



## **2021 Patient Handbook**

*Methadone Maintenance Treatment*

### **Clinic Hours**

Monday and Tuesday | 5:30 a.m. – 7:00 p.m.

Wednesday and Thursday | 5:30 a.m. – 4:00 p.m.

Friday | 5:30 a.m. – 1:30 p.m.

### **Dispensing Hours**

Monday-Friday | 5:30 a.m. – 10:00 a.m.

Saturday and Sunday | 6:00 a.m. – 9:00 a.m.



New Directions Healthcare



[NewDirectionsHealthcare.net](http://NewDirectionsHealthcare.net)



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**INTRODUCTION:**

New Directions Healthcare is a fully licensed state and federal substance abuse treatment clinic in Erie, Pennsylvania. New Directions Healthcare purpose is to provide a positive difference every day in the lives of people with an opioid addiction utilizing medication, counseling, and life skills development. Our philosophy is that every substance abuse addiction patient with an opiate addiction deserves the opportunity to take their life in a NEW DIRECTION. New Directions Healthcare is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Medication-assisted treatment (MAT) for opioid addiction uses drugs to stabilize the brain chemistry, reduce or block the euphoric effects of opioids, relieve physiological craving, and normalize body functions. There are three drugs approved by the FDA for the treatment of opioid addiction: Buprenorphine (Suboxone), Methadone, and Naltrexone (Vivitrol). All three of these treatments have been demonstrated to be safe and effective in combination with counseling and psychosocial support.

New Directions Healthcare provides all three forms of MAT. Daily methadone is an extremely effective form of opiate addiction treatment. In addition, New Directions Healthcare offers Suboxone, which is a medication used to treat opioid dependency containing buprenorphine and naloxone. The third type of medication is Vivitrol, a monthly injectable non-opioid medication that helps patients who are opioid dependent in remission but at risk of relapse. Also used to treat alcohol dependency in remission. NDH also specializes in the care of pregnant opioid dependent patients. All patients of New Directions Healthcare upon admission are given a prescription for intranasal naloxone, instructions for use and what to do in the event of finding someone who has overdosed.

We work closely with other medical and psychiatric providers in the community to arrange patient referrals and coordinate care. New Directions Healthcare accepts Pa State Medicaid, Medicare, and most major insurances. Our facility has full time Medical Providers on site daily. New Directions Healthcare offers methadone maintenance treatment to individuals 18 years of age or older, who are addicted to opiate drugs or synthetic narcotics for over one year or more. New Directions Healthcare strives to provide an individual-centered environment during treatment that is focused on delivering exceptional quality care and treating individuals with integrity and respect as they work toward their recovery from opiate addiction.

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**EMERGENCY:**

In the event of disaster clients are instructed to check local radio stations, television or visit our Facebook page for further information in the event of an emergency. Directions Healthcare’s website [www.newdirectionshealthcare.net](http://www.newdirectionshealthcare.net) will also provide further instructions.

In the event of an emergency clients are instructed to call 911. To speak to New Directions Healthcare personnel outside of business hours dial 814-240-6216 for additional information. Please listen to prompts to speak to a medical provider. Diagrams depicting the location of all exits and the location of fire extinguishers are posted in every room.

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**CRITERIA FOR ADMISSION:**

New Directions Healthcare offers methadone maintenance treatment to individuals 18 years of age or older, who are addicted to opiate drugs or synthetic narcotics for over one year or more. An individual who is enrolled in the program must be medically and mentally stable. Individuals must enter and participate in the program voluntarily.

New Directions Healthcare will not admit any patient who is medically or mentally unstable or at risk for imminent harm to himself/herself or others. New Direction Healthcare will not admit any patient that is benzodiazepines or alcohol dependent.

Our clinic will provide services to all people, regardless of age, race, color, ethnicity, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression.

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**GENERAL INFORMATION ABOUT METHADONE:**

Methadone Maintenance Treatment has been proven to be the most successful treatment for opiate addiction. Methadone Maintenance Treatment for opiate addiction at New Directions Healthcare is supported with a full complement of substance abuse and life-skills counseling as well as supervised medical care. By treating opioid addiction that includes the use of methadone it has been associated with reduced overdose deaths, retention of persons in treatment, decreased heroin use, reduced relapse, and prevention of spread of infectious disease.

Methadone is very long acting and is normally taken once a day. The proper oral dose remains fully effective for 24 – 36 hours in preventing the beginning of withdrawal symptoms and takes effect slowly. Individuals will not experience the euphoria caused by street drugs because methadone has slower and gradual effects. Methadone works on parts of the brain and spinal cord to block the “high” caused by using opiates. It also helps reduce cravings and withdrawal symptoms caused by opiate use.



Methadone can alleviate not only the physical symptoms of withdrawal, but also the psychological dependency and craving caused by opioid addiction. Methadone frees individuals from the dangerous practice of injecting, along with the risk of exposure to HIV and Hepatitis C.

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**SIDE EFFECTS WITH METHADONE TREATMENT:**

Individuals receiving methadone treatment should be aware of the following risks associated with methadone treatment. Short-term side effects may include dry mouth, drowsiness, sweating, lightheadedness, urinary retention, constipation, and sexual impotence. Methadone should never be mixed with benzodiazepines or alcohol and could result in death due to sedative effect and could even be fatal. In addition, an abrupt withdrawal from methadone treatment will cause withdrawal and increase relapse and death. It is important to bring any of these side effects to the attention of New Directions Healthcare medical providers

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**PREGNANCY TREATMENT FOR OPIOID DEPENDENT MOMS:**

New Directions Healthcare specializes in the care of pregnant opioid dependent patients. All females are screened for pregnancy prior to admission to the New Directions Healthcare facility.

For more than 30 years, methadone maintenance treatment has been used to help women struggling with opioid addictions while pregnant. Individuals who are pregnant, or become pregnant during their treatment with methadone, are closely monitored by medical providers to better ensure the health and safety of mother and child. Pregnant mothers are seen frequently to monitor their treatment, progress, and to monitor their dose. It is mandatory that all pregnant mothers are seen by an OBGYN. Mothers that have clean-UDS may be eligible for split dosing, where a mother's daily dose is split in two halves, a morning and evening dose to have a more stable methadone blood level. A steady state blood level is healthier to a child.

An individual participating in methadone treatment must notify a New Directions Healthcare staff member immediately if the individual becomes pregnant or if the individual suspects, they may be pregnant. Additional therapeutic support will be part of treatment / services for pregnant individuals. All of your providers and counselors are here to support you and want to help you have a healthy and safe pregnancy.

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**PARENTS WITH CHILDREN:**

Parents with childcare issues are permitted to bring their children into the clinic. No children, under any circumstance, are allowed in the dosing rooms. New Directions Healthcare staff are not responsible for children and children are not to be left unattended. **Please do not bring children into individual counseling or to a group as content of counseling is geared toward**



**adults and may not be appropriate for children.** Individuals requesting special accommodations surrounding childcare are asked to make arrangements, in advance, with their individual counselor or group facilitator.

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**PRESCRIPTIONS:**

Any and all medications prescribed by private physicians must be communicated with New Directions Healthcare medical staff. Individuals are asked to supply a list of the medications they are currently taking. On the day of the Intake, individuals must sign consent forms authorizing New Direction Healthcare staff to confer with medical and/ or psychiatric providers regarding continuity of care. New Directions Healthcare medical staff will utilize the Pennsylvania Drug Monitoring Report Website that mandates prescribers to check for any controlled substance that patients may be receiving from other providers.

Taking certain prescription medications, such as benzodiazepines medication, in combination with methadone can be dangerous and could potentially lead to medical emergency, accidental overdose, and could potentially cause fatality. Individuals are provided information regarding physical interactions between methadone and other drugs on initial day of treatment. Some medications and taking methadone can cause increase cardiac arrhythmias and a New Directions Healthcare medical staff may order an EKG.

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**ILLNESS OR HOSPITALIZATION:**

Individuals enrolled in services at New Directions Healthcare must report any hospitalization to staff as soon as possible. If hospitalization is anticipated the individual should inform New Directions Healthcare staff in advance. In the event of a medical emergency requiring immediate hospitalization the individual should request that a hospital staff member obtain a ROI and contact New Directions Healthcare to coordinate treatment / continuation of care. In the event of medical emergency New Directions Healthcare medical staff will assist with necessary medical referrals.

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**PAYMENT SCHEDULE / FEES:**

- Clinical fees are due every weekly and payable in advance in accordance with New Direction Healthcare’s payment policy. Government funded, and private insurance plans are accepted upon prior authorization.
- No personal checks are accepted without prior approval. Refunds are not given without prior approval. If a personal check is authorized and returned there will be a \$50.00 fee for returned checks. Payment may be in the form of cash, debit, money order, or credit card; Visa, MasterCard, or Discover. Money orders must be issued by bank or post office.



- Payments will be considered late after three business days, unless prior arrangements are made in advance with the Facility Director. **Financial responsibility and payment are part of your treatment plan and failure to stay current may result in administrative action.**
- You may request a payment plan in the event of financial hardship or temporary lapse of insurance. Patients that are self-pay will be given a self-pay schedule and if you are late, you will be put on a financial contract until all payments are up to date. Failure to follow through with payments can cause disciplinary action. New Directions Healthcare is always willing to work with patients in difficult financial situations.
- All patients are responsible that their insurance is up to date, or they will be held liable for their payment. New Directions Healthcare will work with your insurance company to obtain payment for services.

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#### **CELL PHONES AND ELECTRONIC DEVICES:**

Due to confidentiality cell phone use and the use of electronic devices are prohibited at New Directions Healthcare. **Taking photographs or videos in the lobby, dosing room, medical areas, individual, and/or group sessions is prohibited and will result in termination and/or criminal charges.** Individuals discovered using cell phones / electronic devices will be prompted to put the phone / electronic device away. Cell phones must be silenced during group counseling sessions.

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#### **CONFIDENTIALITY OF INDIVIDUAL'S RECORDS:**

The confidentiality of the individual's records maintained by New Directions Healthcare are protected by the Federal and State Laws. Staff may not inform another person that an individual attends New Directions Healthcare, or disclose any information identifying the individual as an alcohol or drug abuser, unless:

- The individual consents in writing.
- The disclosure is permitted by an order of the court.
- The disclosure is made to medical personnel in the event of a medical emergency to qualified medical personnel.
- The disclosure is made to mental health emergency personnel (for example Crisis Services) in the event of a mental health emergency.
- For research, audit, or program evaluation purposes.
- In the event of suspected child abuse or neglect, Federal and State laws require mandated reporters / all New Direction Healthcare staff to inform appropriate child



protect agencies. New Direction Healthcare staff has a legal and ethical obligation to report any suspected child abuse or neglect.

New Directions Healthcare staff will adhere to these regulations. All suspected violations of confidentiality must be reported.

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### **COUNSELING:**

Individual counseling is a process through which individuals work one-on-one with a drug and alcohol therapist in a safe, caring, and confidential environment to:

- Explore feeling, beliefs, or behaviors
- Work through challenging or influential memories
- Identify needed life changes for better quality of life
- Better understand themselves and others
- Set personal goals and work towards desired change

### **Useful information about your counseling experience:**

- Both individual and group counseling are required by both New Directions Healthcare and by State and Federal guidelines.
- The amount of group and individual sessions will be determined by your time in treatment and Pa DDAP regulations, specific needs, and at the discretion of the counselor.
- You will be assigned to a primary counselor but may be seen by other therapists as necessary.
- You are required to keep all scheduled counseling appointments, failure to do so will result in administrative action.
- You have the right to request a change in counselor. To request counselor reassignment, individuals may request a Change of Counselor form from New Directions Healthcare staff.
- Partners, couples and family members may not attend group together UNLESS it is Family Group or Addictive Recovery & Kids group.

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### **COMPLIANCE:**

To remain compliant with New Directions Healthcare and prevent administrative action; please remember the following:

- You **MUST** medicate daily.
- You **MUST** keep all scheduled individual and group therapy sessions. This will ensure you meet your **monthly counseling requirements**.





- You MUST provide urine drug screens that are negative for illicit substances.
- You MUST sign necessary Releases of Information to ensure continuity of care.
- You MUST work toward completing your treatment plan goals and objectives.
- You MUST pay all current fees and/or compliant with payment plan

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**PROGRAM REQUIREMENTS:**

Program activities will include, but are not limited to:

- Comprehensive evaluation of the individual's medical, psychiatric, social, educational, financial, vocational, occupational status.
- Mandatory Orientation group.
- Individual counseling /psychotherapy.
- Group counseling /psychotherapy.
- Marital services, couple's counseling, and family group
- Education / Vocational referrals /community resource guide

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**NAUSEA OR SICKNESS:**

If an individual feels nauseated / sick to his stomach either before or after ingesting methadone medication, the individual should remain at New Directions Healthcare for 30 minutes. If the individual vomits after taking methadone the individual should notify a staff member. The individual may be required to see a provider for any side effects or adverse reactions to methadone. Patients may also be referred to their PCP for follow up.

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**MEDICATION:**

- The correct identity of the individual will be verified by New Direction Healthcare's individual identification picture prior to receiving medication, patients must state their full name and date of birth.
- All patients must be on time in order to dose, any individual that arrives late will not be allowed to dose for that day.
- The initial dose of methadone will be determined by a New Directions Healthcare Physician and will be monitored by medical staff for 90 minutes.
- Medication levels will be regulated by a New Directions Healthcare Physician.
- Medication must be swallowed under the direct observation of New Directions Healthcare medical staff.
- Patients will be asked to speak after ingesting their methadone.



- Patients that need a dose increase or decrease need to see the medical provider for a face-to-face evaluation.
- An individual's dosage may be adjusted without the individual's knowledge/consent. Medication may be withheld, or dosages may be decreased if medical staff suspect the individual is intoxicated or under the influence of drugs.

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**URINE COLLECTION:**

Urine specimens must be provided upon request in accordance with State and Federal Regulations and may be collected under the direct observation of New Directions healthcare staff in person or via tele monitor.

- New patients will be required to have at least weekly **random** UDS until stable.
- Patients will be required to have UDS for any suspect for cause.
- Patient with take home status that test positive for illicit drugs and / or negative for the medication administered / dispensed, it will be considered a dirty test and will result in the suspension/ loss of take-home privileges.
- Failure to produce a urine specimen or an adequate amount of urine will be recorded as "unable" and this may affect the individual's take-home status.
- Attempts to alter a urine sample may result in involuntary termination of services.
- A urine specimen may be requested at any time during treatment.
- Individuals will be required to sign a consent for camera surveillance of urine drug screens. The red light on and flashing in the bathroom indicates camera surveillance is being utilized.
- Our medical staff may require a direct observation urine drug screen at any time

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**SMOKING:**

Smoking and vaping are not permitted inside of the building. The designated smoking area is the bench outside of the clinic to the East of New Directions Healthcare facility. Cigarette butts are to be discarded in proper receptacles.

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**SECLUSION & RESTRAINT:**

Staff are prohibited from use of seclusion and / or physical restraint.

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**EARNING TAKE-HOME PRIVILEGES:**

Take-home dosages are a privilege many look forward to earning. You can work toward obtaining take-homes by:

- Producing urine drug screens free of illicit substance or medication for which you do not have a prescription.
- Medicating daily.
- Attending required individual and group therapy sessions and meeting all monthly counseling requirements.

**Please note:** if you are NEW to MMT; you must be at New Directions Healthcare for at least 3 months to be eligible to earn take-homes. New Directions Healthcare follows PA State Department of Alcohol requirements for amount of take homes. A typical methadone take-home dosage could be fatal if taken by an individual whom the medication is not prescribed to. methadone is for the individual prescribed only and is never to be shared with any other individual. Unused medication must be returned to New Directions Healthcare at the time of the individual’s next visit. Misuse of methadone or buprenorphine will result in termination of individual’s participation in the program and could potentially lead to criminal prosecution. Methadone must be kept in a lock box in a secure place, up and away from others, children and pets.

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**LOSING TAKE-HOME PRIVILEGES:**

Take-home privileges can be revoked for the following reasons:

- Diversion of medication (you are caught giving, selling your methadone).
- Urine drug screens that are positive for illicit substances.
- NOT attending your GROUP OR INDIVIDUAL therapy sessions.
- Criminal activity
- NOT responding to Call-Backs (see take home packet).
- NOT storing medication or returning bottles as instructed.

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**LOITERING:**

Loitering on New Directions Healthcare premises is prohibited. Individuals should enter the facility immediately upon arrival and remain in the waiting area until called. Individuals should exit the facility and leave New Directions Healthcare property immediately upon completion of service. Loitering on or around New Directions Healthcare property can lead to problems with the community. Consistent loitering is grounds for dismissal from the program or transfer to another clinic.

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**ARREST:**

Individuals on a methadone Maintenance program who are arrested are encouraged to contact the clinic as soon as possible. Clients that are absent three days or more may be discharged.

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**ADMINISTRATIVE ACTION:**

Being placed on Administrative Action includes receiving a Letter of Warning, Behavior Contract, Notice of Treatment Termination, opportunity to request/attend a Fair Hearing, and Fair Hearing Summary/Contingency Plan. Reasons to be placed on Administrative Action include:

- NO SHOWs and frequent rescheduling of individual and group sessions.
  - Missed doses. (More than 2 per month)
  - The presence of illicit drugs, alcohol, or prescription medication the individual is not prescribed in drug screens.
  - Violence/ threats
  - Failure to stay current with clinic fees
  - Failure to work toward achieving goals, objectives in treatment plan.
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**TREATMENT TERMINATION APPEAL PROCEDURES**

You have a right to request a Fair Hearing should you be under termination.

Please follow this process when requesting a Fair Hearing:

1. **OBTAIN** a Fair Hearing form from a counselor. On this form, indicate why you are appealing your termination and a list the name(s) of people you may want at your hearing. NDHC will complete Releases of Information.
2. **OBTAIN** a Notice of Fair Hearing Schedule (this will give you the date and time of your hearing).
3. **OBTAIN** a Fair Hearing Patient Information form.
4. **COMPLETE** a Patient Appeal form (MUST be complete prior to your hearing. If not, your hearing will be rescheduled **ONCE**). If necessary, please ask a counselor for help completing this document.
5. **A Fair Hearing Summary** will be completed by primary counselor **(a)** reintegrating the program's treatment expectations to be met monthly **(b)** completion on the Voluntary Reduction in methadone dosing, or **(c)** completing an Involuntary reduction in methadone dosing.

**Additional information regarding Fair Hearings:**

- Your treatment will continue uninterrupted pending the outcome / determination of the Fair Hearing.



- Hearings will be held within 10 business days from the Clinic’s receipt of individual’s request to appeal and the hearing will be conducted by the clinical director and treatment team.

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**VOLUNTARY TERMINATION:**

An individual is free to terminate enrollment in the program at any time. An individual who elects termination should notify a staff member. Patients will be required to see a provider to discuss voluntary termination and their dosing. Counselor and patient will create a “**Aftercare plan**” and complete “**Patient Request to Taper**” form before supervised tapering begins.

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**INVOLUNTARY TERMINATION:**

The following offenses can result in involuntary termination from the program:

- Registration / enrollment in more than one methadone program.
- Misuse or sale of methadone.
- Selling, distributing, or possessing illicit drugs / controlled substances (without a lawful prescription) on New Direction’s property.
- Abuse of drugs or intoxication.
- Possession of alcohol on New Direction’s property.
- Violence or threats of violence to clinic staff.
- Violence or threats of violence directed toward any individual on New Direction’s property.
- Possession of weapons on New Direction’s property.
- Loitering on New Direction’s property.
- Tampering with / attempting to alter urine sample.
- Non-payment of treatment fees.
- Committing or threatening to commit acts of physical violence in or around New Direction’s property.
- Being absent for three (3) consecutive days of dosing without valid cause.
- Refusal to follow treatment plan, and/or failure to meet you monthly required individual counseling and group sessions.
- Chronic issues surrounding poor attendance with dosing and counseling.
- Provider Discretion.

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**READMISSION:**

If an individual voluntarily discontinues Methadone Maintenance Treatment and decides to return, they will be expected to complete the intake process again including:



- Complete assessment with medical staff
- Complete Intake process (Intake session, Orientation group, Ongoing group assignment, and Treatment plan session)
- If a Self-pay, agree to a payment contract

If an individual was involuntarily terminated for reason defined in section “Involuntary Termination”

- Individual will meet with the clinical supervisor
- Clinical Supervisor will present individual’s case to the treatment team
- Feedback regarding acceptance or denial into the program will be given to individual seeking to reengage in methadone treatment
- If accepted back into program, you will be expected to complete the intake process in its entirety

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**DETOXIFICATION:**

An individual involuntarily terminated may be afforded the opportunity to receive methadone detoxification. The detoxification process may take place at the New Directions Healthcare, or the individual may be referred to another facility approved for detoxification. **An individual who has been found to be enrolled / registered in more than one methadone clinic or has engaged in violence/ made threats of violence against clinic staff will not be eligible for Detoxification / will be discharged immediately.** Detoxification procedures may vary depending on the individual’s situation.

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**CLIENT LEGAL & HUMAN RIGHTS:**

1. A client receiving care or treatment under section 7 of the act (71 P. S. § 1690.107) shall retain civil rights and liberties except as provided by statute. No client may be deprived of a civil right solely by reason of treatment.
2. The clinic may not discriminate in the provision of services on the basis of race, ethnicity, color, religion, creed, sex, sexual orientation, national origin, age, gender, identity, gender expression, handicap, marital status, veteran status or any other status protected by applicable law.
3. Clients have the right to inspect their own records. The project, facility or clinical director may temporarily remove portions of the records prior to the inspection by the client if the director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented in the record.
4. Clients have the right to appeal a decision limiting access to their records to the director.
5. Clients have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information in their records.
6. Clients have the right to submit rebuttal data or memoranda to their own records.



7. Clients have the right to be treated with dignity and respect, as individuals who have personal needs, feelings, preferences, and requirements.
8. Clients have the right to privacy in their treatment. Should you be concerned with your confidentiality in relation to attendees of other programs with the facility, you have the right to request counseling sessions scheduled to avoid contact.
9. Clients have the right to be fully informed of all services available to them and of any charges for those services.
10. Clients have the right to be fully informed of their rights and of all rules and regulations governing their conduct as clients.
11. Clients have the right and the responsibility to participate in the development of their treatment plan.
12. Clients have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.
13. Clients have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of this right.
14. Clients have the right to continuity of care. They will not be discharged or transferred, except for therapeutic reasons for personal welfare, or the welfare of others. Should transfer or discharge become necessary, they will be given reasonable advanced notice, unless an emergency exists.
15. Client have the right to voice opinions, recommendations, and grievances in relation to policies and services offered, without fear of restraint, interference, coercion, discrimination, or reprisal.
16. Clients have the right to be free from physical, chemical, and mental abuse.
17. Clients have the right to confidential treatment of their personal and medical records. Information from these sources will not be released without your prior consent, except in: 1) suspected child abuse; 2) crime on premises; 3) Good Cause Court Order; 4) medical emergency.
18. Each client has the right to request the opinion of a consultant at his or her own expense or to request review of the individual treatment plan, as provided in specific procedures.
19. Clients have the right to appeal involuntary termination.
20. Clients have the right to freedom from financial or other exploitation, humiliation and neglect.

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**INDIVIDUAL'S RIGHTS:**

All individuals have the right to fair and equal treatment without discrimination. Any individual who feels that they have been discriminated against should report facts to the Facility Director. If results are unsatisfactory, a written report should be presented to the Program Director. Clinic staff will assist any individuals in their request to report these facts. Individuals have the right to be treated in a safe environment. Acts of violence to other individuals in the clinic or to clinic staff will result in termination of services.

I have attended the mandatory orientation group and received the orientation packet which explains, in detail, NDHC's Methadone treatment expectations and requirements to remain in the program. If at any time I become unclear of my expectations, it is my responsibility to seek clarity from the clinical staff.

Print Name: \_\_\_\_\_  
Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 7/2021