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In case of emergency go to the nearest ER
Or call 911

UAMS
PSYCHIATRIC RESEARCH INSTITUTE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

METHADONE PATIENT HANDBOOK

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(This handbook replaces all methadone handbooks previously published by UAMS/CAST)

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Welcome to your recovery program.



Did you know that people just like you enter a substance use disorders treatment program every day? Yes, they do. People from all walks of life and all kinds of jobs and all kinds of families find that their use of opioids (prescriptions opioids, heroin; injecting, pill taking or smoking, and more…) becomes a problem. That is where we come in, The UAMS/PRI Center for Addiction Services & Treatment Program. We understand how a substance use disorder can affect all parts of your life. We also understand that you did not start taking opioids or other drugs or did other addictive behaviors; thinking they would cause so many problems for you. You, like many people, started taking opioids for one of a host of reasons, like:

“Feeling high feels good!”

“I need them for my pain.”

“It helps makes my bad memories to away, for a while.”

“I like getting high with my friends.”

Whatever reasons you began taking opioids, you are welcome here. We understand that it was not easy coming here to ask for help. We respect your decision to come here for help, regardless of the reason.

We believe that *Recovery is a reality*. It can, will, and does happen. Let’s work together and share ideas on how you can achieve recovery and begin to achieve your hopes and dreams.

The Nuts and Bolts of Your Program



Your Schedule

When you first start your recovery program here, you will come to the program daily to get your medication and to meet with different staff like the doctor, the nurse, office staff or your counselor. There are many reasons for you to come to the program daily these reasons include:

- Your personal safety-To make sure that your dose of medication is safe, effective and meets your needs.
- Your personal treatment plan-You will need to meet with the doctors, nurses and counselors to help them develop a treatment plan that will help you remain safe, free from drug use, and move towards achieving your live goals.
- Regulatory requirements-State and federal regulations have minimum patient contact regulations that the program must follow.

Program Hours

Hours of Operation:

Monday through Friday	6:00 am to 3:00 pm
Saturday	6:30 am to 8:00 am
Sunday	Closed

Dispensing Hours:

Monday through Friday	6:00 am to 9:30 am (Please be checked in by 9:15 am)
Saturday	7:00 am to 7:30 am

It is important to understand that the dosing hours on this schedule are not flexible. These hours are observed as written for several reasons. These reasons include Federal and State regulations regarding the locked security of medications when licensed staff are on site, and our nursing staff are only authorized for specific hours to have the dosing windows open for administration of medications.

After Hours Emergencies

If you believe that you are having a medical emergency, please call 911 or go to your nearest Emergency Room. It is important that anytime you are in an emergency situation that you inform the 911 responders or physician treating you that you are on opioid replacement therapy (methadone or buprenorphine).

In the event of an afterhours emergency when, a physician, or 911 respondent or someone from law enforcement or jail needs to confirm your methadone or buprenorphine dosage, they can call our afterhours phone number of (501) 686-5000. Please do not call after hours for matters that can be addressed during normal business hours.

Disasters-Storms, Hurricanes, Earthquakes, and More…

In the event of a natural disaster or other local emergency, or if you hear that a big storm is approaching the area near the program, please contact the OTP during business hours. After-hours emergency phone at (501) 686-5000 can be used to determine whether our facility is open for medication dispensing if a disaster has just occurred. In the event a natural disaster prevents us from opening, we have an emergency dosing agreement with nearby clinics in addition to an emergency plan to establish a secure alternate dosing location. We will tell you about this alternative dosing site, if needed. If you have other questions about Emergency Preparedness planning, please speak with the Clinic Manager or Your Counselor.

When we know that a dangerous weather condition is approaching our program, we may receive authorization to provide extra take-home doses of medication to get you through the weather event until we reopen. We will let you know about this as soon as it occurs.

Your Recovery Team

Your recovery team will include:

- **Office staff**-They will help you with information about the program's services and fees.
- **Peer Recovery Support Specialist**-You will have access to a Peer Recovery Support Specialist (RSS's) to help you navigate early challenges with recovery. PRSS's collaborate with other professionals who manage substance abuse issues and are supervised by a program coordinator.
- **Counselors/Therapists**-You will be assigned to a counselor/therapist to help you develop recovery strategies. Your counselor/therapist will meet with you at scheduled times to help you develop a treatment plan to identify your recovery goals and encourage you to meet those goals.
- **Nurses**-The nursing staff will be helping to educate you about your medications and safety issues regarding medications and behaviors that you should avoid, to remain safe.
- **Doctors**-You will have an appointment with a doctor to do a history and physical exam as part of your admission process. The purpose of this interview is for the doctor to gain an understanding about your substance use disorder to opioids and to learn about your medical and mental health history.

Your Recovery Team has staff on duty who are trained and proficient in the following:
- Cardiopulmonary Resuscitation (CPR) through an Evidenced-Based Training program
- Management of Opioid/Opiate Overdose
- Management of Medical Emergencies
- Other relevant techniques associated with the care and management of people in Opioid Treatment Programs using Medication-Assisted Treatment



Pregnancy and Recovery

If you are pregnant and on methadone or buprenorphine, you are doing something very wonderful for yourself and your baby. Medication assisted treatment can help prevent the withdrawal symptoms many substance users experience when using. Withdrawal from opioid use for pregnant women can be especially dangerous because it causes the uterus to contract and may bring on miscarriage or premature birth. By blocking withdrawal symptoms, Medication Assisted Treatment can save your baby's life. Additionally, Medication Assisted Treatment can help you stop using needles, which is a primary route of infection for drug users. More importantly, it can allow you to regain your quality of life. We want to say again, "You have made a very good decision to see help for your opioid use disorder."

Your recovery team of physicians, nurses and counselors will assist you in obtaining prenatal care and work with local healthcare resources to help plan for the delivery of your baby. Early planning can help limit withdrawal symptoms that your baby may experience.

Program Fees and Costs

You will meet with a member of our office staff who will inform you about the costs of your treatment. It is important that these fees are clear to you, so you can make plans to meet your financial responsibilities for treatment regularly and on time. If you have had issues before on money management or are not able to meet financial commitments, it is important that you discuss this with your counselor. Your counselor can help support you in gaining the skills you will need to keep up with your financial responsibilities.

CLINIC FINANCIAL POLICY AND FEES

All fees are due at the time that services are rendered, and patients will not be provided with any service, including daily medication, if financial accounts are not current.

Upon admission, you should have received copy of our financial policy, and we ask that you abide by this policy to avoid any interruptions in your clinic program.

UAMS-CAST does not accept checks, debit, or credit cards without preapproval by the Clinic Manager.
We ask that you keep your fees current to avoid balances carried on accounts.

When you make payment for services, you will receive a receipt. If you need a comprehensive statement at any time, please ask your counselor to print up a comprehensive statement for your use.

Patients seeking readmission who have previously left UAMS-CAST and have a balance due will not be eligible for readmission until their past due balance has been cleared or a payment plan has been arranged.

Any changes in financial obligations or arrangements must be requested in writing on the financial communication form, which can be obtained from the forms tray in the waiting room. The form needs to be addressed to the current Clinic Manager. The Program Director, Medical Director, Nursing Staff, and Counseling Staff do not handle financial matters.

Payment for each week is ***due by Wednesday*** of each week. Inability to pay weekly charges by the patient's dosing time on Wednesday of each week may result in no additional doses until the patient's balance is paid in full. Patients who are ***unable to pay by Friday of that week*** will not receive take-homes and an administrative Medically Supervised Withdrawal (MSW) may be initiated to begin the following Monday. If you can clear the balance owed, the MSW will be stopped. If there are three (3) episodes in the same 12-month calendar period, patients may have an MSW initiated on the third episode that will need to be completed and the patient will need to leave the treatment program.

If you have a unique situation that may prevent payment by Wednesday, only the Clinic Manager can approve any exceptions and or late payments. Please complete and submit the financial communication form referenced above.

If a patient misses **ALL** the doses during the week, there **will be no charge for that week**; however, the bill for the following week must be paid on the Monday of the week following the absence before dosing may resume, unless documentation is provided confirming that the patient has been hospitalized or incarcerated. **(A full dosing week consists of Sunday through Saturday)**.
If you return from an absence or courtesy dosing during the week, before resuming dosing for that week, your clinic fees need be made for the entire week, even if several doses have been missed.

Patients who are experiencing financial problems should contact the Clinical Manager as soon as possible. If needed, the Clinic Manager may bring this issue before the staff during Friday's staff meeting.

CLINIC FEES

> Screening: a. Methadone - $50.00 b. Suboxone - $50.00
> Admission: a. Methadone - $300.0.00 includes screening and Methadone for first week ending Sunday (1 – 7 days depending on start day).
b. Suboxone – $300.00
> Weekly Methadone Medication
a. Phase I - $90.00** b. Phase II – $87.00
** Weekly fee will increase to $100.00 if POS for Fentanyl and/or Non-Approved Benzodiazepines after 90 Days)
c. Phase III – $85.00 d. Phase IV – $85.00
> Physician Visit: $20.00
> Administrative Withdrawal (Detox): (10 day) $100.00
> Urine Drug Screen: $25.00
a. Urine Drug Screen Confirmation Test (GCMS) - $50.00
(If negative, you will be refunded $30.00
> Methadone Level: $85.00
> Off-site dosing: $100.00 per week delivery fee to rehab facility.
(max. $400.00/month) Plus: $90.00 for Methadone (or the sliding scale fee)
> Courtesy Dosing (Methadone/Suboxone) - $25.00 per Day
> Arranging Courtesy Dosing (Other MMTP) - $25.00
> Annual History / Physical Exam - $65.00
> Form Letter Preparation - $15.00
> Transfer (Medical Record Request) - $35.00
> Photocopy Charges: $1.00 per page
> Fax Charges: a. Local - $2.00 per page b. Long Distance – $10.00 per page

INSURANCE

Currently, UAMS/CAST ***Only Accepts*** Insurance for persons with MEDICARE A/B only policies.
If you have a MEDICARE Advantage Plan, PPO or similar, these plans DO NOT or MAY NOT accept billing under the Medication Assisted Treatment (MAT) / Opioid Treatment Program (OTP) Benefit **which is separate from** Behavioral Health and/or Substance Use Disorder Treatment Benefits. At this time (Mar 2026), there is no Co-Payment for this benefit, however this may change in the future.

Please remember that UAMS/CAST is not responsible for any changes to your MEDICARE benefits such as Out-of-Pocket Minimums and/or Co-Pays that may be incurred in the future.

Patients remain ultimately responsible for payment of services regardless of Insurance status.

If you have MEDICARE Part A/B only and are interested in using this benefit, preauthorization/approval will need to be obtained before you can switch from Fee Based to Insurance Based. Please contact your MEDICARE Advisor for any questions about use of this benefit

Currently, no other insurance (i.e., MEDICAID, Private) for OTP is being accepted. If/As this situation changes, clients will be notified, and this handbook will be updated to reflect new information as it applies to the OTP.

SLIDING SCALE FEE POLICY

1. Sliding Scale is a Federally Funded program for patients who are unable to meet the full cost of treatment and is available only for the patients who meet eligibility requirements and submits the appropriate documentation showing need for a reduced fee due to limited income.
2. All new patients will have ninety (90) days to become fully engaged and participate in their treatment per their treatment plan and phase level in order to retain or obtain the sliding scale fee.
3. All established patients who are fully engaged and participating in their treatment plan and phase level may apply at any time when a financial need is identified that qualifies them for the Sliding Scale.
4. Sliding Scale discounted fees may be suspended if a patient experiences a reduction in phase for cause when the patient falls out of compliance for a significant issue or period of time. If a patient is decreased in phase, sliding scale can be suspended by the treatment team for thirty (30) days. If a patient experiences a second decrease in phase level (even after regaining their higher phase) the treatment team may suspend sliding scale for up to ninety (90) days. If the patient experiences a third decrease in phase, the treatment team may suspend sliding scale for the remainder of the fiscal year. Patients may reapply at the annual review in June of each year to go into effect July.
5. Patients who receive Sliding Scale are responsible for maintaining their eligibility such as:
   a. Submission of required number of job applications weekly if unemployed, submission of first two pay stubs after securing employment.
   b. Submission of Award Letter(s) when received if in school or technical training program and receives tuition assistance and/or scholarships.
   c. Submission of Annual Benefits statement, if on disability/retirement
   d. Any change to income that may affect the sliding scale award.
6. All patients will receive a copy of the revised Sliding Scale Fee Policy. In addition, a copy will be placed in each patient's chart.
7. If a patient is involuntarily discharged and returns for admission within a year that patient is not eligible for the sliding scale fee until ninety (90) days have passed.
8. Inability to adhere to the requirements of the sliding scale application can result in loss of the sliding scale. (i.e., not submitting documentation of three (3) weekly job applications)

***Compliant is described as:** Attending ALL individual sessions, group sessions, and Sober Support Group meetings required for Phase level and maintaining negative urine drug screens.

Your Recovery Program and Planning for Success



Introduction to Your Recovery Process

The *Substance Abuse and Mental Health Services Administration* (SAMHSA) states "There are many pathways to recovery. Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors and expectations for recovery." We believe that too. Each person who struggles with a substance use disorder or has an Opioid Use Disorder, has his or her own path to follow to find their own healing. We are experts at giving individuals in recovery ideas that we know work in helping you heal from your substance use disorder or mental health challenges. Please be open to asking for help. We will be there in support of your ideas for change and recovery.

Your First Week in Treatment

You will be given an appointment time for your assessment by the doctor and first dose of methadone or buprenorphine. It is important that you arrive on time for your doctor's appointment and for your medication. If you arrive late, the doctor may not be available, and the medication area will be closed and not available to you until the next day. If you are starting on methadone or buprenorphine the physician will determine a starting dose. This dose will be based on your opioid use history, your current health and State and Federal regulations. Methadone and buprenorphine dosages are in part controlled by State and Federal regulations.

When you come to the dosing window the nurse will ask you some questions to verify your identity and your dosage. It is important that you drink your methadone dose facing the nurse. It is part of the nurse's job to ensure that you have swallowed all of your methadone. The nurse also must be able to see that you are well, so that is why you are asked not to wear dark glasses or a hat at the window.

You will be instructed to come daily for your dosage of methadone or buprenorphine until you complete your first stage of recovery. It is important that you report any potential side effects from your methadone or buprenorphine. Side effects may include the following: light--headiness, dizziness, extreme tiredness, nausea, vomiting, sweating, ankle swelling, or skin rash, constipation, dry mouth, flushing of the face, low heart rate, faintness and fainting, problem urinating, changes in sexual drive, irregular menstruation, joint pain, joint swelling, and numbness and tingling in hands and feet. ***If you experience any of these symptoms, please let the nurse know as soon as possible.***

All newly admitted patients by Arkansas State Regulations are required to attend eight (8) consecutive early recovery counseling sessions, group therapy, and Self-Help Support Group meetings within 30 days. If you miss any three consecutive sessions listed above the Treatment Team may ask to meet with you to help you be successful in your treatment and/or determine if UAMS-CAST is the appropriate level of care. Continued absences from participation in program activities may result in dismissal from the treatment program.

If you are a patient who has transferred from another OTP, then the physician will consult with your other OTP physician to agree on your methadone dose. You will be informed of this decision before you begin doing at this OTP.

Your Recovery Responsibilities

In your recovery from opioid use disorder, there are actions that you can take that help support your recovery and reduce the likelihood of you relapsing back into behaviors that are not healthy or safe. Below is a list of responsibilities your recovery team needs from you, so we can support you to the best of our abilities. If you do not understand any of these, please ask your counselor or other staff member to answer your questions:

- Please provide accurate and complete information about your current health, past illnesses, hospitalizations, medications, and other matters relating to your health, so we can help support and keep you safe.
- Please inform us if you have any questions about or do not understand the care or treatment that you are being given. This is the only way we can help you get answers that will help you move forward in your recovery.
- We need you to inform us if there are any changes in your condition or if medical, legal, or personal problems arise during your treatment. We cannot help you with problems that we do not know about.
- Please support a safe and peaceful environment in this OTP. You can do this by being courteous and considerate of other patients and clinic staff.
- Please respect State and Federal confidentiality regulations regarding any information on other patients' information or care. ***Respecting confidentiality regulations is a legal requirement to remain in an OTP.***
- Please keep up your emergency contact information up to date so that staff may contact you or your emergency contact if necessary.
- Please, if you are getting take-homes you are required to participate in the Medication Call-back system as follows:

    a. Methadone: When contacted by Clinic Staff by phone, you will need to return to the Clinic by 2:00 pm.

    1) If you receive a voice message, you will need to contact the Clinic within two (2) hours after the time of the call and return to the Clinic by 2:00 pm.
    2) You must bring in all unused medications with all bottles properly labeled showing no evidence of being tampered with or misused.
    3) If you are prescribed a controlled medication, you will need to bring in your prescription medication bottle(s) with appropriate label of dose and instructions.

- Please respond to all callback calls from staff, because if you are unable to or refuse to return to the Clinic within the specified time period, you will be reviewed in treatment team and may lose your take home privileges for a period as defined by the Treatment Team based on State regulatory requirements.

Take-Home Medication

You will be offered what is called "take-home" methadone based on your recovery accomplishments. Currently, you may be offered one (1) take-home a week during your first 90 days of treatment, and up to 2 take-homes in your second 90 days of treatment. Recent changes to regulations allow the Medical Director to prescribe additional take-homes based on stability and compliance with treatment plan which will be covered in greater detail later in this handbook.

Detailed information on all phases is located later in this handbook.

Recovery accomplishments that can help you earn take-home privileges for all phases include:

- Absence of recent use of substances (opioid or nonnarcotic), including alcohol.
- Regularity of clinic attendance.
- Absence of serious behavioral problems at the clinic.
- Absence of known recent criminal activity, e.g., drug dealing.
- Stability of your home environment and social relationships.
- Length of time in comprehensive maintenance treatment.
- Assurance that take-home medication can be safely stored within your home; and
- Whether the rehabilitative benefit that you derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

When you receive take-home medications, for safety purposes, you will be required to provide a locked box to transport them in. When these medications are in your residence you are also required to keep them in the locked box in a secure location. This is to prevent children or others from accessing your personal medications.

Your counselor will give you more information on take-home medication once you begin receiving take-homes.

Diversion of Methadone or Buprenorphine

What is "diversion?" Wikipedia defined diversion as "*a medical and legal concept involving the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use*." For a person in an OTP, "diversion" means trying to "slyly" attempt to not take the medication that the nurse has given you at the window. This may occur with attempting to hide the dose or to spit the dose into a container.

Take-home diversion would be any attempt to sell take-home medication or to give to someone else. Either of these actions are dangerous and illegal. Federal and State regulations require that this OTP has a "call back" process in place. This means that if you receive take-home medications that you will be called back from time to time to bring in your take-home bottles for inspection.

Prescription Drug Monitoring Program

The Prescription Drug Monitoring Program (PDMP) is a statewide database that tracks prescriptions of controlled substances. Pharmacies are required by the state of Arkansas to report all prescriptions of controlled substances that they dispense to this database. This database is used by the Center for Addiction Services and Treatment (CAST) to monitor your monthly prescription use during your admission/treatment, prior to phase increase, or if we feel you may be taking medications not as prescribed. This database can be accessed only by clinical doctors or permitted staff per Federal Guidelines with or without your permission.

Medically Supervised Withdrawal

There are times when a patient may request or be required to enter a medically supervised withdrawal (MSW) from methadone. This usually happens when a patient seeks to get off methadone or when the patient is no longer able to pay for the services of the OTP or when a patient's behavior is unacceptable in the OTP and must leave the OTP. Additional information on MSW's is located elsewhere in this handbook.

Your Program Activities

The care and recovery activities at this program are based on what is known as "Evidenced Based Practices." Evidence Based Practices are therapies or interventions that have been proven through research to be effective in treating substance use disorders like yours. Our Evidenced Based Practices are used in:

- Medication protocols.
- New Patient Orientation Groups
- Educational Groups
- Individual Counseling
- Nursing Educational Activities.
- Physician Educational Activities.
- Counselor Educational Activities.

Evidence Based Practices, including the medication that you have been prescribed, are part of a "recovery menu" we offer you, of optional and required activities. Required recovery activities include:

- Comprehensive biopsychosocial assessment-This assessment is done through meetings with a physician, nurse, counselor, and office staff. We cannot partner with you for your recovery success without getting to know you.
- New or transfer patient orientation group-This is a group where staff will review your Patient Handbook and additional information with you. This group is organized to encourage you to be open with your treatment team members and help clarify with you what your goals are for this treatment program.
- Individual sessions with your counselor-These sessions give you a chance to let your counselor know what your personal goals are for recovery and to ask for help with life issues that you are finding a challenge to improve.
- Annual history and physical examination-Federal and State regulations require that we update your health status at least annually. This is a great time for you to ask the physician any questions that might be on your mind about physical or emotional issues that you may be experiencing.

Your Drug Testing

Research shows when someone has a substance use disorder, the fact of knowing that they will be regularly tested for drug usage, affects the choices they make. One of these choices is whether or not to use illicit substances or prescriptions that an outside doctor has prescribed for you, but you have not told the program doctor about or to drink alcohol. Federal and State authorities have mandated minimum frequencies that patients like yourself must be tested. One of the most important reasons for testing is to learn what is in a person's body. ***Methadone or buprenorphine are powerful medications to support recovery but mixing these with drugs or medications that are not approved by the OTP physician can be life threatening.***

- Urine specimens are routinely screened for Methadone, Opiates, Fentanyl, Cocaine, Barbiturates, Benzodiazepines, Amphetamines, Marijuana, Propoxyphene, and alcohol; however, based on local threat assessments or reports of other substances in local area, UAMS-CAST reserves the right to add additional chemicals to the screen e.g., Xylazine or Nitazene.

- Before your check-in for dosing, you are asked to check the UDS roster to see if you have been selected for a urine drug screen. If you are on the roster, please identify yourself with Nursing and you will be escorted to one of three dedicated collection restrooms to provide your urine sample. Please be advised that the collection restrooms are equipped for the clinic staff to observe the collection of your specimen. Only one (1) patient may be in the collection restroom at one time. If you depart UAMS-CAST without providing a urine sample as selected, you could be considered in non-compliance with clinic procedures and risk being considered having a positive UDS.

- Please be aware, due to many factors in recovery treatment, you may be requested to provide a urine specimen at any time. If you chose to decline to provide a urine specimen, you must know we must consider that your declination as a potential positive urine drug screen result. All people with a positive UDS result could be considered as out of compliance and subject to consequences required under State/Federal regulations.

**Manipulation, dilution, or falsification of urine specimens, in any manner, are strongly discouraged and could lead to immediate removal from UAMS-CAST IAW State regulations.

Staying Safe / Medication Use

In the section above, Your Drug Testing, the topic of use of illicit or not approved drugs or medications was discussed. We want to emphasize our commitment to support your wellness and personal safety. Methadone and buprenorphine have been tested and studied and have proven their effectiveness as a support for recovery from opioid use disorders. However, as with most drugs, they can only be safely used when the OTP physicians, nurses and counselors know all other prescription medications, over the counter medications, health supplements, and illicit drugs that you may be taking. Using any other medications or drugs, while taking methadone or buprenorphine may threaten your wellness or even your life. If you have any questions about medications or drugs you are taking, please ask your doctor or nurse of counselor. Below are the clinic's guidelines on use of medications of all types to avert unsafe medication interactions:

- Patients are to consult with clinical medical staff **prior to the use** of any controlled medications, prescriptions, and over the counter, herbal or nutritional supplements. (Exceptions include multi-vitamins, general NSAIDs, but check with medical staff if uncertain). ***Please be advised that The CAST Medical Director or designated alternate must authorize the use of ALL controlled medications prior to your use.***

- When prescribed by a physician, patients must bring medications in their original container to be reviewed with the nursing staff. Please provide the nursing staff with any/all correspondence indicating condition being treated and medications prescribed (very important if you were seen in an emergency department or hospitalized). To facilitate communication between your provider and UAMS-CAST, we ask you to complete a Release of Information (ROI) form to coordinate your treatment with the prescribing provider.

- Your prescribing provider will be notified by fax and followed up with telephone contact by the nursing staff in combination with your counselor. Your prescribing provider will be asked to sign a letter acknowledging you are currently participating in Opioid Maintenance Treatment Program and your medication (Methadone/Buprenorphine) and your dose. As part of this letter your provider will need to identify the medical issue (diagnosis) being addressed and reason for use of controlled medication.
** *If the clinic does not receive this letter via fax within 2-weeks, your use of the medication may be denied and all UDS results with this medication will be considered Positive.*
*** If you are projected for a medical (dental) procedure/hospitalization, please discuss with your counselor no later than 1-2 weeks prior so that the clinic can send this letter to your provider to avoid any delays in your care.*

- We need you to bring in ALL of your prescriptions for controlled medications or medications with the potential for non-prescribed use to nursing every thirty (30) days. Your prescription will be registered and counted by the nursing staff. Depending on the medication, you may be asked to bring in your medication more frequently to be counted. Please remember, when you obtain a refill or have a dose change, you need to notify nursing staff quickly after receiving. All prescriptions that are registered must be approved by the Medical Director.

- If you are considering use of an over-the-counter medication and or supplement, please discuss your use **prior** to purchase with medical staff. If you can bring in a copy of the ingredient label (internet info or actual label), the medical staff will review the use with you to ensure there are no ingredients that may negatively interact with your medication or have the potential of a “false positive” for another substance on your UDS.

A listing of the most common medications or drugs and supplements are listed elsewhere in this handbook. We want you to be and remain safe and happy in your recovery.

Family

Your family has been affected by your substance use at its worst and your family can be the most help to you in your recovery. Your relationship with your family, especially your children, and the behavior you display towards them strongly influences the persons they will become 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. It is very 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. Now would be an excellent time to get your family involved in drug prevention and awareness.

Family and significant others are welcome to attend your individual appointments. For the privacy of others, visitors are not allowed to attend group counseling.

Your Rights



Patient Rights

Listed below are your patient rights as identified by the State of Arkansas. Beyond State required patient rights, we want to make sure that you feel staff respect you as an individual and are available to speak with if you feel that anyone has not been respectful of you as a person or of your rights. We recommend that you take any concerns about how you are being treated to your counselor for discussion. If you feel you cannot resolve that issue with your counselor, you are invited to discuss your concerns with the Clinic Manager. Hopefully, you and the Clinic Manager can resolve the issue. If you do not accept the resolution, then you are free to file a formal grievance with the OTP. ***Your Patient Rights are contained in the University of Arkansas for Medical Sciences, Psychiatric Research Institute Patient Rights and Responsibilities located on page 49-52 of this handbook.***

Grievance Procedure

If you believe that you could not successfully resolve your concern or complaint through your counselor or the Program Director, then you may fill out a formal grievance form. You may request, in writing, a meeting with the Clinic Manager. The Clinic Manager will meet with you to review the grievance within two (2) working days.

- You have the right to bring witnesses or Patient Advocates to the meeting with the Clinic Manager.
- If you are unable to communicate in writing for any reason, you can verbally dictate your concern or complaint to the Clinic Manager. Both You and the Clinical Manager will review the statement for accuracy and you, and the Clinic Manager sign your statement.

The Clinic Manager will present your concern or complaint to the Treatment Team, including the Program Director and Medical Director. They will review your concern or complaint and render a decision. The Clinic Manager will respond, in writing, within 1-2 business days from this meeting. If you disagree with the decision or the recommended resolution, you may appeal the decision to one of the agencies listed below.

- Concerns relating to your prescription of Methadone will be addressed to the Medical Director and their decision will be based on medical protocols and will be final.
- If your concern or complaint is not resolved to your satisfaction by the process above, your concern will be referred to the PRI Compliance Officer as well as the State Opioid Treatment Authority.
- If you feel you have been the subject of any form of discrimination, please notify the Clinical Manger in writing as soon as possible. Your concerns will be forwarded and investigated by the PRI Compliance Officer based on UAMS policies and the Civil Rights Act of 1964.
- If at any time you feel your confidentiality has been violated by anyone associated with your treatment program, please contact your counselor or Clinic Manager as soon as possible. You will be asked to complete a

written statement that will be submitted to the Clinical Manager, who will immediately conduct an investigation. Corrective actions will vary based on State and Federal Laws and whether the person reported is a staff member or another patient or outside agency or person.

As a UAMS patient, you may address these decisions or other concerns to any one of the following UAMS, State of Arkansas or Federal agencies:

- UAMS PRI Compliance Officer at 501-526-8100 and/or submit a written concern or complaint to the UAMS HIPPA Office at the following mailing address: 4301 West Markham, Slot #829, Little Rock, AR 72205

- State Opioid Treatment Authority at 501-251-6503
  Mailing Address: Division of Aging, Adults and Behavioral Health Services. Attention State Opioid Treatment Authority; P.O. Box 1437, Slot W241, Little Rock, AR 72203-1437
  Physical Address: 700 Main Street, Little Rock, AR 72205

- U.S. Department of Health and Human Services Office of Civil Rights at Office of Civil Rights, Medical Privacy, Complaint Division, 200 Independence Ave., SW, HHH Building, Room 509 H, Washington, D.C., 20201

You will find a copy of Program Grievance Form in the Forms Section of this Handbook.

Program Recovery Environment



Peaceful Respect of Others

As we have already stated in your Handbook, “Safety comes first.” This means safety for you, for other patients, for staff and for visitors. Many patients have been in places that felt unsafe and have had to live with those negative and fearful feelings. At UAMS/CAST we believe that it is very difficult for patients to heal when they don’t feel safe, as well as staff looking forward to coming to work in an environment where they feel safe and productive. We support your personal safety in the following ways:

Communication in Recovery

The language you use in recovery is important to you and to those around you. For that reason, we recommend that you are mindful of the words you choose and how you say those words. In a recovery environment profanity, judgmental words or angry words are hurtful to others and not compatible with the peaceful recovery environment at UAMS/CAST. If members of your recovery team ever request that you reduce your speaking volume or ask you not to use certain words in public spaces, please listen to them, since their intentions are to help your recovery awareness and preserve the peace of the program. We thank you for your mindfulness about your communication style and words.

Presenting Yourself in Recovery

UAMS/CAST is a place where you will be doing a lot of hard work, learning new coping skills and learning to make decisions that will support you from using opioids. When you are here, it is your “work site.” As your work site and the worksite of others, we request that you dress appropriately and respectfully. Wearing any clothing with profanity or sexual suggestions or hate speech or advertisements of alcohol or drugs printed on it is never appropriate in a recovery environment. We thank you for your mindfulness about what you wear to this recovery environment.

Children or minors under the age of eighteen (18) are not legally allowed in the clinic. However, if it is necessary for them to accompany you to the clinic, you are responsible for their care and behavior.

Unsafe Not-in-Recovery Actions

Your recovery team members want all patients to be successful in recovery at UAMS/CAST. If a patient has challenges in recovery, we always want to look for solutions that will keep that person on their path to recovery. However, there are behaviors that are not compatible with a recovery environment. Behaviors that are not permitted and/or can or will result in law enforcement being contacted and exclusion from this program include:

- Violent conduct or threatening behaviors toward other patients or staff or visitors.
- Disruptive conduct or behavior.
- No weapons are permitted on UAMS property and ask that you leave them at home.
- Dealing drugs.
- Repeated loitering.
- Drug paraphernalia.
- Consumption of Alcoholic Beverages or having them on your person on UAMS property
- Sexual misconduct
- Failure to follow UAMS/CAST policies with observable, negative effect on your recovery, or the recovery of others or preventing program staff from being able to do their jobs.

Confidentiality

We understand how important it is that all information about your treatment remains confidential. Our program complies with all State and Federal regulations, HIPAA (45 CFR Part 160 and Subparts A and E of Part 164), Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2), Certification of Opioid Treatment Programs (42 CFR Part 8) and all state regulations governing confidentiality.

To protect everyone's confidentiality, cell phones must not be used or visible while you are in the clinic.

Tobacco / Cannabis Use

UAMS, Arkansas State Hospital and John L. McClellan Memorial Veterans Hospital combined is considered a Campus of Higher Learning under Arkansas Law. Tobacco (smoking/dipping/snuff) and Cannabis (Medical) to include use of Vapes is not permitted anywhere within the confines of the Joint Campus to include parking lots/decks IAW Arkansas Law. IAW Arkansas Law, this includes your personal vehicle while parked on campus and/or driving on campus. There are no designated Tobacco/Medical Marijuana Use/Vaping areas anywhere on campus property.

People who choose to use tobacco products, medical marijuana products or vape (of nicotine or THC) on campus will be issued citations by campus law enforcement and may be fined anywhere from $100-$500 by the Little Rock Municipal Court.

We support wellness. Research tells us that even secondhand smoke is not supportive of good health and can be potentially life threatening. If you use tobacco of any kind, cannabis of any kind or vape (either nicotine/THC) and would like to discuss cutting down or stopping your use, please ask your counselor for assistance as a part of your clinic treatment or to obtain referral to a cessation program of your choice.

Pets and Service Animals

For safety reasons and some people's fear of animals, pets are not permitted inside UAMS/CAST.
If you have a designated Service Animal (SA), you will be required to provide documentation IAW Arkansas Law of the animals documented service status and all shots/exams are up to date.

Service animals are permitted in all university areas, including campus housing, except for those areas where specifically prohibited due to safety or health restrictions, where the service animal may be in danger, or where use of the service animal may compromise the integrity of research.

Service Animal Handlers must:

- Attend to and be in control of the SA at all times, including care and supervision of the animal.
- Keep the animal under their control at all times. A harness, leash, or tether is required unless the handler is unable to use any of these restraints. In such cases, the animal must be under the handler's control by another effective means such as voice control, signals, or other effective means.
- Assure that the animal does not display any behaviors or noises that are unduly disruptive to others.

Service animal (SA) is defined by UAMS Academic Affairs Policy 2.2.7 as follows: a dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability. Service animals in training are included in the definition of service animals for the purpose of this policy. This definition does not include an Emotional Service Animal.

Loitering (What a strange word!)

State and Federal OTP regulations do not permit patients to remain in the OTP after they have received their medication and therapy. Therefore, we need to request that once your business is completed at the OTP that you leave.

Peer Advocacy Board

UAMS-CAST has Patient Peer Advisory Board for the Methadone Program consisting of Staff and Patients to address suggestions, process improvement efforts as well as in special cases, the individual concerns from clinic peers. If interested in participating in this board, please discuss with your counselor and a member of this board for additional information. This board is a link/liaison between patients and clinic staff that seeks to promote a healthy collaborative environment for your recovery.

Planning for Success



Current Methadone Phase System
(As Required by Current Federal and State Regulations)

Phase 1: Minimum of ninety (90) days
Clinic Dose: Six (6) days a week: Mon., Tue., Wed., Thurs., Fri., & Sat.*
One (1) take-home dose for Sunday *
*Clients may be approved for additional take-homes once stable in clinic and abstinent from opioids as evidenced by UDS results and approved by treatment team/OTP practitioner as therapeutically beneficial.

Minimal participation requirements
One (1) individual counseling session per week
Two (2) in-house group therapy sessions per week
Two (2) Self-Help groups per week (12-Steps; Faith Based i.e. Celebrate Recovery; Recovery based).

Patients are reminded that counseling is a very important part of recovery (about 90%) and that patients who are absent from counseling for greater than three (3) excused absences** (group and/or individual) may delay their ability to advance in phase.

Phase 2A: Minimum of ninety (90) days:
Clinic: Four (4) days a week: You will have the option of attending Mon., Tue., Thurs., and Fri., or Mon., Tue., Wed, and Fri. *
Three (3) take-home doses per week*
*Clients may be approved for additional take-homes once stable in clinic and abstinent from all substances as evidenced by UDS results and approved by treatment team/OTP practitioner as therapeutically beneficial.

Minimal participation requirements
One (1) individual counseling session per week
One (1) in-house group therapy session per week

Two (2) Self-Help groups per month (12-Steps; Faith Based i.e., Celebrate Recovery; Recovery based).

Patients are reminded that counseling is a very important part of recovery (about 90%) and that patients who are absent from counseling for greater than two (2) excused absences** (group and/or individual) may delay their ability to advance or retain phase level.

Phase 2B: Minimum of ninety (90) days:
Clinic: Three (3) days a week: Mon., Wed., and Fri. *
Four (4) take home doses per week *
*Clients may be approved for additional take-homes once stable in clinic and abstinent from all substances as evidenced by UDS results and approved by treatment team/OTP practitioner as therapeutically beneficial.

Minimal participation requirements
One (1) individual counseling session per month or One (1) group session per week as determined by the treatment team based on client needs.
One (1) Self-Help groups per month (12-Steps; Faith Based i.e., Celebrate Recovery; Recovery based) as approved by the treatment team based on client needs.

Patients are reminded that counseling is a very important part of recovery (about 90%) and that patients who are absent from counseling for greater than two (2) excused absences* (group and/or individual) may delay their ability to advance or retain phase level.

Phase 2C: Minimum of ninety (90) days:
Clinic: One (1) day a week: You will have the option of attending any day of the week between Monday and Friday *
Six (6) take-home doses per week *

*Clients may be approved for additional take-homes once stable in clinic and abstinent from all substances as evidenced by UDS results and approved by treatment team/OTP practitioner as therapeutically beneficial.

Minimal participation requirements
One (1) individual counseling session per month or One (1) group session per week as determined by the treatment team based on client needs.
One (1) Self-Help groups per month (12-Steps; Faith Based i.e., Celebrate Recovery; Recovery based) as approved by the treatment team based on client needs.

Patients are reminded that counseling is a very important part of recovery (about 90%) and that patients who are absent from counseling for greater than two (2) excused absences** (group and/or individual) may delay their ability to advance or retain phase level.

Phase 3: Minimum of (12) months:
Clinic: One (1) day every two weeks: Thirteen (13) take-home doses bi-weekly*

*Clients may be approved for additional take-homes once stable in clinic and abstinent from all substances as evidenced by UDS results and approved by treatment team/OTP practitioner as therapeutically beneficial.

Minimal participation requirements
One (1) individual counseling session per month or One (1) group session per week as determined by the treatment team based on client needs.
Two (2) Self-Help groups per month (12-Steps; Faith Based i.e. Celebrate Recovery; Recovery based) as approved by the treatment team based on client needs.

Patients are reminded that counseling is a very important part of recovery (about 90%) and that patients who are absent from counseling for greater than one (1) excused absences* (group and/or individual) may delay their ability to advance or retain phase level.

Phase 4: Minimum of (12) months:
Clinic: One (1) day every four (4) weeks: Twenty-seven (27) take-home doses per month

Minimal participation requirements
One (1) individual counseling session per month
One (1) group session per month
One (1) Twelve Step based self-help group per month.

Patients are reminded that counseling is a very important part of recovery (about 90%) and that patients who are absent from counseling for greater than one (1) excused absence** (group and/or individual) may delay their ability to advance or retain phase level.

* **Additional Take-Homes:** Clients may receive additional take-homes based on the provider's discretion and compliance with their treatment program/plan:

- In treatment 0-14 days, up to seven (7) unsupervised take-home doses of methadone may be provided to the patient.
- From 15 days of treatment, the take-home supply is limited to 14 days.
- From 31 days of treatment, the take-home supply provided to a patient is not to exceed 28 days.

** **Excused absence** is defined as an absence that was agreed to prior between counselor and patient and/or a documented absence (i.e., medical appointment, employment issue, incarceration, funeral, etc.…)

Temporary Exceptions to Treatment Program Requirements:

From time-to-time issues may arise that may require a temporary modification to a patient's treatment program/phase (i.e., severe medical issue). Patients are asked to coordinate with their counselor and medical provider on a request for exception to present to the Treatment Team. Depending on the requested exemption and time needed, a patient's request may need approval from State and/or Federal OTP officials. Please allow for up to two (2) weeks for coordination with routine requests. Emergent cases will be handled on a case-by-case basis.

Phase 5: Taper, Discharge and Aftercare:

Patients who have been successful in their treatment and believe they are ready to transition from methadone treatment and after consultation with the Treatment Team may elect to enter **Phase 5.**
This phase implements the Methadone Detoxification Plan.

Methadone Detoxification Plan
In conjunction with the Treatment Team, you will be involved in developing a plan for your taper and detoxification. This includes potential target dates for dose reductions and your projected completion date. Your plan may be short-term or long-term based on your specific needs. As needed, your plan can be modified as necessary in coordination with your primary counselor and treatment team.

Treatment and Dosing
The Medical Director or their designate shall meet with you and determine the take-home dosage schedule for you while you are in this phase. Counseling sessions will be determined by the primary counselor based on clinical judgement with input from you based on your needs throughout this process. You may require increased levels of support services (i.e., increased individual and/or group counseling, etc.) to assist you in this transition and prepare you for discharge.

Aftercare Plan
Prior to successful completion of Phase 5, you and your counselor will initiate the development of a written comprehensive aftercare plan focused on your integration of a drug-free treatment regime for your on-going support (i.e., sober support groups, chem-free housing, mental health counseling, etc.). Plan adjustments may be made in approach to your discharge date with the final plan to be completed one week prior to your discharge. This plan at a minimum must identify your needs that have not been addressed during your admission along with established goal(s) that address your untreated needs and the actions you will take to address them. This plan will be signed by both you and your counselor and a copy given to you, and another retained in your clinic records.

As appropriate, you may be referred to Arkansas Workforce Development for vocational training and or enrollment in education services in addition to other community services to meet your needs in preparation of leaving treatment and progress will be evaluated every thirty (30) days in session with your primary counselor.

Should you return to the use of Non-Prescribed Controlled Substances, the treatment team may increase the frequency and extent of treatment and rehabilitation services (to include referral to a higher level of care) to help prevent deterioration in social, emotional, vocational, or behavioral status in addition to other individual needs that present.

Aftercare Services
Once you are done with treatment, the work for ongoing recovery and sobriety does not stop. Your Aftercare plan will be a crucial first step in your life as you graduate from treatment. Do not take it for granted that everything will fall into place for a sober life.

Aftercare is a term used to describe actions and behaviors focused on retaining and engaging in the recovery skills you learned while in treatment to prevent relapses. Often aftercare focuses on continued pursuit and development of your long-term recovery goals. This may include building and strengthening relationships to support ongoing sobriety; addressing lingering triggers; continued work on unresolved physical, emotional, psychological, and spiritual issues and more. Aftercare actions often include strengthening your support system by continuing attendance at support group meetings such as Medication Assisted Recovery Anonymous (MARA), Narcotics Anonymous (NA) or another support group of your choosing or working with a Sober Mentor or Coach or Sponsor.
Your options for aftercare are many and may include any of the following as identified by you: continued medical care for current and chronic medical issues; continued counseling with this program on a short-term

basis after detox to assist with transition from methadone and address any post-acute withdrawal symptoms if they were to develop; transition to a chem-free living environment; transition to mental health services in the community to continue with individual or family counseling and/or medications for depression, anxiety, etc.

Administrative or Immediate Discharge:

Administrative
Patients who have initiated on a Medically Supervised Withdrawal aka Detox for administrative or request for immediate discharge for financial reasons, the Medical Director will initiate the Methadone Detoxification Plan as outlined previously to meet the goal (10 or 15 day Medically Supervised Withdrawal). Counseling requirements may continue at the current phase unless additional service support is needed (See Phase 5). Clients being administratively discharged will receive a written statement that will contain at the minimum:

- Reason for discharge from the program
- A written notice of the client's right to appeal the decision and the procedures to do so.

Clients will need to complete a grievance form (located elsewhere in this handbook) and submit it to the Clinic Manager and the Program Director.

Clients shall meet with their primary counselor to complete and sign an aftercare plan in preparation for discharge no later than one week prior to expected discharge date. This plan at a minimum must identify your needs that have not been addressed during your admission along with established goal(s) that address your untreated needs and the actions you will take to address them.

Administrative: Absent from Treatment
Patients who are absent from treatment (dosing/counseling) for eight (8) consecutive days or more may be administratively discharged for non-participation. A discharge warning letter will be sent by USPS to the patient after 3 days of absence and the inability of the clinic to make contact with the patient. Patients who are discharged for being absent from treatment will be sent a discharge letter by USPS after 8-Days notifying them they have been released from care along with other options for care. Patients discharged for non-participation in care will be ineligible for readmission for minimum of 30 Days unless there are exceptional reasons and approved by the clinic manager.

Immediate Discharge/Dismissal
Clients who engage in Unsafe Not-In-Recovery Behaviors in treatment as outlined earlier on page 21 may be subject to immediate dismissal/discharge from the program if the behavior involves any of the following:

- Violence or the threat(s) of violence to fellow clients or staff.
- Bringing a weapon onto the premises or into the clinic.
- Criminal activity to include diverting methadone medication.
- Selling or purchasing of drugs on UAMS campus.
- Sexual misconduct.

Clients being immediately discharged will be receive a written statement (in person or by U.S. Postal Service) that will contain at the minimum:

- Reason for immediate discharge from the program and any barment notice from premises (as appropriate) in accordance with UAMS policies for the cited behavior.
- A written notice of the client's right to appeal the decision and the procedures to do so.

Clients will need to complete a grievance form and return the form to the Clinic Manager and the Program Director.

Resource Index

The following pages contain other information regarding your treatment at UAMS-CAST

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Courtesy Dosing

Guest Medication, also known as Courtesy Dosing, provides a mechanism for patients who are not eligible for take-home medication to travel from their home clinic for business, pleasure or family emergencies. It also provides an option for patients who need to travel for a period that exceeds the amount of eligible take-home doses to do so within regulatory requirements.

Guest dosing requires the coordination from UAMS-CAST and the nearest clinic to the location you may be traveling to and/or along your route of travel. Due to the differences in regulations among the States and policies of clinics within those States, patients need to identify to their counselor/therapist *no later than two (2) weeks prior to date of the proposed travel.* Your counselor/therapist will assist you in locating the nearest clinic if needed. Patients may search for clinics by going to www.Methadone.us and search the State-by-State listings prior to meeting with their counselor/therapist. Your counselor/therapist will work with you to complete the Courtesy Dosing Form and coordinate it through Nursing and the Medical Director to fax to the clinic that you have selected to meet their deadline for submission. You will be given a copy of the Courtesy Dosing paperwork to take with you and present at the clinic providing the courtesy dosing. It is important that you keep communicating with your counselor/therapist if there is a change prior to your departure and if any emergencies arise during your travels.

Patient Responsibilities per American Association for the Treatment of Opioid Dependence (AATOD)

- Shall carry his/her information sheet from his/her home clinic.
- Provide required identification to the guest-dosing clinic.
- Provide the required fees to the guest-dosing clinic.
- Know the name of a contact person that his/her home clinic has talked to in case there are any problems.
- Present in the best possible manner. Know the terms under which s/he could be refused medication from the guest clinic.

Depending on the length of the courtesy dosing, either UAMS-CAST or the Guest Dosing clinic may require ongoing UDS testing and/or attendance of weekly groups and/or individual sessions.

Patients who are not considered stable in their treatment may not be supported by the Treatment Team for courtesy dosing if there are issues of safety and non-participation in their treatment. Issues where the Treatment Team may not support courtesy dosing may include but are not limited to: absences from dosing, absences from counseling, concerns of self-harm or harm to others.

Guest dosing takes careful planning. It is understood that emergencies occur, and arrangements may need to be expedited to accommodate personal situations. UAMS-CAST will do their best to accommodate emergencies on a case-by-case basis.

For Courtesy Dosing overseas, please contact the nearest consulate/embassy to determine if you will be able to bring in advanced take-homes (upper phases) and laws on overseas travel with methadone. Please be prepared for restrictions in dose (i.e.…max 90mg in Canada/Nova Scotia); baring methadone and/or buprenorphine (i.e., Japan); coordinating with multiple government agencies (i.e., may take up to three (3) months for Thailand and two separate agencies must approve).

Take-homes while courtesy dosing will be based on your current phase level under Arkansas State Regulations. However, if you do courtesy dose in another State or Country, there may be additional restrictions on take-homes based on their regulations and/or laws i.e... dose limits and or quantity for take-homes; take-homes restricted to pharmacist dispensing days.

Methadone Dosage and Stabilization

Both the induction and withdrawal of Methadone will be according to orders that are given to the Nursing Staff by the Medical Director, and the Medical Director's decision will be final. Each patient will stabilize on a dose tailored to his or her own needs; therefore, what is effective for one may not be effective for another. Patients should not discuss their dosage with other patients.

Methadone

Is a synthetic narcotic analgesic with multiple qualities similar to morphine? The principal actions of the therapeutic value are its analgesic effect, sedation, and withdrawal treatment or maintenance in Opioid Use Disorders. It can produce drug dependence of the morphine type and therefore has the potential for being abused. Psychological and physical dependence in addition to tolerance can develop upon repeated administration. Below is a list of drugs that influence the action of Methadone:

Alcohol	
Antibiotics	(i.e., Ciproflaxin)
Anti-Seizure Medications	(Phenobarbital, Dilantin, etc.)
Amphetamines	
Benzodiazepines	
Cocaine	
Luvox	
Marijuana	(THC)
Some Anti-Retroviral Medications	
Some Steroidal Medications	
Tuberculosis Medication	(Rifampin, INH, etc.)
Vitamin C	(Large doses)

Side Effects (During the first six months)

Drowsiness, Euphoria, Somnolence, Nodding
Constipation
Excessive sweating
Insomnia
Interference with sexual function
Menstrual irregularities
Difficulty urinating
Swelling of lower extremities
Nausea, Vomiting, Abdominal pain
Low Blood Pressure and Slow Heart Rate
Nervousness and Chills
Headaches
Weight Gain and Abnormal Appetite

Long Term Side Effects (Potential)

Opioid-Induced Endocrinopathy (OIE) – OIE is a common side effect of long-term use of opioids or persons in long-term opioid therapy (for medical or substance use disorders) where levels of sex hormones, growth hormone, cortisol and dehydroepiandrosterone (DHEA) may decrease. Treatments are available and patients are strongly encouraged to discuss this condition with the Medical Director and with their Primary Care Provider for evaluation and treatment.

Opioid-Induced Bowel Dysfunction (OIBD) – OIBD may develop in some persons who are on long term and/or chronic use of opioids. There is a wide range of symptoms that include chronic constipation, decreased gastric emptying, abdominal cramping, spasm, bloating, delayed GI transit, and the formation of hard dry stools. Treatments are available and patients are strongly encouraged to discuss this condition with the Medical Director and with their Primary Care Provider for evaluation and treatment.

Chronic Dry Mouth – Persons on long-term medication therapy can develop chronic dry mouth. This condition comes from taking various medications to include opioid medication. Untreated dry mouth can lead to oral and dental conditions (i.e.… tooth decay) and changes in appetite. Patients should see their dentist to discuss appropriate treatments if they currently have gum or dental issues. Patients may use Over-The-Counter Commercial mouth rinses or gum to address dry mouth. Patients should avoid alcohol-containing mouth rinses and washes and choose a commercial mouthwash designed for people with dry mouth instead.

Treatment of Constipation

Moderate tolerance develops to the constipating effect of Methadone but may take as long as a year or more. Treatment of this side effect is sometimes necessary and a reduction in dosage may be helpful in some instances. Harsh laxatives are to be avoided and dependence on them should be avoided. It is important that the patient vary his or her diet to include grains and fibers. The following measure is standard treatment for constipation.

Use of stool softener such as Docusate Sodium (250 milligrams).
- ∗(Take as directed).

Use of a lubricant, such as Mineral Oil.
- ∗(Take as directed).

Use of a natural laxative, such as Stewed Prunes six (6) – ten (10).
- ∗(Drink at least 3-4 quarts of water daily).

Medically Supervised Withdrawal (MSW) Evaluation

It is the intention of the UAMS-CAST that all patients will be maintained on Methadone for the shortest time possible. The patient's individual needs, as related to treatment goals, medical status, and prior history, will be utilized in the determination of when the MSW aka Methadone Detoxification Plan (Phase 5) should be implemented; therefore, the following factors will be examined.

Motivation and sincere efforts of the patient in attaining and maintaining recovery.
Substance use
Employment and educational issues
Social and family issues

Compliance with UAMS-CAST Treatment Program.
Legal issues
Follow-up and Aftercare resources
Outside support resources
Time in treatment
Prior attempts at MSW

Consistent Compliance - MSW

If the patient has consistently excelled by either meeting or exceeding their treatment plan goals and chooses to begin an MSW aka Methadone Detoxification Plan, the UAMS-CAST treatment team will assist the patient. The UAMS-CAST treatment team, however, recommends that the patient participate in extended or additional treatment if they feel that the patient may not be ready for taper with withdrawal at that time.

Patients **always have the right** to begin an MSW; however, they may be required to sign a statement indicating they understand they are doing so against medical advice (AMA). If a patient elects to leave against medical advice, their withdrawal period shall be determined by the Medical Director.

Voluntary Medical Supervised Withdrawal (MSW)

If a patient has consistently done well in treatment for a period of three (3) to six (6) months, including meeting all UAMS-CAST treatment program responsibilities, they may request a Voluntary MSW and they may initiate the MSW, even if it is against medical advice. To ensure safety, the MSW aka Methadone Detoxification Plan schedule shall be determined by the Medical Director, and their decision shall be final. The length and dosage decrease, and time of each decrease shall be determined by the Medical Director only. A patient's counseling and support services will follow Phase 5 protocols as mentioned previously.

Overdose Precautions

Drug overdose is an emergency medical situation in which a person has received or used more drugs than their body can handle. It is life threatening.
Methadone is a powerful medication which, when used correctly, can eliminate withdrawal symptoms, and allow for daily functioning; however, using other drugs, including "Street Methadone", while taking prescribed Methadone, can produce serious and dangerous life-threatening reactions and effects such as:

Nausea and Vomiting
Respiratory Depression or Respiratory Arrest
Cardiac Depression
Hypotension (Low Blood Pressure)

It is very important that all patients in all phases of treatment to be totally honest regarding the amounts, types, and frequencies of current drugs used. If any patient feels that their dose is not therapeutic, they should speak with any member of the medical staff.
Note: Should any person overdose or experience symptoms as the ones listed above after using drugs, they should seek emergency assistance immediately by calling 9-1-1 or go to the nearest emergency room.

NARCAN Use

As the recipient of a synthetic Opioid (Methadone) the Medical Director or their designate will provide you with a prescription for NARCAN. UAMS-CAST strongly encourages you to carry this NARCAN kit with you in

case of an accidental overdose. You may obtain this prescription at a local pharmacy of your choice and obtain any additional NARCAN Kits over the counter, however there is a cost associated with obtaining both.
- To obtain a Free NARCAN kit, you can go to the NARCANSAS website (www.narcansas.com/narcan-agencies) to locate the nearest community grant partner agency to obtain training on how to administer and a free kit.

Services to Women

UAMS-CAST gives the highest priority to pregnant women with opioid use disorder. At the time of admission, UAMS-CAST tests every woman of childbearing age for pregnancy. If pregnant, UAMS-CAST will arrange for a referral for the patient to receive the most comprehensive medical care throughout her pregnancy and during the post-partum period. The clinic will verify that care has been provided and will request complete medical records following the birth. (Subsequent pregnancy tests may be requested at the patient's discretion, for a fee).
UAMS-CAST would like to inform you that the clinic is a mandatory reporter in accordance with Child Abuse Prevention and Treatment Act (CAPTA). We are required to notify authorities if it comes to our attention of any suspected or confirmed issues of Child Neglect or Abuse to include Human Trafficking. Assistance is available to families through Arkansas Department of Health, Division of Children & Family Services. For additional information on Services offered by Arkansas DCFS, please call 1-501-682-8770. For additional information on CAPTA and available federal and state resources and/or assistance programs, please go to: https://www.childwelfare.gov

Services to Parents

UAMS-CAST will assist parents that are currently raising children and that are in need of support with finding the appropriate resources needed and can facilitate making referrals for outpatient mental health services when requested.

Relationships

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.

Loving, caring relationships begin and grow once real treatment of the substance use disorder 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 assigned counselor. Referrals to specialized services can be made to further assist you in discussing domestic violence or abuse issues.

Pain Management

Pain and its management are a frequent concern for opiate users. Patients on methadone bring these concerns into treatment. Many years of experience with treating methadone patients have demonstrated 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. Physicians or medical personnel will evaluate your pain and discuss any changes in your dose with the Medical Director.

Relapse

Re-using illicit or unauthorized drugs after being drug free can be a temporary slip. During your treatment, 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. Patients enrolled in maintenance are able to attend group sessions, which can be set up by your counselor. All patients can attend individual sessions with your assigned counselor.

HIV Survival Strategy

If you think you may have been exposed to HIV, it is of utmost importance to be tested. If positive, it is important to be treated early and closely follow the treatment regimen given. HIV tests are usually offered at no charge at public health clinics in most states, results are confidential. Keep yourself healthy. Make any lifestyle changes you need to make to promote overall good health and well-being. Make sure you have a balanced diet, get plenty of rest, and regular exercise and relaxation. Avoid straining your immune system. Avoid acquiring other sexually transmitted diseases or using recreational drugs. Make sobriety a cornerstone for healthy living.

More HIV education information is included in this handbook and is available from the nursing and clinical staff.

UAMS-CAST PATIENT EDUCATION SHEET / SERVICES / RLEATIONSHIPS / PAIN MANAGEMENT / HIV GM 09/2012

Sexually Transmitted Infections

Many people with sexually transmitted diseases do not have symptoms and spread them without knowing it. Remember, the most important body part involved in making a sexual decision is your brain. There are many different tests for each of the different sexually transmitted diseases (STD's). Some can be tested with a simple blood or urine test. Some can only be tested by culturing body fluid from the penis, vagina or open sores on the body.

You can be tested at the local health department, community clinic, or a private doctor. The National STD Hotline can look up free or low-cost clinics in your area. You can call them at 1-888-227-8922, Monday through Friday, 9 a.m. to 6:00 p.m. or visit their website at www.ashastd.org

STDs can cause physical symptoms like bumps or sores on the skin, itchy discharge, painful or burning urination, fever or flu-like symptoms. However, some STD's do not cause any symptoms at all. Sometimes it takes weeks, months, or years before symptoms show; however, the disease can still be spread.

It is not very likely to get an STD from a public restroom. Most STDs are only transmitted during sexual contact, either by skin-to-skin contact or through body fluid exchange. Getting an STD from kissing is possible but not very common. STD's can be transmitted during oral sex.

Chlamydia is one of the most common STDs and is caused by bacteria.

Gonorrhea is also caused by bacteria. It can infect various parts of the body including the genitals, rectum, throat, and eyes. Symptoms include frequent and painful urination with a discharge from the penis or vagina.

Syphilis is a highly contagious disease. If left untreated, it progresses through three stages, each more serious than the last. The first signs of syphilis are small painless sores on the penis or within the vagina. These sores are highly infectious. In the second stage the bacteria circulate through the bloodstream and causes more serious rashes on the palms and soles of the feet. The third stage involves infection of any body organ, including the heart, lungs, and brain.

Genital warts result from infection of the skin by the Human Papillomavirus (HPV). Warts are also one of the most common STDs. Without treatment, genital warts will stay the same or progress.

Genital herpes is a recurrent, lifelong infection caused by a virus known as herpes simplex type 2. It is spread primarily through genital fluids and is highly contagious. Following the initial bout, the virus "goes into hiding" within the nerves of the body and reappears intermittently in a milder form. During these reoccurrences, the virus can be transmitted to a sexual partner and can be given to an infant during childbirth.

The use of a latex condom is the most effective means of preventing the transmission of disease during sexual contact.
If you suspect you have contracted any form of an STD, see your doctor immediately. Even curable diseases can cause serious or life-threatening conditions if left untreated. If your doctor tells you that you have an STD, tell any sexual partners so they can also seek treatment immediately.

UAMS-CAST PATIENT EDUCATION SHEET / STD's GM 09/2012

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome. It is a disease caused by the Human Immunodeficiency Virus (HIV). HIV attacks the immune system which is the part of our bodies that protects us against infections and illnesses. People with AIDS become very ill and die because their bodies cannot fight off diseases.

What is the difference between AIDS and HIV?
HIV is the virus that causes AIDS. A person can be infected with HIV and not have AIDS or ever get AIDS. Once infected, the average time it takes to develop AIDS is about ten (10) years. For infants and some adults, this time may be much shorter depending on the health of the immune system that fights the disease. Symptoms may appear anywhere from a few weeks to many years after infection.

What are the symptoms of AIDS?
Symptoms of HIV/AIDS are similar to those of many other diseases. Only a medical doctor can diagnose AIDS. Common symptoms include fatigue, chills, night sweats, swollen glands, pink to purple spots on skin, white spots and sores in mouth, persistent diarrhea, weight loss of ten (10) pounds or more, a dry heavy cough, shortness of breath, and repeated serious vaginal yeast infections in women.

What behavior increases the chance of getting AIDS?
You are at risk if you have oral, vaginal, or anal intercourse with a person infected with HIV, or share intravenous needles with an infected person. A pregnant woman who is infected can infect the unborn child. Anyone who had a blood transfusion between 1978 and 1985 may be at risk. Having had sex with multiple partners is also a high risk.

How can you protect yourself?
Abstain from oral, vaginal, or anal sex and do not have sex with anyone unless you know he or she is not infected. Use a condom every time you have sex. Abstain from sex with multiple partners. Use "universal precaution" guidelines to protect yourself at work or anywhere you may come in contact with blood, pre-seminal fluid, semen, vaginal secretions, or breast milk, regardless of whom the fluid comes from.

What is the AIDS test?
A blood test known as the HIV antibody test is the only way to know if a person is infected with the HIV virus. It takes six (6) weeks to six (6) months for a test to be positive once a person is infected. A positive test means the person is infected and can pass the HIV virus to someone else.

What types of close contact are safe?
HIV is not spread by touching, kissing, sneezing, coughing, sharing silverware, cups or plates with an infected person. You cannot get the virus from swimming pools, bathtubs, showers, toilet seats, drinking fountains or insect bites. It is completely safe to donate blood, and it is very rare that someone gets HIV from a blood transfusion.

Should I be concerned about getting AIDS?
Yes, if you have unprotected oral, vaginal, or anal sex with someone you do not know or if your partner is infected with HIV. You are also at risk if you or your partner shoot drugs, share needles, or have had a blood transfusion, organ transplant or hemophilia treatment between 1978 and 1985. You cannot tell if someone is infected by looking at them. If you are concerned about possible exposure, get HIV tested.

What is the difference between safe and safer sex?
Safe sex is not having oral, vaginal, or anal sex at all. Safer sex is using a condom every time you have sex.

How do condoms help?
Sex is a major way that bodily fluids such as blood, semen and vaginal secretions are exchanged between people. A latex condom prevents these fluids, which carry HIV, from being passed between partners.

How safe are condoms?
Condoms are not 100% safe, especially when they are not used every time or are used wrongly. In order to get the best possible protection, you need to use a latex condom every time you have sex and use it correctly. If you have questions about using a condom, talk to your nurse, doctor, pharmacist, health department, AIDS service organization, or call the National AIDS hotline at (1-800-342-AIDS).

What do I need to know about condoms?
The most important thing to know is how to use a condom correctly. A condom may tear or break if used incorrectly.
Use only latex condoms with a water-based lubricant. Animal skin condoms are available for those with latex allergies; however, they will not protect you against HIV infection.
Remember, a latex condom must be used every time you have sex, and it must be used correctly to get the best protection.

What if my partner will not use a condom?
Remember to remind your partner that latex condoms add protection against spreading HIV, herpes, syphilis, and gonorrhea. They also help prevent pregnancy. Latex condoms can save lives. Make a choice; do not have sex without using a condom.

What is spermicide?
A spermicide is a substance that kills sperm; however, their ability to kill HIV in the vagina during sex is uncertain. Spermicides alone should not be used for HIV protection.

Why is AIDS considered an epidemic?
Right now, there are no medicines to prevent AIDS. The long period between contracting HIV and developing symptoms, makes AIDS very difficult to control. Millions of symptomless people may be HIV positive and not know it. Unless we protect ourselves against AIDS, millions more will become infected and die. However, there are many new medications on the market to treat HIV once there is a positive test. These medications are being used to slow the disease process and boost the immune system response that has been weakened.

Hepatitis: Questions and Answers

What is Viral Hepatitis?
Hepatitis is an inflammation of the liver caused by medications, alcohol, poisonous mushrooms, or a variety of other agents including the viruses that cause mumps, measles, herpes and infectious mononucleosis. However, when health professionals talk about viral hepatitis, they usually mean hepatitis caused by hepatitis A, hepatitis B, or hepatitis C virus. Although these viruses have similar names, they are quite different clinically and genetically.

How can I protect myself from infection?
Because the different viruses that cause hepatitis enter the body in different ways, there are several steps you can take to protect yourself from infection. Good hygiene, proper food preparation, and safe sex are good first steps. For more specific information, see the individual sections for hepatitis A, B & C.

What are the symptoms of Viral Hepatitis?
Early symptoms:

- Fatigue
- Loss of appetite
- Low-grade fever
- Tenderness in the upper right abdomen
- Malaise (generalized feeling of discomfort)
- Sore joints and muscles
- Nausea, vomiting and diarrhea.

Later symptoms:
Jaundice - abnormally yellow skin & eyes caused by elevated bilirubin (a byproduct of the breakdown of red blood cells in the blood)
Darkened urine; light-colored or gray stool
However, many other conditions can cause similar symptoms, including food-borne illnesses, autoimmune disorders, viral or bacterial infections, and reactions to medications or toxins.

How is it diagnosed?

Although health providers use information about a person's symptoms, health history, and behaviors to help make a diagnosis, only blood tests can confirm the diagnosis and determine which type of hepatitis a person has, and whether the infection is acute or chronic.

How is Viral Hepatitis treated?

Since there is no medication that can treat the initial (acute) infection of viral hepatitis, health professionals manage symptoms as they occur and try to help the body's immune system fight the infection. **If you have viral hepatitis:**

- DO NOT DRINK alcohol. Ask your provider about the safety of using prescription and over the counter (OTC) drugs, including birth control pills, vitamins, herbals, Vitamin C and supplements**.**
- Drink high-calorie fluids such as fruit juices and eat a balanced diet that includes dairy products; meat, poultry, or seafood; bread and cereals; and fruits and vegetables. (To control nausea, try eating several smaller meals.)
- Limit activity if your hepatitis is symptomatic; this typically means bed rest at first, progressing to normal activity as symptoms disappear.

Your health professional may recommend hospitalization if you experience severe vomiting or do not feel better after several weeks.

HEPATITIS A

The Centers for Disease Control (CDC) estimates that 25,000 people were infected with Hepatitis A in 2007. Hepatitis A rates in the US have fallen 92% since the introduction of vaccine in 1995. In the United States, most infections result from close personal contact with an infected household member or sex partner. Less often, infection results from eating or drinking something that has been contaminated with the stool (feces) of an infected person. This type of transmission is called “fecal-oral”. The hepatitis A virus (HAV) can live outside the body for months. Heating the virus to 185 degrees F (85 degrees C) for one-minute kills it. Chlorination kills HAV which enters the water supply.

Some facts about Hepatitis A

The average incubation period (time from exposure to symptoms) for hepatitis A is 28 days (range 15-50 days). Symptoms usually last less than two months, rarely, up to six months.

The virus usually causes mild illness and is often mistaken for a stomach virus, although occasionally symptoms are more serious. It is rarely fatal and does not cause permanent liver damage.

The hepatitis A virus does not cause long-term, chronic symptoms that other hepatitis viruses can cause.

The CDC considers these groups to be at increased risk for acquiring Hepatitis A infection:

- Travelers to countries with high or intermediate endemicity of HAV infection
- Men who have sex with men
- People who use injection and non-injection substances
- People with clotting factor disorders
- Persons experiencing unstable housing.
- People with HIV infection
- People with chronic liver disease
- Persons working with nonhuman primates are susceptible to HAV infection.

What behaviors could put me at risk for infection with the Hepatitis A virus?

- Eating contaminated food, such as undercooked shellfish from contaminated water or food handled by someone who has hepatitis A.
- Using utensils, cups or glasses that an infected person touches with unwashed hands.
- Changing diapers or linens that contain stool from someone with hepatitis A and neglecting to wash your hands.
- Sharing food with an infected person or drinking water contaminated with sewage.
- Oral or anal sexual contact with an infected person.
- Traveling to developing countries where the disease is common.
- Although hepatitis A has been transmitted by blood transfusion, this is very rare. Sharing needles for intravenous drug use has potential for transmission of hepatitis A.

What can be done to prevent Hepatitis A?

- Practice good personal hygiene. Always wash your hands after changing diapers, when cleaning or after using the toilet; and before preparing or eating food.
- Avoid foods that could be contaminated, such as under-cooked shellfish or food that has been prepared by someone who has the virus.
- When traveling to developing countries, drink only bottled or boiled water, don't use ice, and don't eat raw fruits or vegetables unless they've been peeled by you.
- If you inject drugs intravenously, do not share needles.
- Caregivers of persons with acute hepatitis A should observe precautions in their contacts with the infected people for about two weeks if the person is an otherwise healthy adult and up to six months if a child or immunocompromised adult.
- Ask your primary care provider about the Hepatitis A vaccine if you are in an elevated risk group as mentioned above.

What if I've been exposed?

- If you think you have been directly exposed to the hepatitis A virus, visit your health care provider immediately for treatment.
- Some treatments can help fight the infection if administered within two weeks (hepatitis A vaccine and Immune globulin G). All people who have close household or sexual contact with an infected person also need treatment.

If I'm infected, how do I keep from infecting others?

- Always wash your hands well after using the toilet. Don't prepare or handle food for others while you are infectious.
- Avoid sexual contact with other people until you are fully recovered.

HEPATITIS B

- Hepatitis B is a disease caused by the Hepatitis B Virus (HBV), which is transmitted through percutaneous (i.e. puncture through the skin) or mucosal (i.e. direct contact with mucous membranes) exposure to infectious blood or body fluids. Although the rate of new Hepatitis B infections has fallen by an estimated 82% since 1991 (when routine vaccination of children began) it is still widespread. In 2007, an estimated 43,000 people in the United States were infected with HBV. Rates are particularly high among males aged 25-44 years. About 50% of adults with acute infection have no symptoms; most children with acute Hepatitis B are also asymptomatic. The mortality rate for acute Hepatitis B is 0.5-1.0%.

- The CDC estimates that 800,000–1.4 million persons in the United States have chronic HBV infection and about 2,000-4,000 die each year from HBV-related cirrhosis or liver cancer. Worldwide, approximately 350 million people have chronic HBV: 620,000 die from HBV-related liver disease annually.

Some facts about Hepatitis B

- The average incubation period is 90 days (range 60-150 days) from exposure to onset of early symptoms (see above). Jaundice develops 2-10 days later.
- If symptoms occur, they occur on the average of 12 weeks (range 9-21 weeks) after exposure to hepatitis B virus.
- Chronic infection develops in approximately 90% of infected infants, 25-50-% of infected children 1-5 years old, and about 5% of infected adults.
- Even if they have no symptoms, persons with chronic infection can transmit the virus to others ("carrier" state).

Modes of Transmission of Hepatitis B

- Sex with an infected partner
- Injection drug use involving the sharing needles, syringes, or drug-preparation equipment
- Birth from an infected mother
- Contact with blood or open sores of an infected person.
- Needle sticks or sharp instrument exposures.
- Sharing items such as razors or toothbrushes with an infected person

- HBV is not spread through food or water, sharing eating utensils, breastfeeding, and hugging, kissing, hand holding, coughing, or sneezing.
- Although HBsAg (an antibody to the HBV) has been detected in multiple body fluids, only (blood) serum, semen, and saliva have been demonstrated to be infectious.

The CDC considers the following groups to be at higher risk for HBV infection:

- Infants born to infected mothers.
- Sex partners of infected persons
- Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., less than one (1) sex partner during the previous 6 months)
- Men who have sex with men
- Injection drug users
- Household contacts of persons with chronic HBV infection
- Healthcare and public safety workers at risk for occupational exposure to blood or blood-contaminated body fluids
- Hemodialysis patients
- Residents and staff of facilities for developmentally disabled persons
- Travelers to countries with intermediate or high prevalence of HBV infection

What can be done to prevent Hepatitis B?

- If you are at risk of contracting hepatitis B, get vaccinated. The hepatitis B vaccine is an inactivated antigen (genetically engineered; not a live or killed virus). It is administered in a series of three injections over a six-month period. Approximately 95% of persons who receive the three injections develop full immunity after receiving the vaccine. (Persons who are allergic to yeast should not receive the HVB vaccine.)

- Also, avoid high-risk behaviors and practice good personal hygiene when sharing food, kitchens, and bathrooms, especially if you live with someone who is infected with the hepatitis B virus. The virus can live outside the body for at least seven days. Wear gloves and use a 1:10 dilution of household bleach to clean up blood spills. Do not share razors, toothbrushes or pierced earrings with anyone.

What if I've been exposed?

- If you have not been vaccinated against hepatitis B, but are exposed to the virus, your health professional can treat you with hepatitis B immune globulin (HBIG), combined with the hepatitis B vaccination. Studies have shown that HBIG, if given within one week of exposure, is about 75% effective at preventing HBV infection.

How is Chronic Hepatitis B treated?

There are several antiviral medications available for the treatment of chronic hepatitis B, although it is not always curable. Adefovir dipivoxil, interferon alfa-2b, PEGylated interferon alfa-2a, lamivudine, entecavir, and telbivudine are six drugs used for the treatment of persons with chronic hepatitis B.

HEPATITIS C

Some facts about Hepatitis C:

- The average time period from exposure to symptom onset is 4-12 weeks (range 2-24 weeks).
- Hepatitis C is less likely than the other hepatitis viruses to cause serious illness at first (only 20-30-% of persons with acute Hepatitis C develop symptoms); about 75-85% of those infected develop chronic infection and 60-70% develop chronic liver disease. Hepatitis C is the most common reason for liver transplants.
- The CDC estimates there were 17,000 new HCV infections in the US in 2007.
- Approximately 3.2 million people in the US have chronic HCV infection.
- Like hepatitis B, hepatitis C can be spread by contact with infected blood. It can be spread by sexual contact, but this happens infrequently, particularly between monogamous partners. Most infections are due to illegal injection drug use.

The CDC considers these groups to be at increased risk for Hepatitis C:

- Current or former injection drug users, including those who injected only once many years ago.
- Recipients of clotting factor concentrates made before 1987, which is when more advanced methods for manufacturing those products were developed.
- Recipients of blood transfusions or solid organ transplants before July 1992, when better testing of blood donors became available.
- Chronic hemodialysis patients.
- Persons with known exposures to HCV, such as healthcare workers after needle-sticks involving HCV-positive blood and recipients of blood or organs from a donor who tested HCV-positive.
- Persons with HIV infection.
- Children born to HCV-positive mothers

HCV can live outside the body for at least 16 hours, but not more than four days.

Wear gloves and use a 1:10 dilution of household bleach to clean up blood spills.

Additionally: The average risk for perinatal (during birth) HCV transmission is 5-6% (range 0-25%)

If co-infected with HIV, the average risk for perinatal infection is about 14% (range 5-30%).

What can be done to prevent Hepatitis C?

Since hepatitis C is transmitted in the same way as hepatitis B, you can help avoid infection by using the same precautions. Follow CDC guidelines regarding sexual practices that include Practice good personal hygiene; Never share needles, razors, toothbrushes or pierced earrings with anyone. Currently, there is no vaccine available.

How is chronic HCV infection treated?

- Nucleotide/nucleoside and nonnucleoside polymerase inhibitors (NS5B inhibitors) are new medications that have recently been approved and licensed for the treatment of persons with chronic hepatitis C.
- Sofosbuvir-Velpatasvir (Epclusa) and Glecaprevir-Pibrentasvir (Mavyret) are currently the treatments of choice
- Alpha Interferon/peginterferon and ribavirin are two drugs licensed for the treatment of persons with chronic hepatitis C.

-- Interferon can be taken alone or in combination with ribavirin. Combination therapy, using pegylated interferon and ribavirin, is currently the treatment of choice for people who do not respond to NS5B inhibitors.

-- Combination therapy can eliminate the virus in approximately 50% of people with genotype 1 HCV and in approximately 80% of persons with genotype 2 and 3.

DELTA HEPATITIS

The delta virus (also known as hepatitis D) is an incomplete virus that may cause infection only in the presence of hepatitis B infection. HDV may be acquired at the same time (co-infection) as HBV, or at a later time in a person with chronic HBV infection (super-infection). The symptoms and routes of transmission are similar to those of hepatitis B infection, but the risk of complications is higher. Acute liver failure is more likely with co-infection and cirrhosis is believed to be more common with chronic HBV/HDV infection (super-infection). Since Hepatitis D requires prior or concomitant infection with HBV, vaccination against Hepatitis B protects against HDV.

HEPATITIS E

Hepatitis E is a liver disease caused by the Hepatitis E virus (HEV). However, it occurs rarely in the United States. It is spread in the same way as Hepatitis A. It does not result in chronic infection. There is currently no vaccine.

TUBERCULOSIS

What is TB?

Tuberculosis (TB) is a disease caused by bacteria called Mycobacterium Tuberculosis. The bacteria usually attack the lungs. However, TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

However, not everyone infected with TB bacteria becomes sick. People who are infected, but not sick, have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. However, some people with latent TB infection go on to get TB disease.

There is good news. People with TB disease can be treated if they seek medical help. Even better, most people with latent TB infection can take medicine so that they will not develop TB disease.

Should I get tested for TB?

You should be tested for TB if:

- You have spent time with a person who is known or suspected of having TB disease; or
- You have HIV infection or another condition that weakens your immune system and puts you at high risk for TB disease; or
- You have symptoms of TB disease; or
- You are from a country where TB disease is very common (most countries in Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia); or
- You live somewhere in the United States where TB disease is more common such as a shelter, migrant farm camp, prison or jail, and some nursing homes; or
- You inject substances.

Resources for You to Think About

There are many resources outside of this OTP that are available to you that can help you remain free from opioids, other drugs, and alcohol and self-harming behaviors. Here is a short list of some of those resources. As you find new resources that are helpful to you, please let your counselor know so we can add them to this list. Here you are:

Drug and Alcohol Recovery- Smart Phone Aps
Many 12 Step Aps

Online
https://www.mara-international.org/ Medication Assisted Recovery Anonymous central website with links to local and online line meetings for persons utilizing Evidenced Based Treatments using medication as part of their recovery plan.
https://www.facebook.com/groups/MethadoneTreatment/ Methadone & Buprenorphine Discussion and Support Group. This is a closed/private group composed of individuals utilizing Methadone and Buprenorphine for their Opioid Use Disorder and Medication for Opioid Use Disorder treatment professionals worldwide.
https://www.aa.org/ Alcoholics Anonymous
http://arkansascentraloffice.org/meetings/ Arkansas Central Office Alcoholics Anonymous
https://www.na.org/ Narcotics Anonymous
http://www.arscna.org/ Arkansas Regional Service Committee of Narcotics Anonymous
https://www.intherooms.com/home/ In the Rooms (ITR) is an online recovery community that supports persons in recovery with a "**place to meet and socialize when they're not in face-to-face meetings. In the Rooms** is a global online community with over 650,000 members who share their strength and experience with one another daily. People have access to Live meetings, discussion groups, and all the other tools. You can find a recovery meeting through ITR on any day, any hour. ITR has a smartphone application that can be downloaded from Google Play or the Apple Store.
http://www.methadone.us/ "Methadone.US is a privately owned, national online center dedicated to informing the public of the value of medication-assisted treatment (MAT) for opioid dependent individuals. Methadone.US is accessible from anywhere in the world but is specifically dedicated to U.S. consumers." Website has education information for Patients, Family Members and Employers.
http://www.stopstigmanow.org/ "**STOP STIGMA NOW (SSN)** was established to change prevailing attitudes towards people suffering from substance use disorders, which are preventing them from entering into and remaining in treatment."
https://www.shatterproof.org/ **"Shatterproof"** is a grassroots organization that has become a national advocacy movement to address stigma associated with substance use and its impact on family members and friends through education and linkage to services to combat addiction.
http://www.methadone.org/ National Alliance for Medication Assisted Recovery. "**NAMA Recovery** is an organization composed of medication assisted treatment patients and health care professionals that are supporters of quality opiate agonist treatment. We have thousands of members worldwide with a network of international affiliated organizations and chapters in many places in the United States. The primary objective of NAMA Recovery is to advocate for the patient in treatment by destigmatizing and empowering medication assisted treatment patients.
https://www.artakeback.org/ Arkansas Take Back is a State of Arkansas Initiative to education the Arkansas Communities on the Opioid Crisis and providing information and connections with local community resources to assist persons in recovery, their families/friends.

https://www.thesoberworld.com/ The Sober World online magazine presents "a wide range of resources located throughout the country for treatment and prevention suitable for yourself or a loved one. Each month we will offer articles from people who have found recovery, to doctors and clinicians that can offer valuable information." You will find printed copies of this magazine in the waiting room for the taking at the beginning of each month, limited quantities are available.
https://hopemovementcoalition.com/ The **Hope Movement Coalition** is here to show support and provide comfort through the difficult times of grieving for those who have experienced a loss due to Substance Use Disorder (SUD) or Fentanyl Poisoning. By uniting together, we become one family that shares experiences and helps each other heal from our pain in order to find hope again. You are not alone; reach out today, be part of this unconditional love found within our movement!

Mental Health Recovery-Smart Phone Aps
Veterans Administration-PTSD Coach
Veterans Administration-Mindfulness Coach
Veterans Administration-CBT-I Coach
Veterans Administration-ACT Coach
Veterans Administration-Anger and Irritation
Veterans Administration-Mood Coach
SAMSHA-Suicide Safe, Working with people who have suicidal issues.

Gambling Recovery-Online
Gamblers Anonymous, http://www.gamblersanonymous.org/ga
Arkansas Problem Gambling Council. https://arpgcouncil.org

General Health
Smart Phone Aps
Veterans Administration-Caring4Women, Veteran Women
Veterans Administration-Concussion Coach
Veterans Administration-Stay Quit Coach, tobacco cessation support.
Veterans Administration-Moving Forward Coach

Family
Smart Phone Aps
Veterans Administration-Parenting Coach
SAMSHA-Talk They Hear You, Talk with your child about underage drinking.

Women's Health Resources

UAMS	Pulaski County Health Unit, 2nd floor 3915 W. 8th St., Little Rock, AR Monday – Friday 8:00 a.m. – 4:30 p.m.	1-501-526-7425
Heaven's Loft	518 West 26th St. North Little Rock, AR Wednesdays only 10:00a.m. – 2:00p.m. Services: Parenting classes - for attending receive vouchers to purchase car seats, diapers, strollers, etc.	1-501-758-0305

Dorcas House	823 S Park St Little Rock, AR 72202	1-501-374-4022 24Hr assistance line
ADH Breast Care	Toll Free Hotline	1-877-670-CARE
ARKids First	Toll Free Hotline	1-888-474-8275

A copy of this information may be obtained at the front desk.

Financial Resources

Consumer Credit Counseling	628 West Broadway, Suite 203 North Little Rock, AR	1-501-753-0202 1-800-255-2227
Medicaid	Local and out-of-state In-state toll free Supplemental Nutrition Assistance Program (SNAP) – Food Stamps	1-501-376-2211 1-800-457-4454 1-501-682-8276
AR Workforce	To locate an office near you	1-501-371-1020
UAMS Financial Assistance	Local A copy of this information may be obtained at the front desk.	1-501-614-2888

Housing Assistance / Shelters

Our House	302 E Roosevelt Rd Little Rock, AR 72206 https://ourhouseshelter.org/ Services available include Housing Program; Career Center; Children's Programs; Homeless Prevention; Mental Health Resources and More.	1-501- 374-7383
Union Rescue Mission/ The Nehemiah House	3001 Confederate Blvd Little Rock, AR 72206	1-501- 370-0808
The Salvation Army	1111 W. Markham Little Rock, AR 72201	1-501-374-9296

CRISIS SERVICES

The Psychiatric Research Institute offers crisis services for patients who experience a crisis after regular business hours, including holidays and weekends. This handout provides you with necessary information about who to call in case of crisis situations.

For those who are in a medical crisis or at imminent risk of harming themselves or others, immediately call 911 and or go to your nearest emergency room for assistance. The following numbers are also available to those who are having thoughts of self-harm but are not at imminent risk:

Arkansas Crisis Hotline	1-888-274-7472
National Suicide Prevention Lifeline	**988** or 1-800-273-8255

Patients in need of face-to-face contact after business hours are directed to go to the nearest emergency department where they can be seen by a physician and obtain psychiatric consultation as medically indicated.

PROTECTION AND ADVOCACY SERVICES

Resources regarding dependent care issues, reporting possible abuse, neglect, exploitation, or concerns about patient rights include:

Arkansas Department of Human Services: 1-501-682-8650 or www.arkansas.gove/dhhs/dhsmail.html

Adult Protective Services: 1-501-682-8941 or 1-800-482-8049

Area Agency on Aging: 1-800-432-9721

Child Abuse Hotline: 1-501-324-9074 or 1-800-482-5964

Disability Rights Center: V/TTY 1-501-296-1775; 1-800-482-1174; or www.arkdisabilityrights.org

National Alliance for the Mentally Ill – Arkansas: 1-501-661-1548 or 1-800-844-0381

Sexual Assault Center: 1-501-372-2442

Emergency Numbers

Poison Center	Local	1-501-686-6161
	Toll Free	1-800-376-4766
UAMS Emergency		1-501-526-2000
Fire, Police, Ambulance, Sheriff		911

FORMS

PARKING AND LOITERING POLICY

All UAMS-CAST patients are to park on Level 3 (P3) Parking One Deck located in the Psychiatric Research Institute. Patients are required to use the designated elevator on the Parking Deck for clinic patients. Use of this elevator is required by the University of Arkansas for Medical Sciences between 05:30am to 08:00am Monday-Friday and 06:30am-08:00am on Saturdays as a secured and controlled access to the facility. After 08:00am, Patient Representatives will be present at all other entrances to the Psychiatric Research Institute and patients may utilize the main elevators to access UAMS-CAST on the 4th floor. For patients that may need assistance (i.e.… need a wheelchair) there is a Patient Representative at the main elevator who is there to assist those people with this need.

Note: If you wish to use the designated PRI parking spots in the middle of the parking deck, a PRI hangtag is required. You may obtain a hangtag from the UAMS-CAST front desk. Please note, there may be an additional cost due to UAMS-CAST presently validates your parking ticket when you visit the clinic for free.

The UAMS-CAST is housed inside the Psychiatric Research Institute which contains two floors of inpatient units. In addition, we are attached to the UAMS Medical Center; therefore, it is important that our patients take extra effort to be courteous to our neighbors. The following rules and regulations will be strictly enforced and failure to follow them will result in loss of privileges or, in extreme cases, dismissal:

Patients are to park on Parking Deck 3 of Parking One at all times.

No loitering or noise is permitted in the parking deck. Patients are asked to leave the clinic and the parking deck immediately after dosing or after any scheduled appointments.
The clinic and the parking deck are to be kept clean and free of any litter.

No Food or Drink is permitted inside of UAMS-CAST.

UAMS is a tobacco free campus; therefore, smoking is prohibited in the clinic parking lot (See Smoking Policy elsewhere in the handbook).

Patients are asked not to arrive on the parking deck or enter UAMS-CAST within 30 minutes if dosing prior to attendance of counseling sessions (group/1:1). Patients must depart the clinic immediately after dosing, attending counseling or medical appointment.

Please avoid contact with pedestrians who are walking by the clinic and particular care should be made to avoid contact with children.

TAKE-HOME BOTTLE MEDICATION

To qualify for take-home medications patients must be in the clinic for at least three (3) months and have met all the compliance requirements. The Office of Alcohol and Drug Abuse Prevention (OADAP) and the Medical Director are only allowed to grant take-home privileges. The frequency of take-home medication is determined by OADAP regulations as well as the Centers for Substance Abuse Treatment (CSAT) regulations. Positive drug screenings or being non-compliant will result in the suspension of your take-home privileges for a period of time and may result in a lower treatment phase which will be determined by the clinical staff. Take-home doses should not be consumed before 6:30a.m. in case of a callback.

HANDLING OF SPECIAL TAKE-HOME BOTTLE MEDICATION

1. I fully understand that when given take home bottle medication I am solely responsible for its safety.
2. I further understand that under no circumstances will medication be replaced by additional pick-up or re-medication at the clinic in the event that it is lost, stolen, spilled, or any other problems. **Lost or stolen medication must file a police report and bring a copy of the report to their counselor.**
3. I understand that I will receive a clearly labeled bottle for every day of take-home medication. Doses MUST be taken on the date indicated on each bottle. Mutilated, torn-off, or altered bottle labels will result in the disqualification of take-home bottle privileges.
4. Bottles must remain in the lock box and never be stored on a low shelf or other place where children may have access.
5. Selling, trading, or giving away methadone is a felony criminal act and is contrary to clinic policy. Immediate discharge from the clinic will occur.
6. Abuse of any drugs will result in the immediate loss of your take-home privileges and chronic abuse of medications will result in termination from the program.
7. Patients who have positive (+) urine drug screens, who test positive for alcohol, or who violate clinic rules will be returned to a lower treatment phase and will lose their take-home privileges.

TAKE-HOME PRIVILEGES AND EXCEPTIONAL TAKE-HOME MEDICATIONS

A patient that requests take-homes due to hardship must do so in writing and the hardship must be stated and submitted to the patient's assigned counselor, who will present the request to the staff. All requests must be approved by OADAP and UAMS-CAST, however, the clinical staff or the Medical Director will determine if a patient is to gain or lose exceptional take-home privileges. The staff makes the final decision. Hardship take-homes are rarely granted.

> Exceptional take-home requests must be submitted in writing at least seven (7) days in advance to allow for the review of your request. The hardship must be stated.
> In situations that are deemed emergencies and you are unable to give a seven (7) day notice, UAMS-CAST will review these situations individually on a case-by-case basis.
> UAMS-CAST will not dispense more than fourteen (14) exceptional take-home doses. When possible, we will arrange for patients to "guest dose" in another clinic.
> Exceptional take-home medication, except state approved holidays, will be granted only to patients who have been consistently compliant with all regulations and clinic rules.
> Patients must be stabilized on their medication dosage before take-homes are distributed. A request for increases or decreases indicates that patients are not stabilized.
> Take-home doses over 100 or 120 milligrams must be approved by UAMS-CAST
> If traveling outside of the United States with Methadone you should seek information from foreign consulates and other sources concerning specific foreign nation regulations on the possession of prescribed Methadone. The clinic cannot be responsible for a patient outside of the United States border. Patients are subject to the laws of the country they travel through and to.

UAMS
PSYCHIATRIC RESEARCH INSTITUTE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
CENTER FOR ADDICTION SERVICES AND TREATMENT
4301 W. MARKHAM
LITTLE ROCK, ARKANSAS
PHONE: 501-526-8400 FAX: 501-526-8499

Notice of Take-Home Medication Recall Policy

Dear CAST Patient:

The UAMS – Center for Addiction Services and Treatment is committed to providing safe and effective treatment for opioid dependence. In order to ensure the proper handling of methadone take-home doses, the clinic has a policy of random recall of take-home medication. **Within this letter we want to inform you that as a patient who qualifies for more than one take-home dose per week, you will be part of the clinic's random recall procedure.**

Patients receiving more than one weekly take-home dose are required to provide a working telephone or pager or cell phone number where he/she may be reached in case of a dose recall. You ***must*** provide an active telephone or pager or cell phone number before the take-home doses can be authorized. In addition, you are required to inform your counselor of any changes in status of the contact telephone or pager or cell phone number. We MUST have a working number to reach you at all times.

The selection of patients to be recalled is made by a computer program in a way that is fair to all patients and proportional to the number of take-home doses you receive. We reserve the right to issue a callback at any time. When a recall notice is issued, you must contact the CAST within 2 hours of the call. In addition, you must bring all the remaining medication bottles in your metal lockbox for inspection by 2:00pm. To be counted as ***acceptable***, the returned medication bottles should have the original seal and label attached. Any prescription medications need to be brought in for counting at the time of recall.

***** **Take-home doses should not be consumed before 6:30a.m. in case of a callback.** *****

Failure to have a functioning telephone or pager number, failure to contact the clinic within two hours of the recall, or failure to bring back the requested medication on the day of the recall may cause the immediate suspension of all your take-home dose privileges.

If you are planning a vacation, **you must notify your counselor two (2) weeks in advance** and be approved in the weekly staff meeting. You may be asked to come to the clinic prior to leaving town. In case of an emergency the patient must call and talk to a nurse. You must bring documentation to verify your emergency.

I understand I am required to follow the above Medication Recall Policy.
This is the telephone number to contact me in case of a recall: Home: _____

Cell: _____ Work: _____ Pager: _____ Other: _____

_____/_____/_____-_____-_____/_____
Patient's Signature Patient ID Date Witness

Take-Home Agreement and Procedure

PROCEDURE/IMPLEMENTATION:

I. TAKE-HOME MEDICATION:

Time in treatment is a minimum required reference point after which a client may be eligible for take-home medication privileges. The required time reference does not mean that a client in treatment for a particular time has a specific right to take-home medication. Since the use of take-home privileges creates a danger of not only diversion, but also accidental poisoning, the Medical Director must make every attempt to ensure that take-home medication is given only to clients who will benefit from it and who have demonstrated responsibility in handling methadone.

Thus, regardless of time in treatment, a Medical Director may, in his or her reasonable judgment, deny or rescind the take-home medication privileges of a client. Concurrently, the client shall provide assurance to the Program that take-home medication can be safely transported and stored by the client for the client's use only. Warning labels identifying the dangers associated with the ingestion of methadone shall be placed on every take-home dose.

II. CARRY POLICIES:

In determining which patients may receive unsupervised doses, the medical director or program medical practitioner shall consider, among other pertinent factors that indicate whether the therapeutic benefits of unsupervised doses outweigh the risks, the following criteria:

(a) Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely.

(b) Regularity of attendance for supervised medication administration.

(c) Absence of serious behavioral problems that endanger the patient, the public or others.

(d) Absence of known recent diversion activity; and

(e) Whether take home medication can be safely transported and stored; and

(f) Any other criteria that the medical director or medical practitioner considers relevant to the patient's safety and the public's health.

(g) The client demonstrates the social, cognitive, and emotional stability necessary to assume responsibility for the care of medication and to use it as prescribed. Social stability can be demonstrated by stable housing, stable support system and activities and regular attendance at counseling and doctor appointments.

III. ADVANCEMENT GUIDELINES FOR TAKE-HOME DOSES. GUIDELINES:

Subject to the conditions identified above, this Guidance will offer an exemption from the unsupervised take-home medication requirements of 42 C.F.R. Part 8. Specifically, OTP's taking advantage of this exemption, may provide unsupervised take-home doses of methadone in accordance with the following time in treatment standards:

- In treatment 0-14 days, up to 7 unsupervised take-home doses of methadone may be provided to the patient. During the first 14 days of treatment, the take-home supply is limited to 7 days. It remains within the OTP practitioner's discretion to determine the number of take-home doses up to 7 days, but decisions must be based on the criteria listed above. The rationale underlying the decision to provide unsupervised doses of methadone must be documented in the patient's medical record.

- From 15 days of treatment, the take-home supply is limited to 14 days. It remains within the OTP practitioner's discretion to determine the number of take-home doses up to 14 days, but the decision must be based on the criteria above. The rationale underlying the decision to provide unsupervised doses of methadone must be documented in the patient's medical record.
- From 31 days of treatment, the take-home supply provided to a patient is not to exceed 28 days. It remains within the OTP practitioner's discretion to determine the number of take-home doses up to 28 days, but decisions must be based on the criteria listed above. The rationale underlying the decision to provide unsupervised doses of methadone must be documented in the patient's medical record.

UAMS

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

NOTICE OF PRIVACY PRACTICES

Effective Date: April 8, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is provided on behalf of the University of Arkansas for Medical Sciences including its Medical Center and clinics, Psychiatric Research Institute, Area Health Education Centers, and other facilities ("UAMS"). UAMS provides patient care through a healthcare system committed to education and research.

PURPOSE: This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment, or healthcare operations and for other purposes permitted or required by law. "Protected Health Information" is information that may identify you and that relates to your past, present or future physical or mental health, and may include your name, address, phone numbers and other identifying information.

We are required to give you this Notice and to maintain the privacy of your Protected Health Information. We must abide by this Notice, but we reserve the right to change the privacy practices described in it. A current version of this Notice, with required revisions, if any, may be obtained from the UAMS web site, http://www.uamshealth.com/ and will be posted in prominent areas of our facilities. You may also receive a current copy by sending a written request to the UAMS HIPAA Office, 4301 W. Markham #829, Little Rock, AR 72205.

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your medical information. We create a record of the care and services you receive at UAMS. We need this record to provide services to you and to comply with certain legal requirements. This Notice will tell you about the ways we may use and disclose your information. We also describe your rights and certain obligations we have to use and disclose your health information.

If you believe your privacy rights have been violated, you may complain to us or to the U.S. Secretary of Health and Human Services. To file a complaint with us, you may send a letter describing the violation to the UAMS Privacy Officer, 4301 W. Markham #829, Little Rock, AR 72205. There will be no retaliation against you for filing a complaint.

If you have questions or need more information, contact the UAMS HIPAA Office at 501-614-2187.

WHO WILL FOLLOW THIS NOTICE: This Notice describes the practices of UAMS healthcare professionals, employees, volunteers, and others who work or provide healthcare services at any UAMS facility, including students-in-training.

ACKNOWLEDGMENT: You will be asked to sign an Acknowledgment of receipt of this Notice. The delivery of your healthcare services will in no way be conditioned upon the signing of this Acknowledgment.

Your Privacy Rights. You have the following rights relating to your Protected Health Information. You may:

- Obtain a current paper copy of this Notice.
- Inspect or obtain a copy of your records, in paper or electronic form. You may be charged a fee for the cost of copying, mailing or other supplies. We are allowed to deny this request under certain circumstances. In some situations, you have the right to have the denial of your request reviewed by a licensed healthcare professional identified by UAMS who was not involved in the original denial decision. We will comply with the outcome of this review.
- Request that we amend your record if you feel the information is incomplete or incorrect. We are allowed to deny this request in certain circumstances and may ask you to put these requests in writing and provide a reason that supports your request.
- Request in writing a restriction on certain uses and disclosures of your information. We are not required to agree to the requested restrictions, unless you are requesting to restrict certain information from your health plan, and you have paid for your UAMS services in full.
- Obtain a record of certain disclosures of your Protected Health Information.
- Make a reasonable request to have confidential communications of your Protected Health Information sent to you by alternative means or at alternative locations.
- Provide us with written permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing.
- Submit any written requests to inspect, copy or amend your records to the UAMS Health Information Management Department.

Our Responsibilities. We are required to protect the privacy of your Protected Health Information, abide by the terms of the Notice, and make the Notice available to you. We are also required to notify you if a breach of your health information occurs.

Examples of Uses & Disclosures

We will use your Protected Health Information for treatment. Certain information obtained by a nurse, doctor, therapist, or other healthcare worker will be put into your record and used to plan and manage your treatment. We may provide reports or other information to your doctor or other authorized persons who are involved in your care, including healthcare providers outside of UAMS We may make your protected health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for their treatment and payment purposes. Participating in an electronic health information exchange may also let us see their information about you for our treatment and payment purposes.

We will use your Protected Health Information for payment. A bill will be sent to you and/or your insurance company with information about your diagnosis, procedures and supplies used. We may also disclose limited information about your bill to others, such as a collection agency, to obtain payment.

We will use your Protected Health Information for regular healthcare operations. UAMS may use your Protected Health Information to check on the care you received, how you responded to it, and for other business purposes related to operating the hospital or clinics. UAMS is a teaching facility, and information about you may be shared with students and trainees for teaching purposes.
Business Associates: We may share some of your Protected Health Information with outside people or companies who provide services for us, such as typing physician reports.
Patient Directory: Unless you tell us not to, we may disclose your name, location in the facility, and general condition to people who ask for you by name. If provided by you, your religious affiliation may also be given to members of the clergy.
Notification: We may use or disclose your Protected Health Information to notify a family member or other person involved in your care, your location and general condition unless you tell us not to do so.
Communication with family: We may share your Protected Health Information with a family member, a close personal friend, or a person that you identify, if we determine they are involved in your care or in payment for your care, unless you tell us not to do so.
Research: Your Protected Health Information may be used for research purposes in certain circumstances with your permission, or after we receive approval from a special review board whose members review and approve the research project.
Coroners, Medical Examiners, Funeral Directors: In the event of your death, we may disclose your Protected Health Information to these people, to the extent allowed by law, so that they may carry out their duties.
Organ Donor Organizations: We may share your Protected Health Information with the organ donation agency for the purpose of tissue or organ donation in certain circumstances and as required by law.
Contacts: We may contact you to provide appointment reminders or to tell you about new treatments or services.
Fundraising and Marketing: We may contact you as part of UAMS fundraising or marketing efforts. You have a right to opt out of Fundraising communications and may do so by calling 1-888-995-UAMS (8267) or emailing advancement@uams.edu.
Food and Drug Administration (FDA): We may share your Protected Health Information with certain government agencies like the FDA so they can recall drugs or equipment.
Workers Compensation: We may disclose your Protected Health Information for workers' compensation claims.
Public Health: We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability and as required by law.
Communicable Disease: We may disclose your Protected Health Information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
Correctional Institution: If you are an inmate of a correctional institution, we may disclose your Protected Health Information to the institution or law enforcement as needed for your health or the health and safety of others.
Law Enforcement: We must disclose your Protected Health Information for law enforcement purposes as required by law.
As Required by Law: We must disclose your Protected Health Information when required by federal, state, or local law, such as to report gunshot wounds.
Health Oversight: We must disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
Abuse or Neglect: We must disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect involving children or endangered adults.
Legal Proceedings: We may disclose your Protected Health Information in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful process, as allowed by law.
Required Uses and Disclosures: We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.
To Avoid Harm: We may use and disclose information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
For Specific Government Functions: In certain situations, we may disclose Protected Health Information of military personnel and veterans. We may disclose your Protected Health Information for national security activities required by law.

Sale of Information: UAMS will not sell your information without your prior written authorization or as otherwise allowed by law.

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Address:

UAMS
PSYCHIATRIC RESEARCH INSTITUTE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Patient Status: ☐ **Inpatient** ☐ **Outpatient**

Admission/Consent Agreement

1. **Consent for Medical Treatment:** I now voluntarily consent to inpatient and/or outpatient care and treatment by physician and all other health care providers at UAMS Medical Center Psychiatric Research Institute (PRI). UAMS is a teaching facility where medical students, residents and others in a training program will be involved in my care and treatment under the supervision of a qualified professional. I also consent to routine hospital services, diagnostic procedures, medical treatment, and other services and care as deemed necessary by the health care providers treating me. Except in emergency situations, it is the provider's responsibility to adedquately inform me or my representative concerning proposed treatment and to obtain my or my representative's consent. I understand that the practice of medicine is not an exact science and ther is no guarantee that any particular treatment will be successful. I understand that I have the right to consent or refuse to consent to any proposed treatment and to discuss it with my health care provider. I understand and give authorization for my physician to access information from an online pharmacy data base about medications that I may be taking for the purpose of continued treatment.

2. **Inpatient Nursing Care:** UAMS PRI provides general duty nursing care unless additional care is required in special care units.

3. **Personal Information:** I certify that the information I have provided is true and accurate to the best of my knowledge. I understand this information is subject to verification with credit agencies, federal and/or state agencies and others as required. I authorize my employer to release to UAMS proof of my income. I consent to provide my cell phone number to UAMS, their designated collection agency, or attorney for them to contact me directly, by an automated dailing system or through a prerecorded messaging system to dicuss payment of any unpaid financial obligation I have at UAMS PRI.

4. **Valuables:** I understand that UAMS PRI is not responsible for any valuables that I keep in my possession while in the hospital. I understand that valuables should be sent home with family / friends and those that cannot be sent home may be stored in the hospital safe.

5. **Assignment of Benefits:** In consideration of services rendered, I hereby assign any benefits due under my insurance coverage, benefits or inpatient/outpatient services to UAMS Medical Center/PRI and/or to physician services for my treating physicians. I understand I am financially responsible for all charges no covered including deductibles, co-pays, and co-insurance. After reasonable notice, accounts not paid may be turned over to a collection agency and/or attorney. Attorney fees, the cost of collection and court costs will be the patient's responsibility.

6. **Release of Information:** I understand my information will be released in accordance with UAMS Notice of Privacy Practice.

7. **Preauthorization Requirements:** It is the responsibility of the patient or insured to comply with all preauthorization requirements of any insurance or medical/hospital coverage plan that is relied on for coverage.

8. **Discharge:** I agree to prompt discharge following my physician's order for discharge. If I leave against medical advice (AMA) or elope, I release the physician, or other health care providers, UAMS Medical Center/PRI and FGP, its employees, agents, and assigns from any and all responsibility from any ill effects, sickness, disability, infirmity, damges, death and claims that may results.

9. **Tobacco Use:** UAMS is a TOBACCO FREE CAMPUS. I understand that I may not use any tobacco product on campus.

10. **Living Will:** In accordance with Arkansas Rights of the Terminally Ill or Permanently Unconscious Act (Ark. Code Ann. Section 10 -17-201 through 218, Supp. 1989). I acknowledge receipt of information regarding the living will and health care power of attorney.

11. I understand that all patient rooms, hallways, and other areas of PRI are monitored by video recordings for security and safety reasons.

I, or my legal representative have read and agree to the above.

Patient/legal representative _____ Date _____ Time _____

Relationship of Legal Representative _____ Verbal consent provided by the above _____

Witness _____ Date _____ Time _____

Inpatients only:
Please initial: _____ I have received a copy of the UAMS Admission Packet which includes a copy of the Advanced Directives and a copy of the Patient's Rights and Responsibilities.

Med Rec 30P1 (05/12)
Admission Consent

(Place MR Label Here)
MR#:
Patient's Name:
Patient's Address:

UAMS
PSYCHIATRIC RESEARCH INSTITUTE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS Psychiatric Research Institute Patient's Rights & Responsibilities

I. Patient Rights

A. The patient has the right to expect appropriate psychiatric care regardless of race, disability, color, religion, national origin, sexual orientation, spiritual beliefs, or the patient's source of payment.

B. The patient has the right to be treated with respect, to be addressed by proper name without undo familiarity, to be listened to when requesting information, and to receive an appropriate and timely response.

C. The patient has the right to privacy and confidentiality in all aspects of care. The patient's records will be treated as confidential. The patient is entitled to privacy when examined - to have the door closed, to have observers identified, and to be informed of the role they play in patient care. The patient may ask any individual to leave the room, and has the right to restrict visitors.
I understand that the following alcohol and drug treatment records may be protected by federal law, Confidentiality and Drug Abuse Patient Records, 42 Code of Federal Regulations Part 2, and Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without my written permission, unless otherwise allowed by law. Further restrictions may apply.

D. The patient has the right to an explanation of all charges.

E. The patient has the right to know the name of the clinician responsible for his/her care, to talk with that clinician, and to obtain information necessary for an understanding of his/her problems

F. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for care) concerning treatment with the expectation that PRI will honor the intent of the directive to the extent permitted by law and policy.

G. The patient has the right to be informed of the course of treatment and to receive an explanation of any planned procedures. If an interpreter is required, one will be obtained for the patient.

H. The patient has the right to be involved in decisions about care, treatment and services and to refuse treatment.

I. The patient has the right to be advised when the clinician is considering the patient as part of a clinical research program, and the patient must give informed consent prior to actual participation in such a program. After the details of the program have been explained, the patient may refuse to participate and may cancel participation at any time. The decision will not change the right of the patient to receive treatment.

J. The patient has the right to express any grievance orally or in writing without fear of reprisal. The patient has the right to discuss the concerns with the physician, nurse manager or therapist.

K. If the patient's concerns are not addressed at the program level, the patient may also contact the Psychiatric Research Institute Patient Service Representative at (501) 526-8100 for Walker Family Clinic, (501) 364-5150 for the Child Study Center, (501)526-8201 for Women's Mental Health Clinic, or (479)750-2742 for PRI Northwest AR.

L. The patient has the right to obtain a personal advocate at any time.

M. The patient has the right to have his/her pain recognized through an initial pain screening and referral, as indicated.

II. Patient Responsibilities

A. The patient is responsible for taking an active role in the outcomes of his/her care. This is done in part by providing, to the best of his/her ability, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to psychiatric health; reporting perceived risks in care and unexpected changes in his/her condition; and providing feedback about service needs and expectations.

B. The patient is responsible for asking questions when he/she does not understand the care provided or what is expected of him/her.

C. The patient is responsible for following the care plan developed and expressing any concerns he/she might have about the ability to follow the care plan.

D. The patient is responsible for accepting the consequences of the outcomes of care if the care plan is not followed.

E. The patient is responsible for following the organization's rules and regulations.

F. The patient is responsible for showing respect and consideration of the organization's staff and property as well as other clients and their property.

G. The patient is responsible for meeting financial obligations agreed to with the organization.

H. The patient is responsible for keeping appointments, and when the patient is unable to do so for any reason, for notifying the responsible practitioner.

I have read this statement of rights and/or it has been read to me. I have had an opportunity to ask questions and have them answered. I understand what my rights are and I have been given a copy of this statement.

_____ _____ _____
Patient Signature Date Time

_____ _____ _____
Signature Parent or Guardian (if applicable) Date Time

MR1103 (02/12)
Psych Business

UAMS MEDICAL CENTER
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Third Party Non-Coverage Form

I am presenting for care at UAMS Medical Center. I have been informed that my insurance may not pay for the care proposed for treatment/admission beginning on _____ (date).

[ ] My insurance does not or may not cover planned care / services.

[ ] My insurance is "Out of Network" and benefits may be at a reduced rate or zero coverage.

[ ] A referral from my Primary Care Physician was not obtained.

[ ] I do not want my insurance company billed.

[ ] Other: _____

[ ] I WANT TO BE TREATED and I understand that I will be responsible for services provided.

I certify that I have read the foregoing and I am the patient or I am authorized to consent on behalf of the patient.

_____ _____ _____

Patient's Signature or Mark | Date/Time | Witness

The above consent is given on the patient's behalf because the patient is a minor (age: _____) or is unable to consent for him/herself for the following reasons:

_____

_____

My relationship to the patient is: _____

_____ _____ _____

Signature of Patient or Authorized Person | Date | Time

_____ _____ _____

Witness (Hospital Personnel) | Date | Time

Med Rec 2044P (06/12)
Psych Business Forms

UAMS
PSYCHIATRIC RESEARCH INSTITUTE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

CONFIDENTIAL INFORMATION AUTHORIZATION CONSENT/3rd Party

_____ Revoked On Staff Initial: ____

PATIENT NAME

INSTRUCTIONS: GIVE A COPY OF THIS FORM TO THE PATIENT once completed in full. The original is to be placed in the patient case record. This confidential information authorization consent is only authorization for the person or agency for which it is designated. Notified and given another copy.

I, _____, do herby consent and authorize an exchange by and between
UAMS – CAST, 4224 Shuffield Dr. 4th Floor, Little Rock, Arkansas 72205 Telephone 501-526-8400 / Fax 501-526-8499

AND _____

NAME OF PERSON / TITLE / ORGANIZATION

_____

ADDRESS / CITY / STATE / ZIP **TELEPHONE NUMBER**

THE INFORMATION WHICH MAY BE DISCLOSED IS:

( ) Presence in treatment (admit/discharge dates).
( ) Medical history and physical examination.
( ) Diagnosis, brief description progress / prognosis.
( ) Psychiatric / psychological consultations / notes.
( ) Laboratory results: UDS / EKG / X-RAYS / PULMONARY FUNCTION TESTS RESULTS / PPD
( ) Other – Specify: _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE:

(X) For payment or health care operations activities

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, the duration for this consent if for the duration of my admission, and no longer than 120 days, after discharge unless I specify a date, and condition upon which it will expire as follows:

(Date, event, or condition upon which consent will expires, which must be no longer than reasonably necessary to serve the purpose of this consent).

I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by state law. I choose to do so willingly and voluntarily for the purpose specified above. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Note: Any information released through this form will be accompanied by the form Prohibition of Re-disclosure concerning the Substance Use Disorder Patient (TR-1 (A-4400)

Please provide patient with a copy of this authorization after the patient signs.

(Place MR Label Here)
MR#:
Patient's Name:
Patient's Date of Birth:

UAMS Medical Center

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a home health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays, and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care - like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

MR5089

If you get other types of services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

- Generally, your health plan must:
    - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your in network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact U.S. Department of Health and Human Services (HHS), in coordination with the Department of the Treasury, Department of Labor and the Office of Personnel Management. The federal phone number for information and complaints is: 1-800-985-3059.

Visit *www.cms.gov/nosurprises/consumers* for more information about your rights under federal law.

Potential Cost of Behavioral Health Services: _____

_____ _____ _____

Patient Signature Date Time

MR5089

Place Patient Label Here or

Print Patient Name

Patient MR #

UAMS MEDICAL CENTER
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

CONSENT to Take PHOTOGRAPHY

I, _____ hereby consent to the taking of photography, audio/visual recordings
Print Patient Name

or other images of me by UAMS. I understand that my photographs, videotapes, digital or other images may be used to assist with my identification, diagnosis and treatment and the payment of my bill. These images may also be used for UAMS Health Care Operations such as performance improvement and educational purposes within UAMS. Other than for treatment, payment and health care operations, images that identify me will be released outside UAMS only upon written authorization from me or my legal representative.

If the images are to be taken for any purpose other than for identification, diagnosis, treatment, payment or healthcare operations including teaching with UAMS, the purpose(s) must be stated here:

_____

_____

_____

Withdrawal of Consent - I understand that I am not required to sign this Consent. I may revoke/withdraw the Consent at any time by giving written notice to UAMS [Dept/Clinic below] Slot # [below], 4301 W. Markham, Little Rock, AR 72205. A withdrawal of this consent will not apply to photographs, audio/visual recordings or other images used or disclosed prior to the written notice of withdrawal. **During the recording or filming, I have the right to stop the recording/filming at any time.**

Expiration Date - This consent to take my photograph or other image expires 30 days from the date I sign the consent or after the photographs and recordings are no longer needed by UAMS for the use that I am consenting to, whichever is later.

Release of Liability - I agree that UAMS including its governing Board, physicians, agents and employees, are hereby released from legal responsibility or liability for the access and release of my photographs or other images to the extent indicated and authorized herein.

Signature of Patient
or Legal Representative: _____ Date/Time: _____

Patient Date of Birth and/or Medical Record Number for Identification Purposes: _____

If Legal Representative has signed on behalf of Patient, state the authority of Legal Representative to do so:

_____
(such as parent of a minor, court-appointed guardian, appointed in a Power of Attorney)

For Staff use only - this section must be completed

FOR STAFF TO COMPLETE:

Dept/Clinic Name _____ **and Slot #** _____

Person Making Photo/Recording _____ **Date Taken/Time:** _____
(for initial photo/recording)

(check all that apply) ☐ **Photographs** ☐ **Video Recordings** ☐ **Audio Recordings** ☐ **Other:** _____

Description: _____

Location where image will be stored: _____

Med Rec 1442 (01/18/13)
Consent

(Place MR Label Here)
MR#:
Patient's Name:
Patient's Address:

UAMS
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Acknowledgment of Receipt of Privacy Notice

By signing this form, you are only agreeing that you have received a copy of the UAMS Notice of Privacy Practices.

Patient Signature _____ Date _____ Time _____

Print Legal Representative's Name (if applicable) _____ Legal Representative's Signature _____

If Legal Representative, authority of Legal Representative _____
(such as parent of a minor, guardian, administrator of estate of deceased, attorney-in-fact appointed with power of attorney, or healthcare proxy)

STAFF USE ONLY

We provided the Notice of Privacy Practices and attempted to obtain written acknowledgment but acknowledgment could not be obtained because:

☐ Patient or Legal Representative declined to sign the Acknowledgment of Receipt.

☐ Other (please specify) _____

Printed Name of Employee Completing Form _____ Date _____ Time _____

Signature of Employee Completing Form _____ UAMS Location _____

Med Rec 2339 (12/08)
HIPAA

Center for Addiction Services Treatment
4301 West Markham St., #835
Little Rock, AR 72205-7199
501.526.8400

Michael Mancino, M.D.
Program Director

Peggy Healy, LCSW
Clinic Administrator

CENTER FOR ADDICTION SERVICES TREATMENT
Consent to Opioid Maintenance Treatment

Name of Patient: _____ ID: _____

Dr. Michael Mancino/ Dr. Abigail Richison/ Dr. Srinivasa Gokarakonda / PA Casey Jenkins /APRN Erika Jackson:

I hereby authorize and give voluntary consent to the Center for Addiction Services & Treatment (CAST) and its medical personnel to dispense and administer opioid pharmacotherapy (including methadone or buprenorphine) as part of the treatment of my addiction to opioid drugs. Treatment procedures have been explained to me, and I understand that this will involve my taking the prescribed opioid drug at the schedule determined by the program physician, or his/her designee, in accordance with Federal and State regulations.

It has been explained that, like all other prescription medications, opioid treatment medications can be harmful if not taken as prescribed. I further understand that opioid treatment medications produce dependence and, like most other medications, may produce side effects. Possible side effects, as well as alternative treatments and their risks and benefits, have been explained to me.

I understand that it is important for me to inform any medical provider who may treat me for any medical problem that I am enrolled in an opioid treatment program so that the provider is aware of all the medications I am taking, can provide the best possible care, and can avoid prescribing medications that might affect my opioid pharmacotherapy or my chances of successful recovery from addiction.

I understand that I may withdraw voluntarily from this treatment program and discontinue the use of the medications prescribed at any time. Should I choose this option, I understand I will be offered medically supervised withdrawal.

For Female Patients of Childbearing Age: There is no evidence that methadone or buprenorphine pharmacotherapy is harmful during pregnancy. If I am or become pregnant, I understand that I should tell my medical provider right away so that I can receive appropriate care and referrals. I understand that there are ways to maximize the healthy course of my pregnancy while I am in opioid pharmacotherapy.

_____ _____

Patient's Signature Date / Time

Print Patient Name: _____ Admission Date: _____

PATIENT ACKNOWLEDGEMENT / TREATMENT CONSENT

I, _____, have received and reviewed copies of the following:

Patient Handbook
Patient Rights/Responsibilities
Methadone Medication Procedures
Prescription Rules and Regulations
Financial and Sliding Scale Fee Policy
Grievance Procedures
Program Phases Regulations
Multiple Enrollment Consent
General Information Consent
Consent for Methadone Treatment
Privacy Practice Notice & Acknowledgment
Treatment Principles
Admission Consent Form
Drug Screening/Specimen Collection
Parking and Loitering Policy
Fire and Emergency Procedures
Take-Home Medication & Recall Procedures
3rd Party Non-Coverage Form
Multiple Enrollment Consent

All of the handbook information and clinic policies will be reviewed in the 6-week Orientation Group

I, furthermore, have signed this Patient Acknowledgement to verify I understand and agree to abide by these guidelines and responsibilities. I also understand that all treatment services are provided on a voluntary basis and that I have a right to discharge myself from treatment at any time. If I have been mandated to treatment, there may be consequences for leaving treatment prematurely but my participation remains a voluntary choice.

In order to remain in the Program and to successfully move through treatment clients shall be in Compliance with Program rules or risk administrative detoxification from methadone. For the purpose of these standards, an infraction means threats of violence or actual bodily harm to staff or another client, disruptive behavior, community incidents (loitering, diversion of methadone, sale, or purchase of drugs), continued unexcused absences from counseling and other serious rule violations. Clients may also be discharged for failure to benefit from the Program. When a Program determines to discharge a client, the Program shall provide a written statement containing:

a. The reason(s) for discharge.
b. Written notice of his/her right to request review of the decision by the Program Director or his/her designee; and
c. A copy of the appeal procedures.

LIMITED CONFIDENTIALITY – UAMS-CAST is required to report to appropriate agencies knowledge of the following actions: Incest or Child Abuse; Elder Abuse; Threats of Homicide; Threats of Suicide. UAMS-CAST will also inform court ordered treatment, involvement with Child Protective Services, etc. of your decision to leave.

Print Patient Name: _____ Admission Date: _____

RELEASE OF MEDICAL INFORMATION – I HAVE READ AND UNDERSTAND THE FOLLOWING and I authorize UAMS-CAST to release information from my medical records including psychiatric, alcohol/drug abuse, sickle cell anemia and HIV information if applicable. I understand that the information to be released is confidential and protected from re-disclosure. I also understand that I have the right to cancel my permission any time BEFORE it is released. I release UAMS-CAST from any liability incurred in permitting this release.

NO REFUND OR ABATEMENT AGREEMENT - I further understand and agree that if I voluntarily terminate my treatment there will be no refund of monies due to be paid to UAMS-CAST for treatment and/or scheduled treatment. If I am administratively discharged for conduct contrary to the rules and regulations of UAMS-CAST or for activities detrimental to the interests of UMAS-CAST or its patients, there will be no refund of monies. I understand that if I have any questions about the foregoing statement I am encouraged to ask staff members of UAMS-CAST.

TAKE HOME BOTTLE MEDICATION

I agree to participate in handling of special take-home bottle medications and fully understand I am solely responsible for its safety. I understand and accept full responsibility for any injuries and or physical conditions brought about by not following outlined guidelines.

COMPLIANCE

I further understand and agree that I must be meeting my program requirements as well as responsibilities and that I am abiding by all rules and policies governing my stay at UAMS-CAST. I understand that being compliant in this program is described as attending ALL individual sessions, group sessions, and Twelve Step meetings required for Phase level and maintaining negative urine drug screens by **abstaining from the use of all drugs, including alcohol**.

RELEASE OF LIABILITY

I do hereby release the University of Arkansas for Medical Sciences-Center for Addiction Services and Treatment, its employees, staff, and any other CAST clients from liability related to allergic reactions, injury which may occur to me, my guests, or my property while engaged in any clinic functions, including, but not limited to group or counseling sessions held away from clinic grounds and/or clinic social events or activities. This release is given with the understanding that the UAMS-Center for Addiction Services and Treatment staff will not knowingly endanger, or put in jeopardy, the life or property of any client or family member of a client.

THIS CONSENT EXPIRES AT TIME OF DISCHARGE FROM THE UAMS-SUBSTANCE ABUSE CLINIC

_____

Signature of Patient/Representative Date/Time Relationship to Patient

_____

Witness Date/Time

UAMS
PSYCHIATRIC RESEARCH INSTITUTE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Center for Addiction Services & Treatment Grievance Form

NAME _____ ID _____

Date of Grievance: _____

Time of Grievance: _____

Person(s) filing Grievance: _____

** Please Print**

Nature of grievance: (Please be descriptive; include relevant subjects, places, and/or things, etc.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

If additional space is needed, please use the back of this form.

Date received: _____ Date of action: _____

Action: _____

_____
_____
_____

Staff present: _____ _____

_____ _____

_____ _____

UAMS

PSYCHIATRIC RESEARCH INSTITUTE

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

UAMS - CENTER FOR ADDICTION SERVICES & TREATMENT
4301 WEST MARKHAM, SLOT 835, LITTLE ROCK, AR 72205
PH: (501) 526-8400 Fax: (501) 526-8499

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION MULTIPLE ENROLLMENT VERIFICATION CONSENT

Behavioral Health Group (BHG) NLR
4260 Stockton Dr., NLR 72117
FX: (501) 666-2366 / Phone (501) 664-7833

SD6-SPRINGDALE TREATMENT CENTER
1607 S Old Missouri Rd, SPRINGDALE, AR 72764
#9-**FX: (479) 306-4488** / PH: (479) 333-9472

SD4-ADC RECOVERY & COUNSELING CLINIC
3041 GETWELL RD. / MEMPHIS TN 38118
#7-**FX: (901) 375-1588** / PH: (901) 375-1050

SD5-RIGHTWAY MEDICAL OF ROLAND
P.O. BOX 1019 / ROLAND, OK 74954
#8-**FX: (918) 427-3375** / PH: (918) 427-3344

NORTHEAST ARKANSAS TREATMENT SERVICES, LLC
912 OSTER STE. B, JONESBORO, AR 72401
FX: (870) 336-0563 / PH: (870) 336-9549

SD2- BHG North Treatment Center
P.O. BOX 280115/ MEMPHIS, TN 38168-0115
#5**FX: (901) 381-9819** / PH: (901) 372-7878

ARKANSAS TREATMENT SERVICES
408 Hazel St./Texarkana, AR 71854
FX: (870) 774-0427/ PH: (870) 774-0421

CENTRAL ARKANSAS TREATMENT SERVICES
5407 Hwy 5 North, Suite 6/Bryant, AR 72022
FX: (501) 943-1357/PH: (501) 725-9098

MEMPHIS CENTER FOR RESEARCH AND ADDICTION
1734 Madison Ave., Memphis, TN 38104
FX: (901) 722-9422/ PH (901) 722-9420

Memphis Comprehensive Treatment Center
3000 Getwell Rd. Memphis, TN 38118
Fx: (901) 542-0167 / PH (877) 635-1938

PATIENT: _____ SSN**:** _____ DOB**:** _____

I, _____, authorize Michael Mancino, M.D. and the Center for Addiction Services and Treatment to disclose to any/all/and every methadone provider or treatment facility within a 200 miles area the following information: that I may be, have been or will be admitted to the UAMS-CAST for methadone or buprenorphine treatment, maintenance and/or detoxification (medically supervised withdrawal).

The purpose of this disclosure authorized is to prevent me from being concurrently enrolled in one or more additional methadone/opioid programs during enrollment at UAMS-CAST. I acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

I understand that my records are protected under Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: Upon my written request or (30) thirty days after discharge from UAMS-CAST.

Signed this _____ day of _____, _____ Time _____ Patient Signature: _____

I, this day, witnessed the signature of the above patient, the signature was obtained after I explained what the authorization was and what it involved. The patient indicated that his release was understood and that the authorization was given of his/her free will.

Signed this the _____ day of _____, _____ Time _____ Witness Signature: _____

UAMS CONFIDENTIALITY NOTICE

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by the federal confidentiality rules (42 CFR Part II). The federal rules prohibit you from making any further disclosure of this person to whom it pertains or as otherwise permitted by 42 CFR Part II. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

Release of information about a patient who is treated/referred for treatment for alcohol/drug abuse, or the medical results of such abuse, is governed by the Confidentiality of Alcohol and Drug Abuse Client Records regulations, 42 Code of Federal Regulations Part 2.

- A 42 CFR Part 2 Statement is to be sent receiving party with each release
- Above sent with release: Yes_____ No _____ Explain: _____

UAMS

Medical Center

MR#:

Patient's Name:

Patient's Date of Birth:

Institute for Digital Health and Innovation

Telemedicine Information: UAMS Institute for Digital Health and Innovation Telemedicine appointments allow your image and Protected Health Information to be transmitted electronically through real-time electronic audio and video communications to physicians, healthcare professionals and other personnel at UAMS who are authorized to receive such information for the purpose of providing medical diagnostic assessment and treatment services.

Expected Benefits: Expected benefits of telemedicine include improved access to medical care, more efficient medical evaluation and management, and more convenience for patients.

Possible Risks: Telemedicine transmissions are secure and encrypted, but there is a very small possibility that the telemedicine transmissions could be intercepted by unauthorized persons (hackers). This risk is similar to the risk of a phone call being intercepted. Delays in medical treatment or loss or records could occur due to electrical outages or equipment failures. There are also limits to telemedicine technology. In rare cases, information transmitted may not be sufficient to allow for appropriate medical decision making, so there is no guarantee that a telemedicine appointment will eliminate the need for you to see a physician in person in order to receive appropriate treatment for your medical condition.

Consent: I understand that I have the right to consent or refuse any proposed surgery, procedure, or treatment, and that I can withdraw my permission at any time prior to or during the telemedicine appointment. In either case, I understand that no action will be taken against me, and I may still pursue a consultation in person with a physician or other healthcare professional. I also understand that if I stop the telemedicine appointment, the appointment will be incomplete, and the healthcare professionals involved in the telemedicine appointment will be unable to provide treatment or services to me at that time. I further understand that UAMS is a teaching facility and I agree that residents, medical students, and others in training programs may be involved in my care and treatment under the supervision of a qualified professional.

Assignment of Benefits and Financial Information: In consideration of services rendered, I hereby assign any benefits due under my insurance coverage for outpatient and physician services to UAMS. I understand that it is my responsibility to comply with all pre-authorization requirements of any insurance or medical/hospital coverage plan that is relied on for coverage. I understand that I am financially responsible for all charges not covered, including deductibles, co-pays, and co-insurance. After reasonable notice, accounts not paid may be turned over to a collection agency and/or attorney, and I understand I will be responsible for any related attorney's fees, costs of collection and court costs. I agree that UAMS, their designated collection agency, attorney, or other authorized designee on behalf of UAMS may contact me on my cell phone, land line or any other number I provide, directly, through an automated dialing system or through an artificial or prerecorded voice system to discuss payment of any unpaid financial obligation. Health Information Exchange: UAMS participates in electronic Health Information Exchange (HIE). I understand that my UAMS health information will be sent to the HIE, so it is available to health care providers who participate in my care outside of UAMS. I understand that I may opt out of this service by informing the registrar, but my UAMS health information may still be available to other providers in an emergency situation.
Release of Information: I understand that the laws that protect privacy and confidentiality of medical records also apply to telemedicine. I understand my Protected Health Information will be released in accordance with the UAMS Notice of Privacy Practices. I understand that my non-UAMS healthcare providers, such as my primary care physician, will be able to access my UAMS records electronically through such means that include, but are not limited to, the UAMS physician portal that is known as EpicCare Link.

Consent to Recording: I understand that the telemedicine consult will be recorded by UAMS, and the recording may be used for healthcare operations such as education, training, and quality improvement. The recording will be securely maintained for up to thirty (30) days and then destroyed in accordance with applicable law and UAMS policies. I understand that the recording will be used for clinical care, payment and/or healthcare operations and will be securely maintained and destroyed in accordance with applicable law and UAMS policies. I understand that I have the right to request the recording be stopped at any time. This consent will expire twelve (12) months from the date I sign the consent or after the recordings are no longer needed by UAMS for the use that I am consenting to, whichever is later.

UAMS
PSYCHIATRIC RESEARCH INSTITUTE
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

General CONFIDENTIAL INFORMATION AUTHORIZATION CONSENT

_____ **Revoked On**_____ **Staff Initial:** _____

PATIENT NAME

INSTRUCTIONS: GIVE A COPY OF THIS FORM TO THE PATIENT once completed in full. The original is to be placed in the patient case record. This confidential information authorization consent is only authorization for the person or agency for which it is designated.

I, _____, do herby consent and authorize an exchange by and between UAMS – CAST, 4224 Shuffield Dr. 4th Floor, Little Rock, Arkansas 72205 Telephone 501-526-8400 / Fax 501-526-8499

AND _____

NAME OF PERSON / TITLE / ORGANIZATION

_____

ADDRESS / CITY / STATE / ZIP **TELEPHONE NUMBER**

THE INFORMATION WHICH MAY BE DISCLOSED IS:

( ) Presence in treatment (admit/discharge dates).
( ) Medical history and physical examination.
( ) Diagnosis, brief description progress / prognosis.
( ) Psychiatric / psychological consultations / notes.
( ) Laboratory results: UDS / EKG / X-RAYS / PULMONARY FUNCTION TESTS RESULTS / PPD
( ) Other – Specify _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE:

( ) To provide ongoing treatment / continuing care.
( ) Obtain employment verification or verification of government benefits.
( ) To coordinate treatment efforts with my family / concerned persons.
( ) To coordinate treatment and continuing care efforts with my employer.
( ) To coordinate educational planning and re-entry program with school persons.
( ) To enable judges, attorneys, probation/parole officers to support treatment plans and goals or make legal decisions on my behalf.
( ) Other - Specify_____

_____

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE **DATE/TIME**

_____

SIGNATURE OF WITNESS **DATE/TIME**

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, the duration for this consent if for the duration of my admission, and no longer than 120 days, after discharge unless I specify a date, and condition upon which it will expire as follows:

(date, event, or condition upon which consent will expires, which must be no longer than reasonably necessary to serve the purpose of this consent).
I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by state law. I choose to do so willingly and voluntarily for the purpose specified above. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Note: Any information released through this form will be accompanied by the form Prohibition of Re-disclosure concerning the Substance Use Disorder Patient (TR-1 (A-4400)

Please provide patient with a copy of this authorization after the patient signs.

UAMS - CAST 4224 Shuffield Dr., 4th Floor, Little Rock, Arkansas 72205 JCB 10/14/2020

UAMS – Psychiatric Research Institute/CAST

PHASE CHANGE REQUEST FORM

Patient Name: _____ Patient ID# _____

Current Phase: _____ Requested Phase: _____

Counselor: _____

Have I completed everything for this phase? _____

_____

What is my support network outside of the clinic? _____

_____

_____

_____

What have I accomplished up to now? _____

_____

_____

_____

Dosing day(s): Monday Tuesday Wednesday Thursday Friday

_____ _____

Patient's Signature **Date**

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EXCEPTIONAL TAKE-HOME REQUEST FORM

Patient Name: _____ Patient ID# _____

Current Address: _____

Phone: _____

Date of Admission: _____ Current Dose: _____

Current Phase: _____ Date of Phase: _____

Counselor: _____

Date of Last Request for Exceptional Take-Homes (If any) _____

Date(s) for Current Request for Exceptional Take-Homes

From: _____ To: _____

Number of Exceptional Take-Homes Being Requested: _____

Reason for Exceptional Take-Home Request: _____

_____

_____ _____

Patient's Signature **Date**

TREATMENT TEAM ACTION

Approved / Disapproved

Date: _____

_____ _____

(Counselor's Signature) **(Medical Director's Signature)**

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Center for Addiction Services and Treatment (CAST)

Social Determinants of Health Screening Tool

Thrive Screening

Please fill this form out and bring it to the exam room. You don't have to answer these questions but your answers will help us take better care of you. Thank you!

		Please circle your answers:
	Do you currently live in a shelter or have no steady place to sleep at night?	Yes / No
	Do you think you are at risk of becoming homeless?	Yes / No
	Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Often true Sometimes true Never true
	Within the past 12 months, you worried whether your food would run out before you got money to buy more.	Often true Sometimes true Never true
	Is this an emergency, do you need food for tonight?	Yes / No
	Do you have trouble paying for medicines?	Yes / No
	Do you have trouble getting transportation to medical appointments?	Yes / No
	Do you have trouble paying your heating or electricity bill?	Yes / No
	Do you have trouble taking care of a child, family member or friend?	Yes / No
	Are you currently unemployed and looking for a job?	Yes / No
	Are you interested in more education?	Yes / No

Would you like help connecting to resources? Please circle below.

Housing / Shelter	Food	Paying for Medicines	Transportation to medical appointments	Utilities	Childcare / Daycare	Care for Elder or disabled	Job Search Training	Education
								

☐ I do not want to answer these questions

Adopted from WE CARE Screening model

** If Yes to any questions, Please Add to Treatment Plan under Dimension 6, Person-Centered Considerations

I have reviewed this form with the patient _____ Date/Time

Initial Treatment Plan

Assignments

1. Please complete the recovery change plan and the miracle question worksheet. Bring to your next individual session.

2. Keep to your daily dosing schedule.

3. Review with your counselor what groups you will attend weekly.

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Center for Addiction Services and Treatment (CAST) Clinic
4301 West Markham Little Rock, Arkansas 72205
Tele: (510) 526-84000 Fax: (501) 526-8499

RECOVERY CHANGE PLAN

1. The changes I need to make are:

_____
_____
_____
_____

2. The most important reasons why I want to make these changes are:

_____
_____
_____
_____

3. The steps I plan to take in these changes are as follows:

a. Person or people that can help me are: _____

b. Possible ways I can help myself are:

_____
_____
_____

c. Things I need to do are:

_____
_____
_____

4. I know my plan is working if:

_____
_____

5. Some things that can interfere with my recovery plan are:

_____
_____
_____

Referencing
YOUR Recovery Change Plan

Referencing Item 1, The Change(s) I Need to Make is(are)

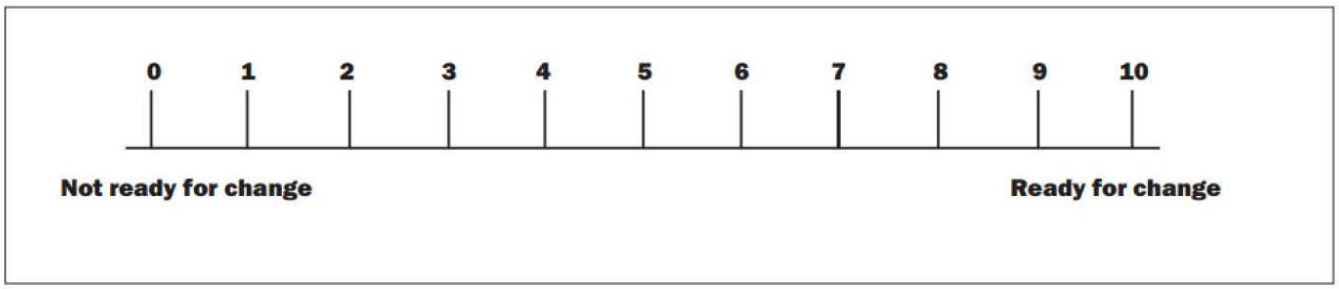
_____

And/Or: _____

On the graph below, mark where you are NOW that Measures your Change in the item(s) you listed above.

Are you not prepared to change?

Already changing?



or Are you somewhere in the middle?

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THE "MIRACLE QUESTION"

Suppose one night, while you are asleep, there is a miracle, and the problem that brought you into treatment is solved. However, because you are asleep you don't know that the miracle has already happened. When you wake up in the morning, what will be different that will tell you that this miracle has taken place?

1. What else?

_____
_____
_____
_____

2. How will your life be different?

_____
_____
_____
_____

3. Who will be the first to notice?

_____
_____

4. What will he or she do or say?

_____
_____
_____
_____

5. How will you respond?

_____
_____
_____
_____

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STAGES OF CHANGE



WHERE AM I?

Please Read Definitions Below On "Stages of Change"

On day two of Treatment, you are to present to your group what stage of change you are in.



PRE-CONTEMPLATION

> Not thinking of quitting
> Feel that things are fine
> Do not see a problem

AVOIDS CHANGES – NO ACCEPTANCE

UNAWARE, DEFENSIVE, RESISTANT TO TREATMENT

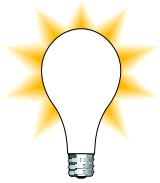


CONTEMPLATION

> Thinking of quitting
> Wondering how I affect others
> Maybe trying small changes

CONFLICT - NOT COMMITTED

THINKING ABOUT CUTTING DOWN, SEEKS TREATMENT
MAKES ATTEMPS



PREPARATION

> Have a plan to quit
> May have "cut down"

CAN SEE BENEFITS OF QUITTING



ACTION

> Have quit using
> Am avoiding triggers
> Asking others for support

INVOLVED & WILLING



MAINTENANCE

> No use in a long time
> Accepting myself
> Helping others who are still using
> Has sober support system

TAKES STEPS TO AVOID RELAPSE



UAMS-CAST Stages of Change 09/2022 JCB