICAL SERVICES

INDIVIDUAL AND GROUP COUNSELING

Individual and group counseling will be part of your course of treatment. Individual counseling sessions are typically 30 minutes, and group sessions 60 minutes. Upon admission to the clinic, you will be assigned a primary counselor who will see you for individual sessions and work with you on your treatment goals. A treatment plan outlines goals and objectives for treatment and how to obtain them and will be written with your counselor. Following the plan is **essential** for positive outcomes leading to recovery.

CASE MANAGEMENT

Case management with a Navigator and/or Pathfinder will also be a part of your ongoing treatment. Your Navigator and/or Pathfinder will provide you with community resources to help stabilize the many different areas of your life that have been impacted by substance abuse and dependence. You can receive physical and mental health recommendations, food resources, shelter, and other housing supports, and transportation help based on your needs.

PSYCHIATRIC CARE

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 release of information form to Overmountain Recovery and the medical director will need to approve all medications.

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 legal case. Overmountain Recovery team members will not typically go to court on your behalf. You will be expected to follow all the requirements of your probation/parole while you are a patient at Overmountain Recovery. Please be aware that NONE of the team members can contact the legal system about you or of your behavior without your permission.

SCHEDULED APPOINTMENTS

Patients are encouraged to attend all scheduled appointments, including counseling sessions, group sessions, case management sessions and medical appointments.

Missed Provider appointments:

- Non-monthly patients that miss/reschedule a provider appointment three times for any reason will forfeit their take home privileges until that appointment has been completed. Continued noncompliance will be met with administrative tapering and possible program dismissal.
- Monthly patients will follow the same steps above with the exception that they cannot miss or reschedule past two consecutive appointments.

DISEASE SCREENING/TESTING

The State of Tennessee recommends screening and/or testing for communicable diseases. On the day of intake, serum lab testing will be offered, and patients will be screened/tested for Communicable Diseases. OMR will facilitate medical referrals as needed. OMR will follow all state, federal statute, regulation or rule of law regarding reporting related to public safety.

TREATMENT ALTERNATIVES

Medication assisted treatment with an agonist or partial agonist medication is considered the standard of care. Other treatment options include an injectable form of medications. Counseling services are also recommended. For some, inpatient treatment may be beneficial.

MEDICALLY SUPERVISED WITHDRAWAL

In addition, medically supervised withdrawal (tapering) can be provided. Medically supervised withdrawal management is **not** a treatment for opioid addiction. Rather, its primary objective is to relieve withdrawal symptoms while the person tapers from Buprenorphine. Information about tapering programs are available at any time. As part of our program, your counselor will ask you at least once a year if you are interested in switching to a tapering program.

FAMILY SUPPORT

Family members are encouraged to participate in treatment with you. Family members may participate in family or group counseling with you, or they may attend medical appointments with you.

Treatment Phases					
Program Phase	Continuous Abstinence and/or Time in Treatment	Eligible Take Homes	Urine Drug Screen	Clinic Attendance	Service Requirements
Phase 1 Induction/ Stabilization	28 Days Minimum	*Up to Weekly	Weekly	Weekly	• Medical Provider - Weekly • Counseling (x1)/Group (x1) Weekly • Case Management Weekly
Phase 2 Maintenance *< 1 year*	Stabilization up to 364 Days	*Weekly Up to Monthly	At all Provider Appts	Bi-weekly to monthly	• Medical Provider: At least every 2 to 4 weeks • Counseling/Group: At least monthly • Case Management: At least monthly
Phase 3 Maintenance *> 1 year*	365+ Days	*Monthly	At all Provider Appts	At least monthly	• Medical Provider: At least every 2 months • Counseling/Group: At least monthly • Case Management: At least monthly
PHASE PROGRESSION BASED ON TREATMENT COMPLIANCE AND RECOMMENDATION OF TREATMENT TEAM.					
*Daily Dosing will be implemented if you are noncompliant with ***any*** service requirements					

Counseling Frequency

Treatment Period	Days in Treatment	Minimum Counseling Frequency	Telehealth Allowance
Initial Phase	Days 1-30	At least 2 sessions per week	None
Next 90 days	Days 31-120	At least 1 session per week	Up to 50% telehealth
Following 90 days	Days 121-210	At least 2 sessions per month	Up to 50% telehealth
Ongoing 90-Day Periods	Days 211 and forward	No less than 1 session per month	Up to 50% telehealth; >50% requires SOTA approval

* *Exceptions to the frequency of counseling sessions shall be patient specific and clearly justified in the patients medical chart.*

TELEHEALTH SERVICES

Telehealth services may be offered as appropriate. It is at the discretion of the Treatment Team and will be reviewed on a regular basis throughout treatment. Decision to use telehealth services will be based on safety, ability, access, privacy, and location. **We may only offer telehealth services to patients who are located within the state of Tennessee.**

The frequency of telehealth visits may be dictated by your program assignment.

A separate telehealth consent must be signed prior to use of technology. A telehealth proctor will be assigned to assist with the use of technology. Your assigned Treatment Team may also assist with any questions/concerns you may have.

We will verify identity, physical location, and emergency contact at the start of the session. This information may be used in case of a medical, safety, and/or psychiatric emergency should the need arise.

No telehealth session will start and/or continue if a patient is 1) driving at any time during the session 2) parties are inappropriately dressed or undressed 3) privacy cannot be maintained 4) location cannot be verified or is not conducive to service completion.

DOSING RULES

When you arrive at the clinic, you must check in at the kiosk. **Do not** bring drinking utensils, beverages, or any other portable containers into the dispensing area. Family members or other guests must wait in the lobby until you have finished receiving your dose.

WE RESERVE THE RIGHT TO REFUSE ANY PATIENT WHO APPEARS TO BE UNDER THE INFLUENCE OF ILLICIT DRUGS OR ALCOHOL. IF YOU ARE THOUGHT TO BE UNDER THE INFLUENCE OF AN ILLICIT DRUG OR ALCOHOL, DOSING FOR THE DAY WILL BE HELD FOR SAFETY. PATIENTS WILL ALSO BE ASKED TO SECURE ALTERNATIVE TRANSPORTATION, FAILURE TO COMPLY WILL RESULT IN POLICE NOTIFICATION.

DOSING TIMES

You must check in at the kiosk by 11:15am to dose M-F and by 9am on Saturday.

If you are unable to arrive prior to closing times, you will not be permitted to enter the building or dose. We cannot alter operation times, no exceptions.

VOMITING YOUR DOSE

Due to federal and/or state regulations, we may 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 may be replaced with the medical provider's approval.

DOSE INCREASES

Patients who request a dose increase must notify the nursing staff at the dosing window in addition to their medical provider. These decisions are made on a case-by-case basis and do not follow any set formula.

DOSE DECREASES

If you decide you'd like to lower your Suboxone dose, talk with your treatment team. Together with your Provider, you'll create a safe and gradual taper plan based on your needs. The medical team will review the plan and support you every step of the way. You always have the right to make choices about your medication, including the right to refuse it.

VIDEO SURVEILLANCE

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

WE ARE NOT RESPONSIBLE FOR LOST OR STOLEN MEDICATION. PLEASE PROVIDE THE CLINIC WITH A POLICE REPORT. EACH CASE WILL BE HANDLED ON A CASE-BY-CASE BASIS AND NOT EXCEED MORE THAN ONCE IN ANY 12 MONTH PERIOD.

MISSED DAYS

If you miss your scheduled appointment/pickup day you will be required to complete all requirements of the visit before being provided with medications and/or prescription. It is at the discretion and availability of your designated provider.

DIVERSION RULES

MANDATORY/DIVERSION RANDOMIZED CALL BACKS

Diversion is the illegal sale or sharing of prescribed medication. Diversion control is done to address Overmountain Recovery's responsibility to safeguard the health and safety of the persons served.

It is your responsibility to maintain ONE accurate contact method in your record, including phone number or email to receive electronic call back messaging. Further, it is your responsibility to check your preferred contact method regularly. This random appointment will be in addition to regular scheduled appointments. You are required to have a Diversion check every 90 days per the State of TN.

THERE ARE NO EXCEPTIONS TO NON ADHERANCE TO A CALL BACK- OMR HAS ADOPTED A ZERO TOLERANCE POLICY.

When you are requested to bring medications to the clinic, you must:

- Report to clinic during normal dosing hours (5:30 am-11 am). Nurses will contact patients by 8am, patients have until 11am the following day to show for Diversion call back.

- Allow the quantity and packaging to be checked, patient must bring both empty and full bottles/bags.
- **Provide a specimen for drug testing.**
- Individual dosing packs/bottles should NOT be opened before the date identified on label. Doing so will result in a failed diversion/bottle call back.
- Acknowledge that failure to comply with the call-back will result in loss of take-home privileges.
- Documentation of DETAILED patient non-compliance with Diversion call back will be completed by Nursing in patient's medical record for Treatment Team review/historical purposes.
- Travel plans should be reported to staff 14 days PRIOR to absence DURING operating hours. Any calls or emails after the fact will result in diversion failure.
- Consistent or consecutive travel does NOT excuse patient from meeting the 90-day callback requirements set forth by the State of TN.
- Virtual diversion checks may be done on a treatment team approved basis for emergencies only (court obligations, hospitalization, etc). Virtual opportunity will only be given if specific criteria are met and not more frequently than once every 6 months.

Diversion Call/ Pill Count Non-Compliance

1.) Initial incident: return to Code 1 for 28 days, then return to prior level. If the patient is already at **Code 1**, or if clinical risk is elevated, an administrative taper may be initiated instead of, or in addition to, level resetting.

2.) 2nd incident (within 12-month period): return to code 1 for 28 days, then work level system back up. If already Code 1, dosage adjustment may be initiated.

3.) 3rd incident (within 12-month period): return to code 1 for 28 days, dosage adjustment may be initiated. Cannot advance past Code 1 until passing callback.

4.) (4th) incident (within 12-month period): Program dismissal, administrative taper initiated.

NO CONTAINER, NO TAKE-HOMES

- The patient must assure staff that medications can be safely transported and stored in a locked container.
- Each patient must provide their own lock box. Patients are not permitted to share containers.
- The lock box must have a key or combination lock and have patients ID# on it.
- Lock box may be checked by staff at any time if necessary.
- It is the patient's responsibility to **check all doses taken home** before leaving the dosing window.
- All empty take-home packages MUST be returned to the clinic for disposal. Bring the empty packages/bottles back the next time you are in the clinic. If they are not returned or are tampered with, then the patient may lose their take-home privileges.
- When transporting medication by car, please make sure you have your clinic ID with you in case you are pulled over.
- Medication should not be left in cars or other hot places.

LOSS OF TAKE-HOME PRIVILEGES

Factors that may impact take home schedule:

- Recurrence of substance use or substance use disorder symptoms
- Failure/refusal to submit drug screen upon request
- Failure to attend scheduled appointments
- Medication is not being safely stored within the patients' home
- Behavioral problems at the clinic
- Risk of diverting medications: selling or buying and/or suspected of selling/buying drugs
- Tampering of packaging of take-homes
- Failure to follow policy, rules, or procedures
- Any patient missing three consecutive days of dosing
- Failure to maintain one (1) form of contact method.
- Failure to provide prescription medications prescribed by other physicians (Prescription Monitoring)
- Non-compliant with payment agreement
- If a patient falls behind on payments or is unable to pay for their take-homes, their take-home schedule may be affected.
- Diversion/Pill Count process failure.

PROGRAM EXPECTATIONS

Any of the incidents listed below may result in a **mandatory compliance team meeting.** Attendance at the compliance team meeting will be requested and can result in an increased level of care, administrative taper and/or dismissal from the program:

1. A urine and/or blood drug screen that is negative for Buprenorphine.
2. A patient contract violation.
3. Inappropriate drug screen for illicit drug use.
4. Any positive screen for alcohol.
5. Any three (3) consecutive unexcused appointment absences (group, individual, med checks, physicals, etc.).
6. Failure to respond to a "diversion/call-back."
7. Failure to submit prescription medications to medical staff for pill counts.
8. Failure to notify medical staff regarding over-the-counter medications.
9. Obtaining a new prescription from an outside physician without notifying staff.
10. Excessive tardiness to the clinic.
11. Tampering with or providing false specimens for drug screens.

DRUG DEALING

Any suspicion or observation of drug dealing on the premises, including the diverting or selling of Buprenorphine and any other medications, may result in discharge from the program. A drug dealing violation may also result in notification of law enforcement. **This includes the parking lot**. Loitering on the premises is not permitted.

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. Certain situations may pose a threat to the safety and well-being of individuals within the treatment facility. Violation of any of the following will result in **an IMMEDIATE DISCHARGE** from our program. In the event of a violation, team members will take immediate action toward discharge and secure the safety of team members and other patients.

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 (people or things), throwing things, grabbing, slapping, pushing, physically threatening someone, etc.) is cause for immediate dismissal from Overmountain Recovery. Any violent act that is committed may 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. On site security will utilize weapon detection devices.

APPEARANCE

To maintain a safe, respectful, and professional environment for all patients, visitors, and staff, we ask that individuals follow these basic dress guidelines while in the clinic:

- Clothing must provide appropriate coverage of the body. Attire that is excessively revealing (such as see-through garments, bathing suits, excessively short shorts, or clothing that exposes undergarments or private areas) is not permitted.
- Footwear must be worn at all times for safety.
- Clothing with offensive, discriminatory, or inappropriate language, drug use/images, or symbols is not allowed.
- For the health and comfort of others, strong odors (including smoke, heavy fragrances, or chemical scents) should be minimized when possible.

Patients who arrive wearing clothing that does not meet these guidelines may be asked to adjust their attire or return after changing, unless there is an urgent medical need that requires immediate attention.

Sunglasses are not allowed to be worn inside the facility.

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, administrative taper and/or discharge from the program.

CONFIDENTIALITY

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

LOITERING

Loitering at OMR is defined as "remaining on the premises without a scheduled appointment or legitimate reason for being at the clinic" (waiting for a ride could be a legitimate reason). The premises include: the building, landscaped areas and all parking areas. **Once your appointments are complete, you must leave the premises.**

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.**
- **Using any recording device with a staff or fellow patient without their permission.**
- **Asking other patients to sell their medications.**
- **Harassment based on sex, race, religion, physical or mental limitations, age, sexual orientation, gender identity, 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 they are being harassed, they should inform their counselor about the situation.

OVER-THE-COUNTER MEDICATIONS

Distributing or sharing ANY medication with others is prohibited. All medications should be kept 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

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

RESTRICTED AREAS

You must be accompanied by an Overmountain Recovery team member in any part of the clinic, excluding the lobby or restrooms.

SMOKING/VAPE/TOBACCO USE

Overmountain Recovery promotes wellness and healthy living for you, your family, our team members and our communities. As part of this commitment, Overmountain Recovery is a smoke-free facility, and we ask that you **refrain from using cigarettes, e-cigs, cigars and any vape device on premises.** Smoking and/or device 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.

UNACCEPTABLE BEHAVIORS

(continued)

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.

IT IS DISREPECTFUL TO STAFF AND OTHER PATIENTS TO ARRIVE AT THE CLINIC INTOXICATED OR SMELLING OF DRUGS.

POSSESSION OF DRUG PARAPHERNALIA OR DRUGS OF ABUSE (including Marijuana) IS STRICTLY PROHIBITED. DO NOT PLACE THESE ITEMS IN YOUR LOCKED CONTAINER.

DRUG TALK

It is imperative to maintain a culture of respect for everyone seeking treatment. Conversations about drug use may cause cravings for some individuals or may encourage the exchange of drugs between individuals. Discussing drugs in the lobby or other waiting areas is considered disrespectful to the staff and other patients and is **strictly prohibited.**

VOLUNTARY TAPER

Voluntary taper refers to a medically supervised, gradual reduction or tapering of your dose over time to eliminate physical dependence on buprenorphine. This is voluntary (something you ask for), and it is done at a rate that can be well tolerated by you. Patients that could be pregnant 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 may result in discharge from treatment.

An involuntary taper can be initiated under the following situations:

1. Failure to get annual physical.
2. Medical/safety override: The medical director deemed it medically dangerous/unsafe to continue prescribing suboxone to you.
3. Treatment team decision: Recommendation for discharge for non-compliance/violation of program policies.

INVOLUNTARY TAPER PROCESS

The compliance team will review all recommended administrative withdrawals 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 (oral or written response), the compliance team will determine if the patient has violated a program policy.

The provider 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 they are 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 SUBOXONE, THE PATIENT WILL BE NOTIFIED PRIOR TO THE FIRST DECREASE IN DOSE IN WRITING.

APPEAL PROCEDURE

As a patient 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. If 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 with the recommendation, you may file an appeal by contacting the compliance team within seven days of being informed of the recommendation. **If you do not contact the compliance team within 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 compliance 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 compliance team will evaluate your case and render a decision either upholding, overturning, or modifying the recommendation. The compliance team will notify you of the decision within seven days following the meeting. The decision of the compliance team is final.

In the event the medical director determines it is medically dangerous to continue you on Buprenorphine, they 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.**

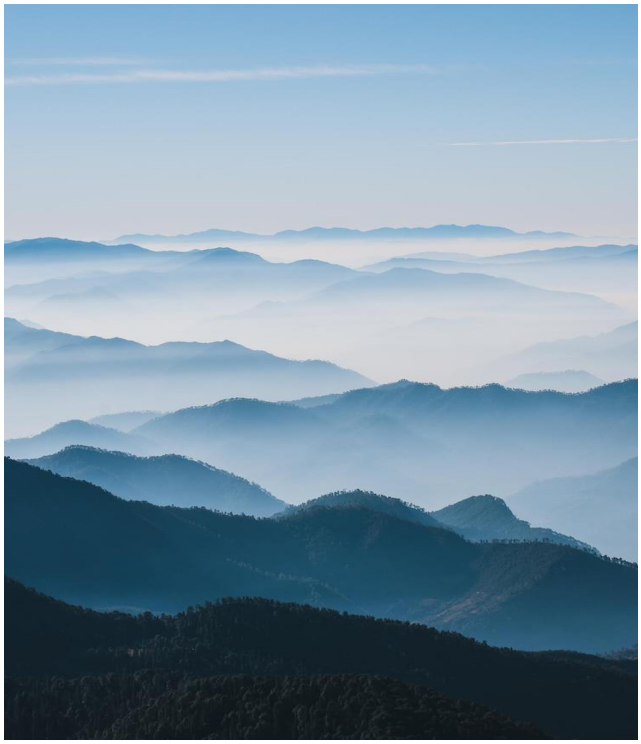
GRIEVANCE PROCEDURE

Among your rights as a patient of 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 which 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.

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 is 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 express your grievance orally to a team member, who will fill out the form for you. The grievance form will be given to the program director who 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 re-sent to the Program Director of Overmountain Recovery, who will contact you to further discuss your concerns.

If your grievance involves a potential violation of your rights, the compliance team may be notified. The treatment team will review your complaint and decide if your case involves a patient rights violation. Within seven days after the treatment team reviews your case, you will be notified of the decision. The decision of the treatment team is final.



AS A PATIENT 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.

OVERMOUNTAIN RECOVERY CODE OF ETHICS

Overmountain Recovery board members, employees, 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, gender identity, 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. 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, announcements 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 patients and staff 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 patient.

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 sometimes handled by healthcare workers (fluids surrounding the brain and spinal cord, bone joints and around a fetus)
- Vaginal fluids

HIV is passed from one person to another by:

- 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 person 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 if you are infected. Many people who are infected with HIV do not have any symptoms at all for ten years or more. Everyone should know their HIV status to protect themselves and others.

PREVENTION

There are several ways to protect yourself or to prevent transmitting HIV during vaginal, oral or anal sex if you choose to have sex:

- 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 kinds of HIV tests, including blood tests and rapid tests. All HIV tests approved by the US government are very good at detecting HIV.

FACTS ABOUT SYPHILIS

WHAT IS IT?

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

HOW IS IT SPREAD?

Syphilis is spread by sexual contact with an infected individual, except for 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, latent and tertiary. The first or primary sign of syphilis is usually a sore(s), which is painless and appears at the site of initial contact. It may be accompanied by swollen glands, which develop within a week after the appearance of the initial sore. The sore may 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 secondary stage of the disease. The most common symptom during this stage is a rash, which may appear on any part of the body including torso, arms, legs, palms, soles, etc. Other symptoms may 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 can disappear in the absence of treatment. In the latent stage of syphilis there are no visible signs of syphilis, and this stage can last for years. The tertiary stage occurs 10 to 30 years after the infection started. It can affect many organ systems and can result in death.

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 ten days.

COMPLICATIONS

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

PREVENTION

There are several ways to prevent the spread of syphilis:

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

FACTS ABOUT TUBERCULOSIS

WHAT IS IT?

Tuberculosis (TB) is a contagious disease caused by the bacterium Mycobacterium tuberculosis. It most commonly affects the lungs (pulmonary TB) but can also involve other parts of the body such as the kidneys, spine, or brain.

HOW IS IT SPREAD?

TB is spread through the air when a person with active pulmonary TB coughs, sneezes, speaks, or sings, releasing tiny droplets containing the bacteria. People nearby may breathe in these bacteria and become infected. TB is not spread by shaking hands, sharing food or drinks, or touching bedding or toilet seats.

SYMPTOMS

- Persistent cough lasting three weeks or longer
- Chest pain
- Coughing up blood or sputum
- Weakness or fatigue
- Weight loss, loss of appetite
- Chills, fever, and night sweats

People with latent TB infection (LTBI) do not feel sick, do not have symptoms, and cannot spread TB bacteria to others. However, they may develop active TB later if untreated.

SCREENING

All patients will be screened for tuberculosis at intake as part of the initial health assessment process. Screening includes a review of symptoms, medical history, and potential risk factors for TB exposure. If screening results indicate possible infection or exposure, appropriate testing and follow-up will be arranged according to clinical judgment and current public health guidelines.

TREATMENT

TB is treatable and curable with antibiotics. Treatment typically lasts 6 to 9 months and includes a combination of medications such as isoniazid (INH), rifampin (RIF), ethambutol (EMB), and pyrazinamide (PZA). It is important to take all medications exactly as prescribed. Stopping treatment early or skipping doses can result in drug-resistant TB, which is much harder to treat. People with latent TB infection may be prescribed preventive therapy to reduce the risk of developing active disease.

COMPLICATIONS

Without treatment, TB can be fatal. Untreated TB can destroy lung tissue and spread infection to other organs, including the brain, kidneys, and bones. Drug-resistant TB strains can develop if medication regimens are not completed. TB in people with weakened immune systems (such as those with HIV) can be particularly severe.

PREVENTION

There are several ways to prevent the spread of tuberculosis:

- Get screened if you have been in contact with someone diagnosed with TB or if you work in healthcare or congregate settings.
- Complete all prescribed TB medications, even if you feel better.
- Cover your mouth when coughing or sneezing and wear a mask if you have active TB.
- Ensure adequate ventilation in homes and workplaces.
- People with latent TB infection should discuss preventive treatment with their healthcare provider.
- In some countries, the BCG vaccine may help protect against TB

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, and 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, and 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	Supportive Care	Many people recover fully. For those with a chronic infection, medications may help control replication of the virus, but there is no cure.	Multiple treatments are available to cure the condition.
PREVENTION	Vaccination. Immune Globulin within 2 weeks of exposure. Washing hands with soap and water after using the toilet. Use household bleach (10 parts water to 1-part bleach) to clean surfaces contaminated with feces, such as changing tables. Safe Sex	Vaccination provides protection for 20 plus years. Hepatitis B Immune Globulin within 1 week of exposure. Clean up blood with household bleach and wear protective gloves. Do not share razors, toothbrushes, or needles. Safe Sex	Clean up spilled blood with household bleach. Wear gloves when touching blood. Do not share razors, toothbrushes, or needles with anyone. Safe Sex

PRICING SCHEDULE

Only CASH and DEBIT/CREDIT CARDS are accepted.

FEE SCHEDULE	COST
Initial Evaluation	$325.00
Follow up visit (monthly)	$325.00
Annual Labs	$30.00
Replacement Badge	$1.00 paper $5.00 hard copy
In house dispensed daily medication	$25.00
Lock Box Lock Bottle	$20.00 $5.00
Lab confirmations**	$40.00
Oral Swab	$7.90 per drug tested, plus $10 shipping.

- Fees are payable at the time of service.
- The initial evaluation fee includes the first month of service.
- Fees cover the medical evaluation and management by the provider, and do not cover medications.
- Your prescriptions may be covered by your insurance or your prescription plan. Check with your insurance or prescription plan regarding the conditions for coverage.

*If an inappropriate screening occurs after 90 days of treatment, there will be monthly charge of $25 depending on enrollment program.

**Lab confirmations are to be paid in full upfront. There is a charge of $25 for shipping and $15 for each specimen.

INSURANCE

We take the following insurance plans:

Amerigroup/Wellpoint	Cigna	Sentara	TennCare
Blue Cross Blue Shield	Humana	Optima Health	TriCare
BlueCare	Medicare	Virginia Premier	United HealthCare

Your cost with insurance varies by plan due to different deductibles and co-pays.
Please meet with the billing supervisor to discuss your financial concerns.

****PATIENTS WITH TENNCARE AND/OR THOSE WHO QUALIFY FOR THE SOR GRANT PAY $0 FOR BUPRENORPHINE MEDICATION AND SERVICES****

NONPAYMENT OF REQUIRED FEES MAY RESULT IN MEDICALLY SUPERVISED TAPERING AND DISCHARGE FROM THE PROGRAM.

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 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

****Doors will be locked at 11:15 Mon-Fri and at 9:00 on Saturdays. All persons must be in the building by this time to receive**

In case of a disaster or emergency preventing 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

Holiday Closures (2026)

- **New Years Day 1/1**
- **Memorial Day 5/25**
- **Juneteenth 6/19**
- **Labor Day 9/07**
- **Thanksgiving 11/26**
- **Christmas 12/25**

For medical emergencies please call 911.
For psychiatric emergencies please call 988.

Under a Grant Contract with the State of Tennessee Department of Mental Health and Substance Abuse Services this project was supported by Grant H79TI087822 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, opinions, and content of this publication are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS.