

PRIVATE CLINIC *ALBANY*

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WELCOME

This handbook is provided to orientate you to our Opiate Treatment Program at Private Clinic Albany. This patient handbook is designed to educate and orientate our patients with the services and treatment we provide.

IT IS IMPERATIVE THAT YOU READ AND UNDERSTAND YOUR PATIENT'S HANDBOOK. YOU WILL BE ASKED WHEN YOU HAVE READ THIS PAMPHLET TO SIGN A STATEMENT STATING, "THAT YOU HAVE READ AND UNDERSTAND YOUR RESPONSIBILITIES AT THE BEGINNING OF YOUR TREATMENT".

The Staff of Private Clinic Albany will work with you as a partner to develop comprehensive Outpatient medical and rehabilitative treatment. We are committed to *providing patients with the opportunity for a drug-free life* and assist you with achieving your goals successfully.

The staff hopes to make your treatment a positive experience. We encourage you to be an active part of your treatment. If you have any questions, our staff will attempt to answer your questions thoroughly and expediently. Please remember, the staff at Private Clinic Albany is required to follow all Federal, State, and regulatory rules and regulations regarding opiate treatment which includes your treatment. This is your treatment and your life. WE ARE HERE TO BE OF ASSISTANCE and SUPPORT.

Private Clinic Albany is a division of Albany Addiction Associates, Inc. created for the medical treatment of opiate addiction. The clinic is a privately owned facility, which accepts no government grants or loans and is supported by client generated funding. The staff includes the Administrator, administrative section, licensed physicians, nurses, and counselors. This clinic is licensed by state and federal regulatory authorities to dispense methadone and other medication useful in the immediate and long-term treatment of your condition. If general medical needs arise, medical care should be sought from your primary care physician.

The clinic is an ambulatory care facility (outside the hospital). We find this to be the most economical and successful treatment method.

INTRODUCTION

You may be reading this handbook because you are taking methadone or because you are thinking about taking methadone--or because you care about somebody who is.

People usually enter methadone treatment because they feel overwhelmed by their dependence on heroin or other opioids such as pain pills. But not everyone who comes into methadone treatment has the same goals. Some people want to stop taking street opioids for good.

Some want to temporarily stop taking street opioids. And some want to reduce or re-regulate their use of street opioids.

Some people begin methadone treatment with the belief that they will need this medication indefinitely. While others feel that they will only need it for a short time. However, regardless of what you may or may not hope to get from this treatment. All the evidence agrees on the following points:

- People dependent on street opioids or prescribed pain medication who receive methadone treatment are healthier and safer than those who do not. They live longer, spend less time in jail, are hospitalized less often, and are less often infected with HIV, HCV and commit fewer crimes
- Longer periods of methadone maintenance are better than shorter periods. The longer you stay on methadone maintenance, combined with counseling, the better the overall outcome. Indefinite treatment often means life-long extension of good health and freedom from incarceration.
- Methadone maintenance is treatment for people who are dependent on opioid drugs. It is not a treatment for people whose major problems are with other drugs--such as cocaine, alcohol, benzodiazepines, or cigarettes.

Opioid drugs include all the drugs that come fully or partially from opium and synthetic drugs that have similar effects. Morphine, heroin, codeine, methadone, dilaudid, oxycontin, loritab and fentanyl are some opioids.

TREATMENT PHILOSOPHY

People use drugs (including alcohol and tobacco) for various reasons: (1) to add pleasure to life, (2) to self-medicate emotional problems and biochemical abnormalities in the mood regulation center of the brain, (3) to manage daily stress and chronic pain conditions, or (4) to compensate for poor self-esteem and insufficient love. Although it is true that the threshold between drug use and abuse differs between people and families depending upon genetic susceptibility and family environment, a genetic tendency does not mean that you must remain addicted. It is also true that you can learn to use your existing tools and strengths to cope. Our purpose in establishing Private Clinic Albany is not only to point you in the direction of freedom and health but also to insure that you have the proper tools for successful management of your condition.

Clinicians, administrators, and patients have many concerns regarding the purpose of maintenance and the success of detoxification. Methadone treatment is a medical treatment in response to a medical problem. As with many other medical problems, the length of time you will need to remain in treatment depends on several factors, which include, but are not limited to:

- Biochemical condition of your brain
- Past psychological trauma, coping skills, needs, expectations, withdrawal fears, and motivation you bring into your treatment plan.
- Medical realities concerning your body and your physical health.

For some patients, methadone treatment is a life-long need and will be essential for attaining and maintaining a quality and fulfilling lifestyle. The decision to convert from methadone to abstinence (detoxification) is a serious commitment and represents only one of many available options. The staff of Private Clinic Albany will work earnestly to assist you in making your decision successful.

Methadone is a potentially dangerous drug if misused. You are responsible for keeping your medications in a secure place. Your dosage is FATAL TO A CHILD OR NON-TOLERANT ADULT. It can be fatal if mixed with alcohol, Valium, oxycodone, sedatives or barbiturates. Telephone 911 or Poison Control

Emergency For Deaf Georgia - 706-861-9261

Methadone Overdose - The antidote for methadone overdose is Narcan which is administered by a physician, until the methadone is metabolized, and removed from your system.

The symptoms of an overdose of methadone are air hunger or shortness of breath and sedation.

Section One – Intake Information

INTAKE EVALUATION

(Admission to program)

New Patients

The “intake” process is an evaluation you will receive by the Clinic Representative, the Medical Director or Staff Physician. You will be interviewed for necessary medical, psychiatric, substance abuse and psychosocial behavior. You will also have a physical exam where blood is collected for lab testing for infectious disease, a tuberculosis skin test (PPD), and other tests that are deemed appropriate by our medical staff. A urine sample is required of all patients at the time of admission in order to verify drug use.

It is imperative that you give the Clinic Staff and the Medical Director accurate and truthful answers during this interview process about your health habits, drug use and medical history.

Federal guidelines determine whether you are a candidate for methadone treatment. The physician evaluating you will determine if you are a candidate for methadone maintain or detoxification and will place you in our program if, and only if the physician determines such treatment is appropriate and medically necessary.

Transfer Patients

Once you have decided that you would like to enter our program and leave your prior program, we require a medical authorization be signed by you authorizing us to obtain any and all medical records, including but not limited to, urine tests, counseling notes, physicals and any other data relating to your treatment history. Private Clinic Albany will accept but is not obligated to do so, all prior physicals, medical and psychological tests relating to your treatment.

All Patients

There are a number of consent forms you are requested to sign before you complete admission into our program. Most of these consents are required by the Federal and State Authorities governing Methadone Treatment, the rest are Clinic Policy. You are encouraged to ask questions about any consent you do not understand, before you sign it. Copies of the consents are in Section 8 and Appendix A.

COUNSELING

Upon admission you will meet with the Administrator and/or the Care Coordinator, who will assist you with the admission process. You will then be assigned a counselor who will begin to address your treatment issues and goals. You must meet with your counselor a minimum of once per week during your first four weeks of treatment; however, some counselors may require you to meet more often than once per week.

All requests should first involve your counselor; your counselor should be made aware of any significant problems in your life. Please bring all requests to your counselor, including a need to be seen by the Doctor. The counselor will address your immediate concerns in an appropriate time frame. It is required that all appointments be kept and you report to the clinic on time. If you are late please call and inform the counselor of your tardiness. Any absence must be explained in the patient's record; please inform your counselor the reason for any missed day.

PATIENT'S RIGHTS

When you receive services in a substance abuse program, your rights are protected by the rules and regulations contained in Chapter 20-4-9 of the Federal Rules and Regulations, as well as by the Department of Human Resources in Chapter 290-4-12-17. Below is a simplified outline of those rights. The rules and regulations describe any limitations to these rights and other provisions, which may apply and should be consulted when there is a question regarding any of your rights. **Your rights include:**

The right to receive care suited to your needs
The right to receive services that respect your dignity, protect your health and safety
The right to be informed of the benefits and risks of your treatment
The right to participate in planning your own treatment, as able
The right to be promptly and fully informed of any changes in the plan of treatment
The right to accept or refuse treatment
The right to prompt and confidential treatment
The right to exercise all civil, political, personal and property rights you are entitled as a citizen
The right to be free of physical or verbal abuse
The right to review your chart with staff supervision
The right to file a complaint, without fear of discrimination or retaliation, if these rights have been restricted or denied & to have them investigated by the program within a reasonable time frame
The right to receive the address and telephone number of the state licensing authority
The right to obtain a copy of the program's most recent completed report of licensing inspection
The right to have access to the record of the person served with staff supervision

Note: Privileges, unlike patient rights, can be lost through violations of program rules or a failure to demonstrate progress in treatment.

CONFIDENTIALITY

The confidentiality of your medical records and treatment is your privilege exclusively. Since this is your privilege, we will require your signature before releasing any information that is requested. Telephone inquiries concerning your enrollment in this clinic will not be made available to your spouse, employer, lawyer, insurance company, etc., without your written consent. Confidentiality at Private Clinic Albany is strictly enforced and your assistance will be greatly appreciated if you feel you have witnessed a breach of confidentiality of your or another patient's information, please inform the Administrator or Clinic Director.

In emergency situations where serious medical harm could result, our clinical staff will release necessary medical information to emergency medical personnel so that you can be treated.

By reading and signing that you have read this handbook, you indicate that you understand physicians, nurses and licensed counselors are legally required to report their concerns in any case of suspected child abuse to the appropriate agency.

Any crime committed against the clinic revokes your confidentiality privilege. Any theft of clinic property, destroying or damaging clinic property, threat to or assault on clinic staff, or sale or purchase of illicit drugs on clinic property takes away your right to privacy. All of your records will be turned over to the proper authorities for prosecution.

If your take-home medication is lost or stolen it must be reported to the police and will result in a loss of confidentiality of your treatment.

MEDICAL INFORMATION

Methadone is a man-made (synthetic) opiate, which is given by mouth in our program. It produces dependence by the body, blocks the effects of other opiate medicines and prevents withdrawal symptoms from stopping other opiate medicines. A properly prescribed methadone dose will decrease or stop the desire to use other opiates. It will not cause sleepiness or intoxication (a “high”). Various medical and environmental changes can change your dose requirements. Your methadone dose will be adjusted specifically to accomplish these goals, so your dose may increase, decrease or remain constant while you are in treatment.

When indicated, female patients anticipating detoxification from methadone should receive a pregnancy test before starting voluntary dose reduction.

Birth Control

We encourage patients not to become pregnant during methadone treatment. All women who could be pregnant are tested before entering our program. However, a woman who becomes pregnant while taking methadone should NOT STOP methadone treatment until after the baby is born.

Drug abuse, physical illness, and stress can all interfere with regular menstrual cycles, so you CANNOT COUNT ON HAVING A PERIOD TO TELL YOU IF YOU CAN BECOME PREGNANT. If you become pregnant, you must inform the doctor immediately. The clinic will insist on proof of pregnancy and prenatal care. Ask your Counselor for an appointment with the clinic’s physician or nurse for more information on birth control. The Clinic does not furnish contraceptives but we can give you advice concerning where to go for treatment.

Pregnancy

No drug or medicine is absolutely safe during pregnancy, but methadone has been taken by many pregnant women and has not been shown to harm infants. Methadone treatment is the preferred treatment for women who are opiate addicts and become pregnant. It can be extremely dangerous to withdraw from opiates during a pregnancy; Withdrawal from street opioids, prescription pain medicines or methadone may cause harm to the fetus and premature delivery.

If you become pregnant while on methadone, inform the program doctor immediately. Our physician will follow you closely during your pregnancy, helping with referral to obstetrical services, providing information to your obstetrician about pregnancy and methadone, and monitoring your dose to make sure it remains adequate for your needs. Our physician will require that you give consent to share information with your obstetrician so that your pregnancy treatment can be well coordinated. In addition, our physician will want to communicate with the

pediatrician that you choose for your child before you deliver. There are issues regarding the breastfeeding of your infant and prenatal treatment with methadone that should be discussed by all of the involved doctors. Pregnant women in the program may be required to have additional blood or urine testing to monitor their treatment if it is necessary for the mother or baby's safety.

As with any pregnancy, patients on methadone will be prescribed prenatal vitamins by their obstetricians, and will be encouraged to avoid any medications not prescribed by their physicians. Avoiding any illicit drugs, keeping regular attendance for stable dosing of methadone, and having early prenatal care are the best ways to maintain a healthy pregnancy.

Because pregnancy may produce more emotional, social and financial stresses, a pregnant woman in treatment will be encouraged to meet more frequently with her counselor and develop strategies to cope with the life changes she is facing. Goals leading towards a healthy pregnancy will be incorporated into the treatment plan.

Blood Tests

Upon acceptance into our program and each year thereafter, you are required to have a blood test and routine medical evaluation. You will be asked to meet with a program physician if your blood test is abnormal. A copy of any blood work can be sent to your primary care doctor at your request. You will be charged for all blood tests required for your general medical care.

General Medical Care

Your primary care physician should provide general medical care. However, if you have a need to see the clinic physician, please make an appointment. When you make an appointment the time is reserved for you, and it is important to keep that appointment or call at least 24 hours in advance to change it.

Hospitalization

Your daily dose may be provided to you if you require hospitalization. Present your ID card to the hospital physician, who will notify Private Clinic Albany of your admission to the hospital. Private Clinic Albany will confirm your enrollment and current dose. When discharged from the hospital, you must be evaluated by the staff physician and you will need to provide the clinic with documentation of your hospital stay and proof of the last day that methadone was given in the hospital.

Section Two – Dosing Policies

FIRST MONTH ORIENTATION

New Patients

Once you enter into the program, you will be given your first dose of methadone, which is medically safe and in compliance with federal regulations. After your first dose you must remain in the clinic for thirty minutes. During the first week, our staff will monitor you in order to adjust your dose to the point you feel comfortable and stop the symptoms of opiate withdrawal.

You will be introduced to your counselor who will follow your progress and be available to you for individual counseling. You must see the counselor at least once a week; however, the counselor or you may feel the need to meet more often. Neither party may decline to meet when requested, schedules permitting. During the stabilization period you will see your counselor at least once weekly, after you are stabilized you will see the counselor when needed but no less than one time per month. If you find yourself over sedated or notice any shortness of breath after your dose you must see the nurse or physician. During initial stabilization of your medication any side effects will be discussed with the appropriate staff members.

Transfer Patients

If you are a transfer patient from another opiate treatment program you may begin once-a-week individual counseling, included in your fee. All transfer patients shall sign a Medical Authorization so that Private Clinic Albany may obtain your medical records from the prior clinic and other medical sources so we may appropriately access your condition.

Identification Card ID

Each patient will be provided a laminated clinic identification card following admission to the program. If your card is lost, stolen or misplaced please report this to your counselor immediately so a new card can be issued. A nominal charge is necessary for replacing ID cards.

As a patient of a Methadone Treatment Program, you are required to always carry your ID card. This is for your medical safety and legal protection.

Child Care

We do not encourage bringing children to the clinic during dosing hours. However, if it is necessary to bring children to the clinic **DO NOT LEAVE THE CHILDREN IN THE CAR.** The children must accompany you and be within your immediate control at all times.

Dosing Rules

Dosing hours are 6 a.m. - 11 a.m. Monday through Friday and 7 a.m. - 10 a.m. on Saturday. The clinic is normally closed on Sunday, however, we will open and dose patients when necessary and in emergency situations. Missing your scheduled clinic day on Saturday is not considered an emergency situation.

Please make every effort to be on time for dosing. You should be checked into the Clinic at least 15 minutes before dosing hours are over. If you have a major problem and know you will be late, call the Clinic ahead of time. Calling the Clinic does not guarantee you will be dosed. Consideration will be given to your situation or may save a trip to the clinic. On rare occasions the Clinic will dose patients outside of the normal dosing hours. If you have ongoing problems with the regular dosing hours because of travel or employment, special arrangements may be considered. Documentation of your circumstances will be necessary for approval of your request by the Medical Director.

You must return take home bottles when you return for your next dose. If you are requested to submit a urine specimen this is to be done before receiving your dose. After drinking your dose you must speak to the pharmacist, nurse or doctor prior to leaving to assure the staff member that all medication has been swallowed. Following your dose, please do not wait or socialize in the building, hallway or parking lot.

Fit for Dosing

All patients should be fit for dosing. This includes but is not limited to zero intoxication from alcohol or other drugs. You may be asked to take a Breathalyzer or give a urine sample. Failure to do so jeopardizes your enrollment in Private Clinic Albany. We reserve the right to refuse to dose any patient who appears intoxicated or high.

Patient flags

Our computer system has “alert flags” so that the physician, counselor, or office manager can notify the staff when it is necessary to see you before dosing. You will be notified that you have been flagged and need to see the appropriate person immediately. The staff member that flagged you before you can dose must initial your dosing pass.

Dose Changes

During the first week of treatment or after any change in dose 48-72 hours are usually required for the full complete effect of methadone. Do not expect a dose change to be effective during the first day. Methadone blood levels are constant for 24-36 hours, which explains why you need to take it only once per day.

When to increase: Moderate to severe physical symptoms experienced 4-16 hours after the observed dose.

When to hold: Patients coming into treatment will need more time for the medication to be effective for a 24 hour period. During the first 7 to 10 days some patients may experience mild withdrawal symptoms, anxiety and/or insomnia while others will show none of these symptoms. The patients needs more time for the medication to become effective not more medication.

When to reduce dose: Any sensation of being sedated, high, or loaded during first 7 days, however mild. Remember the dose response/effect will be more pronounced after the next dose, assuming steady state has not been reached.

Vomiting Your Dose

We may not be able to replace a vomited dose due to DEA, CSAT (Center for Substance Abuse Treatment) or SNA (State Narcotic Authority) regulations. If you are nauseated consult with the pharmacist, nurse or physician before dosing. Doses vomited at home cannot be replaced. We recommend chewable meclizine for nausea. Doses vomited in the clinic and in the presence of a staff member may be replaced with the Medical Director's approval.

Urine Testing

Each patient will submit a urine specimen when requested. A same sex staff member may be required to observe this process in order to verify that the urine submitted is yours. Failure to cooperate is considered a serious violation of treatment rules and regulations, which seriously jeopardizes your enrollment.

All patients are eventually expected to have urine containing only methadone and approved prescription medication. Private Clinic Albany tests for all drug categories of abuse. Patients with continually positive urine for illicit drugs are jeopardizing their treatment and risking their health. Urine specimens are checked for temperature. When there is a doubt about the source of the specimen the urine will not be accepted and another specimen will be required before dosing.

Missed doses

Private Clinic Albany discourages missing any dose, which you are scheduled to take. It is our position that continued and consistent dosing is a necessary part of your treatment. If you miss three (3) consecutive days, you must be re-evaluated by the physician prior to dosing. A regular pattern of missing your dose will require evaluation by the physician and your counselor.

After missing seven (7) days of dosing and you have made no contact with the clinic; your treatment will be terminated at Private Clinic Albany. You may apply to re-enroll and will be considered only after evaluation by the staff physician and payment of a new intake fee.

Any day that you miss your dose we request that you call the clinic as soon as possible and leave a brief message explaining your absence, for example, travel, illness, etc. Missed doses due to hospitalization or incarceration do not count against your time in treatment but please call or have someone else informed us on your behalf.

Section Three – Take Home Medication

TAKE HOME PRIVILEGES

Take Home Doses

Take home medication is a privilege that has been earned because the patient has demonstrated by time in the program, negative drug tests, positive progress as recommended by the counselor and approved by the medical director showing responsibility with take-home medication. Patients must have a lock box in order to take any medication out of the clinic.

New patients may be eligible for take home dose(s) after ninety (90) days of continuous enrollment, provided they have been drug-free for a minimum of thirty (30) days, and have shown responsibility for the handling of take-home doses.

Take Home Bottles

All empty bottles that contained take home medication must be returned to the clinic with the proper label on your next pick up date. Sunday take home bottles must be returned on Monday or on your next day in the clinic. You must have a lock box in order to take any medication out of the clinic.

Patients who do not return their take home bottles may be required to attend the clinic on a daily basis for the week that the bottles were not returned. It may also be necessary to deny any further take home medication if the bottles are not returned with the labels intact, legible, including the appropriate dates.

Lost or Stolen Doses

Methadone is a Scheduled II narcotic and should be considered dangerous. It can be fatal if consumed by a child or someone not addicted to opiates. Your take-home doses are a privilege and should be considered a trust given to you in your treatment. Methadone and all medicines should be stored under lock and key so unauthorized personnel will not have access.

If, your take-home doses / medications are lost or stolen it must be reported to the police. A police report must be filed and a copy provided to Private Clinic Albany. Since Methadone is a federally regulated narcotic and your bottle label contains your name, this could result in a lost

of confidentiality of your treatment. Lost, stolen, or spilled take-home doses cannot be replaced by Private Clinic Albany and could result in lost of take-home privileges.

Regular take home doses will be permitted if:

1. Amount of time in treatment is greater than ninety (90) days.
2. Urine testing reports show methadone only or approved prescription.
3. Attendance is regular and on time.
4. No serious behavior problems or criminal activity are indicated.
5. Medication is not at risk to be sold or be accidentally left near children.
6. No alcohol or other drug abuse.
7. Home environment and social relationships are stable.
8. Transfer records are on file and meet the above requirements.
9. The intake process is complete.
10. If all of the rules and regulations of the clinic are met including payment of all accounts.

A narcotic treatment program shall permit take-home doses of methadone according to these rules and the following restrictions:

Phase 1

Time Frame: 1 to 90 days

Attendance: Six days a week with **1 takehome** on Sunday

UDS: Weekly UDS for the first 4 weeks.

SNA 1. During the first 90 days of treatment for a patient, the take-home supply shall be limited to a single dose per week, not to include any single take-home supply given to the patient for a day that the clinic is legitimately closed for business, including Sundays and state and federal holidays.

Phase 2

Time Frame: 31 to 90 days

Attendance: Regular attendance, five days a week with **two takehomes**, Saturday & Sunday.

UDS: One licit (clean) UDS after 30 days.

SNA 2. During the second 90 days of treatment for a patient, the take-home supply shall be limited to two doses per week, not to include any single take-home supply given to the patient for

a day that the clinic is legitimately closed for business, including Sundays and state and federal holidays.

Phase 3

Time Frame: 91 to 180 days

Attendance: Regular attendance, four days a week with **three takehomes** – 2 plus Sunday.

UDS: Last 60 days licit (clean) urine drug screens.

SNA 3. During the third 90 days of treatment for a patient, the take-home supply shall be limited to three doses per week, not to include any single take-home supply given to the patient for a day that the clinic is legitimately closed for business, including Sundays and state and federal holidays.

Phase 4

Time Frame: 181 to 270 days

Attendance: Regular attendance, **four takehomes** – 3 plus Sunday.

UDS: Last 60 days licit (clean) urine drug screens.

SNA 4. During the remaining months of the first year of treatment for a patient, the take-home supply shall be limited to no more than a six-day supply.

Phase 5

Time Frame: 271 to 365 days

Attendance: Regular attendance, **five takehomes** – 4 plus Sunday.

UDS: Last 60 days licit (clean) urine drug screens.

Phase 6

Time Frame: 271 to 365 days

Attendance: Regular attendance, **six takehomes** – 5 plus Sunday.

UDS: Last 90 days licit (clean) urine drug screens.

SNA 5. After one year of continuous treatment for a patient, the take-home supply shall be

limited to no more than a two-week supply.

Phase 13

Time Frame: 366 to 730days

Attendance: Regular attendance twice a month with **13 takehomes.**

UDS: Last 180 days licit (clean) urine drug screens.

Phase Thirteen patients that return positive for Cocaine or Marijuana automatically return to phase 6 and must have a 180 days of licit drug screens to be re-considered for phase 13.

SNA 6. After two years of continuous treatment for a patient, the take-home supply shall be limited to no more than a one-month supply, provided that the patient makes at least one visit per month.

Phase 27

Time Frame: 731 days or more

Attendance: One time a month with **27 takehomes.**

UDS: Last year Methadone only urine drug screens or medication(s) that receive written approval from the Clinic Medical Director.

Phase Twenty-seven patients that return positive for Cocaine or Marijuana automatically return to phase 13 and must have a year of methadone only drug screens to be re-considered for phase 27.

Counselors – Patients must meet Federal eight step criteria for phase change. A criteria sheet and phase advancement sheet is to be completed for every phase change.

Your total amount of time in treatment on methadone began from the first day of treatment, provided there has been a continuous attendance of ninety (90) days or more. Time in treatment at any other methadone clinic will be used to determine your total length of time, if documentation has been provided, and you have no break in treatment.

Special take home doses or emergency doses may be approved by the Medical Director or Staff Physician and may require documentation of reason for request. Reasons include illness, personal or family crisis, travel or exceptional circumstances related to employment. Generally, requests for non-emergency take-homes must be made one week in advance.

Once you have received regular take-homes, it is your responsibility to maintain them by staying drug-free. You must decide between drug use and take-homes.

Remember! “All empty bottles that contained take-home medication must be returned to the clinic.”

Methadone Maintenance

Methadone maintenance is intended to do three things for the patients who participate.

1. **Keep the patient from going into withdrawal.** – The standard initial dose, as currently recommended, is 30 to 40 milligrams per day. After several days we may adjust your dose as needed. This is a medical decision and not a decision for your counselor. Please ask your counselor to see one of our doctors if you need an increase or decrease in your medication.
2. **Keep the patient comfortable and free from craving “street” opioids.** – Having a craving means more than just having a desire to get high. It means feeling such a strong need for opioids that people may have dreams about using drugs, think about drugs to the exclusion of anything else and/or do things they wouldn't normally do to get drugs.
3. **“Block” the effects of street opioids.** – If the patient is stabilized on methadone, it keeps the patient from getting much, if any effect from the usual doses of “street” opioids.

Section Four – Detoxification/Tapering

In accordance with this Clinic's policy and the Federal Consent for treatment, the goal of narcotic treatment is total rehabilitation of the patient. “Eventual withdrawal from the use of **All** drugs is an appropriate treatment goal.” Every patient is evaluated for the feasibility of methadone withdrawal at regular intervals and at the patient's request. The decision to begin methadone withdrawal is a serious one and is dependent upon:

- Your progress in counseling.
- The absence of any non-prescribed drug in your urine, for a minimum of six (6) months prior to the proposed date of beginning detoxification.
- Your gainful employment, maintenance of disability, attendance in school or full time caregiver for children and residential maintenance.
- Additional items may be addressed as evidenced by the Tapering/Detoxification checklist.

Definitions:

Short or long term detoxification/Medical Withdrawal: The patient receives daily methadone

for less than 24 weeks.

Possibilities include:

Any patient requesting detoxification “as fast as possible” for emergency reasons will be evaluated and the Medical Director or Staff Physician will develop an appropriate individualized treatment plan.

Any patient eligible for methadone detoxification but not for maintenance treatment, may be treated up to 180 days.

Voluntary Tapering or Medical Withdrawal: The patient determines that they have successfully completed their treatment and have reached their goals and objectives and are ready to begin a scheduled withdrawal from methadone. The dose changes and the pace will be individualized. During voluntary detoxification, you retain the option of asking for a dose change or a return to maintenance status.

It is imperative that you and your counselor take your journey of tapering together.

Withdrawal symptoms may or may not occur in a gradual tapering. Treating these temporary symptoms with prescription medication and therapy is a part of your medical care at Private Clinic Albany.

In order to encourage your success Private Clinic Albany will offer free counseling services up to one year for those patients who successfully complete tapering. However, each patient seeking this service shall submit to a random drug screen (at the cost of the patient), and as long as there are no positive urine drug screen results for illicit drugs, counseling services will remain free. A drug test will be performed at least on a monthly basis.

Section Five – Drug Interaction & Abuse

PRESCRIPTIONS AND OTHER DRUGS

Methadone can interact with other prescription and non-prescription medications. Every prescription must be presented at the time you are dosed on the same day you begin taking it. The prescription will not be taken from you.

It is not acceptable to have anyone else’s (relative, friend, etc) prescription medicine. In some cases, the physician who provided you with the prescription may have to be contacted in order to assure appropriate medical care and information regarding your treatment. You will be asked to sign a release of information to the treating physician. Refusal to comply with this request may jeopardize your enrollment in the clinic.

Combining methadone and tuberculosis or seizure medications may cause some unpleasant side effects. Let the physician or pharmacist know immediately if you begin taking these drugs.

Using Narcan, naltrexone (or ReVia), Stadol and Talwin will result in withdrawal symptoms. Do not allow these drugs to be prescribed by a physician except in the case of an overdose.

Methadone in combination with any of the following may cause serious physical injury up to and including death: sleeping pills, (e.g. barbiturates or benzodiazepines), hallucinogens (e.g., LSD), anti-anxiety medications, anti-depressants (e.g., Elavil), stimulants, (e.g., cocaine), and alcohol. Do not take propoxyphene (Darvon, Darvocet) with methadone as it interferes with the action of methadone.

Our medical staff or pharmacist will be glad to discuss any prescription medication as well as methadone at any time. We insist you bring a list of all current medications as well as any that may be added by your physician.

Drug Abuse

Oxycontin is a long acting narcotic. Methadone is also a long acting narcotic. Combining or mixing Methadone and Oxycontin can be **fatal!** DO NOT combine or mix these two substances at any time. Any patient that test positive for Oxycontin will lose all take-home privileges immediately. If you have a prescription for this medication, you must sign a release of information for the Clinic to contact the doctor that prescribed the medication. Take home medication will not be restored until the clinic is convinced that Oxycontin usage has been discontinued or has verification from your physician that this medication is required to treat your diagnosis and he/she is aware of your participation in methadone treatment.

If cocaine is found in your urine drug screen your counselor and/or the staff physician must see you **BEFORE** receiving your next dose. A positive urine test for cocaine will be assumed that cocaine has been used. Be aware that there are no false positives for cocaine. Drugs such as Lidocaine, Benzocaine, and Procaine, do not cause urine testing to show positive for cocaine. Cocaine is a serious problem. We will not tolerate its use by our patients.

A positive drug screen can result in loss of take-home privileges and may require dosing in the clinic on a daily basis. Continued positive results could indicate treatment failure and may lead to administration detoxification.

The same conditions apply to the abuse of other drugs, including additional Opiates, Marijuana, Benzodiazepine, and Alcohol.

Drugs that are detectable by urine testing at Private Clinic Albany and may interact with

methadone and cause a fatal reaction included but are not limited to:

Bancap	Lortab	Hycotuss	Percocet	
Codeine	Fiorinal w/codeine	Methadone	Tussionex	
Darvon	Heroin	Novihistine DH	Percodan	Tylenol w/ codine
Demerol	Hycodan	Nubain	Propoxyphene	Tylox
Dilaudid	Hycomine	Opium	Robitussin AC	Vicodin
Donnagel PG	Hydrocodone	Oxycodone	Roxanol	
Fentanyl	Hydrocet	Oxycotin	Stadol	
			Talwin	

BARBITURATES

Amytal (amobarbital)
Butisol (Butabarbital)
Donnatal
Fiorinal
Nembutal
Phenobarbital
Seconal (secobarbital)

BENZODIAZEPINES

Ativan
Klonopin
Dalmane
Halcion
Librax
Librium
Restoril

STIMULANTS

Amphetamine
Benzadrine
Cocaine
Cylert (pemoline)
Desoxyn (Methamphetamine)
MDMA
Ritalin (Methylphenidate)

OTHER

THC (Marijuana)

Warning: Over the counter stimulants (white crosses, ephedrine, etc) may result in a positive urine for amphetamines, and will be counted as such.

THE APPEARANCE OF ANY OF THE AFOREMENTIONED DRUGS WILL INFLUENCE YOUR TAKE-HOME STATUS.

If you have a prescription for any of these drugs, consult the physician at Private Clinic Albany before taking or using the prescription. All prescribed medications must be copied in your medical chart.

WARNING: INTERACTIONS OF METHADONE WITH CENTRAL NERVOUS SYSTEM DEPRESSANTS

Methadone is a synthetic opioid analgesic with multiple actions and side effects similar to other

opioid compounds (such as Dilaudid, heroin, morphine, codeine, Darvon, Demerol, Percodan etc.), the most prominent of which involve the central nervous system (the brain) and structures composed of smooth muscle. Although the potencies and specific adverse side effects of various opioids differ, the overall effect upon the brain and its vegetative centers, such as the breathing center, is addictive.

THEREFORE, IT IS IMPERATIVE THAT YOU STOP USING ALL OPIOID DRUGS AFTER YOU BEGIN METHADONE MAINTENANCE OR DETOXIFICATION. CONTINUED USE OF OTHER OPIOIDS DURING THE PERIOD OF STABILIZATION OF YOUR METHADONE DOSE COULD POTENTIALLY BE FATAL.

The major hazards of excessive consumption of any opioid drug in non-tolerant individuals (people who have not used significant amounts of opioids) are:

SEVERE SEDATION, RESPIRATORY DEPRESSION, WHICH CAN LEAD TO RESPIRATORY ARREST, CIRCULATORY COLLAPSE AND CARDIAC ARREST. FORTUNATELY, THE ABSORPTION OF METHADONE AND OTHER ORAL OPIOIDS FROM THE GI TRACT OCCURS OVER 2 TO 6 HOURS PROVIDING A WARNING PERIOD OF IMPENDING RESPIRATORY PROBLEMS, e.g. INCREASING SHORTNESS OF BREATH OR AIR HUNGER. IF YOU ARE EXPERIENCING ANY BREATHING DIFFICULTY OR FEEL UNUSUALLY SEDATED, GO TO AN EMERGENCY ROOM FOR EVALUATION. THEY CAN REVERSE THE EFFECTS OF EXCESSIVE OPIOIDS USING A DRUG CALLED NARCAN.

These effects are uncommon in persons significantly tolerant of opioids, but they can occur if you continue to use illicit opioids, including “street methadone”.

Methadone patients should not use other opioids, including “street methadone”, major or minor tranquilizers (e.g. antipsychotic drugs, barbiturates, benzodiazepines), tricyclic antidepressants, or any other sedating drug without notifying and obtaining permission from a physician at PRIVATE CLINIC ALBANY.

Excessive use of alcohol is particularly dangerous when combined with other sedating drugs. High doses of cocaine and other stimulants can also be dangerous. Therefore, do not use any mood altering or sedating drugs without permission of the Medical Director at this Clinic. Combining drugs can potentiate sedation and respiratory depression that can be fatal.

Section Six – Clinic Policies & Patient Expectations

PROBLEM RESOLUTION

The Administrator of Private Clinic Albany is the Chief Executive Officer who is responsible for

the day-to-day operations of the clinic. If you have a problem with any of the policies or procedures or any staff member of the clinic, you are encouraged to speak with the Administrator, to resolve any problem or misunderstanding. All conversations with the Administrator will be kept in strict confidence. Problems concerning your methadone treatment should be addressed to your counselor, the Medical Director or Pharmacist in Charge.

We also encourage all patients to offer suggestions and recommendations on how we can better serve you as a patient and better serve the community. Patients have access to the clinic organizational chart, which is found in the policies and procedures manual and posted at the reception window.

Grieving Procedures

Patient's have the right to address any concerns they have regarding their treatment. If a patient feels that they have been: violated, their rights have been abused, disagree with a discussion or any other concern, they have the right to file a formal complaint with Private Clinic Albany.

Private Clinic Albany has a **no reprisal** system which means patients will not be punished for making a complaint.

Step 1: Ask for a complaint form from the receptionist. Fill out the form and return it to the receptionist. This form will be given to the Clinic Director. The Director has 24 hours to address the complaint with the patient and to inform the Administrator of the complaint. The Clinic Director must document on the form, the decisions made and/or actions that were taken.

If the patient is not satisfied with the Clinic Director's decision then:

Step 2: The complaint will be given to the Clinic Administrator. The administrator has 24 hours to reply to the complaint. The Administrator must document all decisions that are made.

If the patient is still not satisfied with the Administrator's decision then:

Step 3: The patient can appeal a decision to the Board of Directors. The limitation with this is that the Board of Directors meets bi-annually. If the patient wants a more expedient reply, the patient will be encouraged to file a complaint with the Georgia Office of Regulatory Services.

Management Team: The Management Team will review all complaints on a quarterly basis to ensure each complaint is handled in an appropriate and timely manner. The results of the Management Teams summary will be communicated in the Management Quarterly Summary.

Board of Directors: Bi-annually, the Board of Directors will review all the complaints to ensure that the patient's complaints were addressed in an appropriate and timely manner. Additionally,

the Board of Directors will investigate the Clinic to ensure that the Clinic was in compliance with all Federal and State regulations.

Smoking

No smoking is permitted in the clinic or in the building.

Fees

Private Clinic Albany is a private treatment facility. We do not receive direct public funding. Our facility remains open only through patient payments.

The billing week begins on Monday. All accounts are to be kept current. Payments are to be made in advance for a period of one week or for a period of four weeks. In the event that a patient elects to pay daily, the rate will be \$12.00 (liquid), \$12.50 (diskette) per day. A patient electing to pay weekly shall pay \$75.00 (liquid), 78.50 (diskette) per week. A patient electing to pay monthly (4 wks) shall pay \$285.00 (liquid), \$300.00 (diskette). Reduced payments may be made for exceptional progress in the patients' recovery, asks your counselor about our current payment options policy. Each patient receives a payment receipt. You are encouraged to keep any and all receipts as proof of payment.

Any patient that maintains six (6) months of negative drug screens (**Methadone only**) will be required to only pay \$68.00 (liquid), \$71.50 (diskette) per week.

Fees are as follows:

Intake Fee - New	\$100.00
Intake Fee – Transfer	\$50.00

Miscellaneous Charges:

Peak and Trough	\$50.00
GCMS	\$25.00

Liquid

Daily Fee – Liquid \$12.00
 Weekly Fee (\$9.00 discount) \$75.00

Diskettes

Daily Fee - Diskette \$12.50
 Weekly Fee (\$9.00) \$78.50

Pregnancy Test (extra) \$5.00
 Returned Check Fee \$25.00
 Extra Drug Screens \$15.00
 Lock Box \$15.00
 Physical Exam \$75.00
 Guest Dosing (1st day) \$20.00
 Guest Dosing (2nd day) \$12.00
 (Guest Dosing fees are only for patients
 guest dosing at our Clinic)

Private Clinic Albany will assist you in filing insurance claims but we will require direct and full payment from you. Insurance companies will reimburse patients if the service provided is approved.

Delinquent Accounts

An important aspect of your recovery is to accept the responsibility for paying your account in a timely manner. We cannot allow patients to carry outstanding balances. Non-payment of fees will result in loss of take-home doses; transfer to a public clinic if one is available or possible detoxification

We want you to feel comfortable in a pleasant environment. However, in order for the clinic to maintain a professional level of employee staff and maintain a quality environment, we must insist that accounts be paid consistently on time.

The Clinic Director or Administrator must approve any variation to normal payment. Do not discuss financial arrangements at the dosing window or reception window.

Misconduct

Our program’s goal is to treat our patients with dignity and respect and help them feel at home. In return, we expect our patients to treat each other, and our staff with respect. Loitering, abusive language, threatening language, arguing with staff or with any patient at the clinic will not be tolerated. You are expected to act and to be treated respectfully at all times.

Physical threats, assault, carrying or concealing any weapon **WILL** result in immediate dismissal. Any and all violations will be reported to the Lee County Police Department.

Suspected or confirmed selling or providing of drugs to any patient at Private Clinic Albany could result in immediate dismissal from the clinic. Selling, loaning or providing methadone or any other controlled substance to anyone other than the patient for whom it is intended will result in immediate dismissal from Private Clinic Albany.

Any crime committed against the clinic revokes your confidentiality privilege and right. That

means any theft of clinic property, destroying or damaging clinic property, selling or buying illicit drugs while on clinic property. All of your records will be turned over to the proper authorities for prosecution.

If you are dismissed from our care for any of these violations, readmission to our clinic at a later date will be denied and is non-negotiable.

Building

Private Clinic Albany is dedicated to removing the stigma of methadone treatment. Our commitment is to provide you with a facility that anyone would be proud to enter for healthcare. Our building is new and we want to keep the premises in excellent condition, therefore we will not permit any food or drink to be brought into the building. Please leave any food or drink in your car while you are dosing.

This is *your* clinic; if you see anyone damaging or destroying any part of the premises please report this immediately.

We want to demonstrate to the community that methadone patients, when provided the opportunity, will be respectful and dignified in their surroundings. If we allow the property and building to be trashy, it only confirms the same negative comments made by opponents of methadone treatment.

Parking

The front parking lanes are numbered 1 through 10. These spaces will be the dosing order for patients arriving before 6:00 am. For example, space number 1 will be the first dosing recipient; space 2 will be the second one dosed, etc.

Parking is limited in our parking lot. Please be sure that you park between the white lines. It is necessary that you receive your dose and leave the premises as soon as possible for the convenience of others. “Car Hopping” or visiting with friends in the parking lot is especially discouraged as it gives the impression of loitering to our business neighbors.

Dress Code

This Clinic is located in the business sector of Lee County. The location was chosen in order to provide you with an appropriate environment conducive to a high standard of professional care. Please respect others as well as yourself and dress appropriately. No Shirt, No Shoes, No Dose. If you have questions regarding the term “appropriately” please see your counselor.

Transfer

If you are transferring from your current clinic to Private Clinic Albany, we will need your medical records from the date you began treatment. You will be asked to sign a medical authorization so we can obtain your records. It is your responsibility to authorize the request and to follow-up until they are received. Not every patient who requests to transfer will be eligible.

If you wish to transfer to another methadone clinic from Private Clinic Albany, we will make every effort to cooperate. We request that you allow the Administrator or Care Coordinator an exit interview in order to complete your request. Although, the exit interview is not mandatory it will give the clinic the ability to correct any misunderstanding and/or mistakes. All fees must be paid up to date before your records will be released. We will, however, verify your dose and length of time in treatment to the clinic to which you are transferring.

Transient (Guest) Dosing

If you are enrolled in a methadone treatment program elsewhere and are dosed at the Private Clinic Albany on a temporary basis, all PCA rules apply to you.

You may be eligible for take-home doses, depending on the regulations of your regular clinic.

Travel (Guest) Dosing

We will make the appropriate dosing arrangements at a clinic near your destination, if the request is reasonable and if the regulations allow for it. Any request for travel medication should be made at least five (5) days in advance to allow for verification of records.

Section Seven – For Your Information (FYI)

LEGAL OBLIGATIONS

Parole, probation, pending cases, outstanding charges, etc., should be discussed with your counselor and the physician. Private Clinic Albany can provide your attorney with a complete professional substance abuse evaluation and rehabilitation/treatment recommendations. Information will not be released to any attorney, judge or court officer without your written consent (except in child abuse cases). Since many probation/parole agreements require you to have weekly counseling, all such patients must see the counselor each week. A judge may issue a court order for drug treatment; this does not include methadone unless you meet all of the federal, state, and clinic guidelines. We do provide drug testing and counseling services in addition to methadone maintenance for eligible patients.

Relapse

Re-using illicit or unauthorized drugs after being drug free can be a temporary slip. During your treatment at Private Clinic Albany, it is possible to learn skills and strategies to prevent a temporary return to drug use from snowballing into a total loss of your drug free goals, loss of family, loss of job and loss of health. For each patient there are unique reasons that trigger a relapse, including subconsciously setting up a situation where it is impossible to resist re-using.

Being unprepared for the possibility of relapse is like not having a spare tire with you on a long journey. When you might need it is not the time to wish you had it. Patients enrolled in maintenance can attend group and individual sessions to learn relapse prevention.

Driving

If you drive or have a job that requires good reflexes or precision, your abilities should not be impaired by your properly prescribed dose of methadone. Your methadone dose when taken as prescribed, will not affect motor control or motor skills, vigilance, concentration or thinking.

Family

Your family suffered with your condition at its worse and your family can be the most help to you in your recovery. The quality of your relationship with your family, especially your children, and the behavior you display towards them strongly influences the type of person they will be in the future.

Studies confirm that the children of parents who drink alcohol and use drugs are at an increased risk of abusing alcohol and drugs. Therefore, it is important that you involve your family in your treatment. Your family will need help learning to adjust to your new behavior. Your family is your emotional support system and important to your recovery. This would be an excellent time to get your family involved in drug prevention and awareness.

Sexuality

Loving, caring relationships begin and grow once real treatment of addiction occurs. Self-esteem and self-image are in a state of flux and are central to how you relate to your spouse or lover. No one likes to talk openly about a problem with intimacy, physical and mental abuse or sexual functioning, but trying to ignore the problem is a serious threat to methadone treatment and to avoiding drugs or alcohol. We encourage you to discuss any unsatisfactory aspects of your relationship with your counselor and/or physician.

Additional Information

When a patient starts on methadone, constipation is a common side effect, which will disappear. This can be taken care of by taking a natural fiber laxative. Methadone patients may have excessive sweating and should increase fluid intake.

Methadone does not make a patient gain weight, but the change in lifestyle can. A change in eating habits, what you eat, and exercise can counteract this.

Methadone doses that are effective do not cause drowsiness or euphoria. The purpose of methadone treatment is to make a patient feel as normal as possible with no drug cravings or insomnia. A patient is the best judge of effective levels at which functioning is optimal *but do not forget your purpose in coming in for help.*

Alcohol consumption is not recommended when on methadone. If you feel you have an alcohol problem, please discuss this with your counselor.

Methadone may cause decreased libido or impotence. This side effect may or may not disappear. Taking a lower dose may alter it.

Female patients who wish to become pregnant are asked to discuss this with their counselor. If you find you are already pregnant, please inform your counselor. *Detoxification is not recommended.* Prenatal care will be mandatory and a release to discuss your care with your physician will be required. Early prenatal care, stable dose, and avoiding all other drugs/alcohol will enhance your chances of delivering a healthy normal baby.

MYTHS ABOUT METHADONE & OTHER MISINFORMATION

Myths

Makes you gain weight
Rots your bones
Soaks into your bones
Rots your teeth
Makes you ache
Dulls your mind
Keeps you from sleeping
Causes liver problems
Leads to cocaine abuse

Misinformation

Methadone is more addictive than heroin, dilaudid, etc.
Methadone gets “washed out” of the body by alcohol.
Methadone is for losers.
No one needs more than 30 mg of methadone.
Hard manual labor uses up methadone faster.
People could get off methadone only if they wanted to.
All prescription drugs are safe when methadone is taken.
People on methadone are not “normal.”

General Methadone Information

Methadone maintenance was introduced by Drs. Dole and Nyswander in early 1960 and has

proven effective when combined with psychotherapy and psychosocial counseling. Methadone maintenance has been the focus of intensive study, research and investigation which has demonstrated unequivocally, that methadone when properly administered in a treatment program, provides a medically safe, relatively economical and efficacious treatment for narcotic addiction.

Methadone maintenance is the most widely employed treatment for narcotic addiction in the United States. Maintenance provides daily, long-term administration of oral methadone to prevent withdrawal symptoms, reduce drug craving and drug seeking activities, block euphoria, “getting high”; and stabilizes, supports and supplements the normal balancing mechanism of the brain and nervous system, including neurotransmitters such as endorphins (our natural opiate system). As the body and brain become stabilized, lifestyles, relationships, physical health and mental health become stable. Medically prescribed methadone has no serious physical effects, regardless of time in treatment. The effects of methadone have been studied for over 25 years; this includes over several hundred million patient days of use.

The most common long-term side effects of methadone are no different than other opiates, e.g., constipation, sweating, decreased libido, and occasional swelling in the hands and feet. Usually, these complaints correct themselves within 6-12 months. If these side effects particularly bother you please arrange to speak with the Medical Director or Staff Physician.

Methadone patients experience medical problems in the same way as the general population. Medical problems often exist before the client enters treatment, but are not diagnosed because the patient has not previously sought medical care. Medical problems can develop because of poor diet, improper hygiene and many other causes. When you enter treatment, your total health is evaluated and early problems brought to your attention; problems that may or may not be related to your use of drugs other than methadone.

Despite many scientific attempts to determine opiate/methadone equivalency, there is no precise answer to the question of dose equivalency between heroin (or dilaudid, etc) and methadone. The correct, stabilizing dose for each patient depends on the amount of opiates used, other drugs used, fluid intake, kidney and liver function, physical condition and perhaps more than any other variable, expectations and suggestions you have heard from other patients.

Methadone begins to be effective after swallowing your first dose. It takes 15 - 60 minutes for withdrawal symptoms to begin lessening.

Because of the long plasma life of methadone, abruptly stopping use will result in withdrawal symptoms in 36-72 hours after the last dose. These symptoms peak around the sixth (6th) or Seventh (7th) day and disappear in ten (10) to twenty (20) days. Mild symptoms may persist for several months. However, stress, depression, poor sleeping and eating habits may also cause these symptoms.

Withdrawal symptoms may or may not occur as methadone is gradually reduced to zero. Treating these temporary symptoms with prescription medication in addition to nutritional support, counseling and therapy, can be a part of your medical care at Private Clinic Albany.

Methadone maintenance has advantages and disadvantages. Advantages include knowing you will always receive the same dose, which decreases anxiety about withdrawal or detoxification symptoms. It is much more affordable than a heroin, dilaudid or pill habit. It avoids the risks of injecting drugs. It is a legal substance. Maintenance can provide additional time for seeking or continuing employment, for marriage, friends, children and personal growth in general.

However, being on maintenance continues a physiologic dependence on an opiate and can influence your motivation to be drug free. Becoming drug free requires a major effort involving a sincere commitment to change and the mobilization of significant emotional, physical and spiritual energy. Humans are more into keeping the status quo than relishing the thought of change. The fear of being sick after detoxification, or hearing old war stories about detox can be a major problem in planning withdrawal from methadone. Learning about the meaning of these fears is a significant part of your treatment at Private Clinic Albany.

Pain Management

Although, you may not realize it, people perceive and respond to pain differently. For example, most people can undergo extensive dental work without requiring narcotics to manage pain. Others seem to respond intensely to the smallest degree of discomfort. Pain tolerance and intensity of the pain experience have been shown to vary in people from different cultural backgrounds.

Pain and its management is a frequent concern for opiate users. Methadone patients bring these concerns into treatment. Many years of experience with methadone patients demonstrate that following stabilization of one's methadone dose, pain perception returns to a normal baseline. Exceptions do exist, for example, in patients with pain arising from nerve, bone or cancerous tissues.

There is no hard-and-fast rule regarding pain management while on methadone. A physician will evaluate your pain, and either raise your dose or prescribe a short-term pain medication. Dose changes for dental work or surgery can usually be planned ahead. All dose increases will take effect 24 hours after the physician signs the order.

As the result of the large number of patients with chronic pain seen at Private Clinic Albany, we have developed special programs for long-term pain management.

Section Eight – Consent Forms (copies found in Appendix A)

1. Federal Consent to Treatment With Approved Narcotic Drug

This form is your consent to methadone treatment acknowledging that you have been informed that methadone is a narcotic and is habit forming as any other narcotic.

2. Release for Georgia Department of Human Resources

This form authorizes Private Clinic Albany to communicate certain information to the State of Georgia Central Registry in order to avoid dual enrollment in other programs.

3. Photographic Consent

This form gives Private Clinic Albany permission to take and use your photograph for internal purposes only and this photograph will become part of your chart.

4. Confidentiality Statement

This form explains your rights to confidentiality, which is protected by federal law.

5. Methadone Cautionary Statement

This form cautions the patient about methadone use and misuse especially injecting methadone, which is extremely dangerous and can be fatal. This cautionary form puts the patient on notice of certain drugs and their interactions that can be harmful to the patient.

6. Patient Rights

This form explains the rights afforded to the patient under state and federal guidelines.

7. Dosing Policies

This form explains our policy and procedures for dosing, take-home medication and proper behavior when dosing.

8. Involuntary Discharge Criteria

This form explains how and why a patient can be discharged from our programs.

9. Contract for Services

This form outlines our fee schedule at the time of admission. These charges are subject to change as all up to date changes are posted at the reception window

10. Assign of Insurance Benefits

This forms allows insurance companies to pay directly to PCA when prior arrangements and approvals have been met.

11. HIV Status Request Form

This confidential form allows our clinic and Department of Human Resources know your HIV status.

12. Policy Overview

This form acknowledges that you have read or have read to you all the forms that you have signed and you understand the content of these various forms.

13. Program Policies

This form explains our policy and procedures and by signing this form you are agreeing to comply with all the regulations of Private Clinic Albany.

(See appendix A for a copy of the consents.)