

Medication Assisted Patient Services (MAPS)

PATIENT HANDBOOK



Create the Life You Want

Revised 6.5.2018



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Operation PAR, Inc.
Medication Assisted Patient Services (MAPS)
Patient Handbook

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MAPS MISSION STATEMENT

It is the mission of MAPS to provide quality non-residential Medication Assisted Treatment (MAT) to eligible persons who suffer from the effects of opioid use disorder.

MAPS PHILOSOPHY

The program considers methadone, buprenorphine, naltrexone and other approved medications to treat opioid use disorder to be valuable adjuncts to a comprehensive treatment strategy including individual and group counseling, support group participation, medical consultation, and referral. This treatment team approach ensures that each patient receives services in all areas of need to better assist them in their recovery from addiction to opioids and other substances, and to assist in their re-integration into the community.

MAPS PROGRAM GOAL

To improve the quality of life for our patients by making them productive in society through the absence of illicit drug use, criminal activity and high risk behaviors, as well as through improved employment, coping skills, relationships, mental health, and understanding of the addiction process.

HOURS OF OPERATION / EMERGENCY NEEDS

These hours were developed over time with patient input. We are open 365 days a year.

Dosing Hours:	Monday – Friday	5:30am – 11:00am	if approved for early A.M. dosing
	Monday – Friday	6:30am – 11:00am	
	Saturday – Sunday	6:30am – 10:00am	if approved for early A.M. dosing
	Saturday – Sunday	7:00am – 10:00am	
Office Hours:	Monday – Thursday	5:30am – 2:00pm	Friday 5:30am – 12:00pm
Satellite Hours:	Check with home clinic for satellite hours of operation.		
Holiday Hours:	Will be posted at the clinic at least one week prior to the holiday.		
Emergencies:	For medical emergencies see section, "Hospitalization while in Treatment" Other emergency numbers are posted in the clinic lobby. A "Referral Resource List" is given to you at admission and again at Annual Reviews. This list contains the numbers for a variety of community services available to you.		

FAMILY INVOLVEMENT

It has been shown that family involvement can greatly enhance your treatment experience here. We strongly urge you to involve your family and significant others in your treatment at this program as appropriate to their age, maturity, and clinical condition. Regular Family Education Groups are held at the program. We encourage you and your family to attend. Please sign a release so we can speak with your family.

METHADONE INFORMATION

Methadone is used to prevent withdrawal symptoms and maintain stability in people who are addicted to and physiologically dependent on opioid substances. Methadone is also used to treat severe pain. The methadone you receive is compounded by the manufacturer. You will receive it from Florida licensed nurses as ordered by a Florida licensed physician.

Precautions:

1. Do not abruptly discontinue treatment.
2. Do not take or use Stadol, Talwin, Nubain, Naltrexone (Revia), or Buprenorphine (Suboxone or Subutex), as these drugs may precipitate withdrawal.
3. Avoid **alcohol** or other central nervous system depressants.
4. Inform your doctor and PAR immediately if you are pregnant or breast feeding.
5. Inform your doctor and PAR if you have kidney, liver, lung or heart disease.
6. Inform your doctor and PAR if you have a seizure disorder.
7. **Always inform your doctor that you are taking methadone.**

Potential side effects: drowsiness, dizziness, water retention, skin rash, weight gain (especially during the first year in treatment), constipation, sweating, decreased sexual desire, irregular menstrual cycle. These symptoms usually subside or disappear over several weeks and once you have stabilized on your dosage amount.

Drug Interactions: Inform your doctor and PAR if you are taking any of the following medications as these may cause toxicity if taken with methadone: carbamazepine (Tegretol), phenytoin (Dilantin), barbiturates (Phenobarbital), rifampin (Rafadin, Rimactane), fluvoxamine (Luvox), Cimetidine, Ketoconazole, Erythromycin, and Cipro. *This list is not all inclusive.*

Guidelines for use:

1. May cause drowsiness – Use caution driving or performing other tasks requiring alertness, until you know how the medication affects you.
2. Keep take home bottles out of reach of children and in a locked container that children cannot open. Take-homes must be kept secured and in a locked container at all times. Methadone does not need to be refrigerated, and may be stored at room temperature.
3. Do not skip a dose.

Other treatment facts:

1. You should not feel a rush or a high on a proper dose.
2. Methadone does not impair intellectual functioning.
3. Methadone does not get into/rot your bones, cause tooth decay, or damage internal organs.
4. Methadone works effectively for most people. However, it does not work for everyone. The more a person invests in his/her treatment experience the better chance for a successful outcome.
5. How long should you stay on methadone? The best answer is long enough; it varies with each person. It is important to note that studies have demonstrated the longer an individual maintains in medication assisted treatment, the less likely they are to relapse after finally discontinuing treatment.

METHADONE INFORMATION

(continued)

Medication and Dosing:

Your dosage will not be changed without your knowledge. Please understand the nursing staff has the right to refuse to administer your medication if you arrive at the program in an intoxicated state. Nursing will not risk possible overdose by providing methadone to any patient if they are intoxicated. Furthermore, if nursing has assessed you as being intoxicated, you will be instructed not to drive. If you blow positive on a breathalyzer showing a blood alcohol concentration (BAC) at or above 0.08 percent, you will be instructed not to drive (even if you are not visibly impaired). If you still decide to drive, the police will be notified.

If you vomit your dose, you will not be re-medicated unless it occurs on the immediate premises AND is observed by a staff member. If you feel nauseous, we advise you to wait until feeling better before being medicated. After dosing, it is recommended you sit in the lobby for 30 minutes or until feeling better. You may ask for a reduction in your dose at the medication window, but if your goal is to begin to withdraw from the program, you should meet with your counselor to develop a plan to get off the program.

Requesting to withdraw from the program:

There are two types of voluntary requests to withdraw from the program: Therapeutic and Against Medical Advice (AMA). If both you and the treatment team think you are ready to withdraw from the program, a therapeutic medically supervised withdrawal (MSW) will be initiated at your requested rate. If there is reason to believe you are not ready, an AMA withdrawal will be initiated at the rate you request. An AMA request is not considered to be adversarial.

MEDICATION ALERT: DRIVING

Anyone who is on methadone or buprenorphine and taking any other mind-altering substance should NOT DRIVE. This includes alcohol. If you are taking a prescription benzodiazepine, opioid, amphetamine or barbiturate, you are advised not to drive unless your prescribing physician allows you to. In no case should you drive until you are sure of the effects of your prescription and methadone or buprenorphine.

MEDICATION ALERT: MARIJUANA

If you are smoking marijuana and have difficulty with stopping, we would like to help you with a plan. **You may not be eligible for take-homes, travel doses, or fee appeals while testing positive for marijuana while on this program.** Because the synergistic effect between marijuana and methadone/buprenorphine is not fully known, we are advising all patients who test positive for marijuana, and are using, not to drive. If you are a state-registered medical marijuana patient with a valid Florida medical marijuana card, exceptions for take-home and travel dose eligibility will be at the discretion of the program physician on an individual basis.

MEDICATION ALERT: BENZODIAZEPINES

Benzodiazepines are controlled substances which include (though not limited to) Xanax (alprazolam), Klonopin (clonazepam), Valium (diazepam), Ativan (lorazepam), Librium (chlordiazepoxide), and Restoril (temazepam). According to Florida Medical Examiner reports in 2008, 839 Floridians died from a lethal combination of methadone and other drugs, predominately benzodiazepines. In the first 6 months of 2009, 439 more Floridians died from this combination of methadone and other drugs, primarily Xanax and Valium. This trend continues to this day. The synergistic interaction of methadone and benzodiazepines can be unpredictable, and the effect you feel one day may be greatly different on another day, especially early in your treatment. A synergistic effect is when the action of a drug in promoting or enhancing the effectiveness of another drug. In the case of benzodiazepines mixed with methadone/buprenorphine, the nervous system depressant effects in each drug are greatly enhanced (more than the sum of their parts).

If you are taking benzodiazepines by prescription, does your doctor know you are also taking methadone/buprenorphine? If not, it is very important that you tell him/her immediately. Even if your doctor knows you are on methadone/buprenorphine, we encourage you to ask him/her if another medication could be effective to treat you. All benzodiazepine prescriptions must be registered with nursing. This is done by bringing in all medications you are taking, in their original bottles. You must also sign a release of information so that the program can coordinate your care with the prescribing physician. Patients receiving benzodiazepines from a general practice physician may qualify for up to one take-home if there is a signed release to coordinate treatment and other conditions for take homes are met. Only patients who receive benzodiazepines from a state licensed psychiatrist and have signed a release to coordinate treatment may qualify for more than one take-home.

Taking benzodiazepines without a prescription is completely unacceptable and will place your treatment here in serious jeopardy. Your case will be reviewed after 30 days in treatment. You are expected to have discontinued using benzodiazepines by then, or be able to present a valid prescription for them. We will not accept benzodiazepine prescriptions from “pain doctors” or “pill mills”. PAR will take into consideration the time it takes for benzodiazepines to clear the system when evaluating drug screen results. Failure to comply with this requirement, where you continue to use benzodiazepines without a valid prescription, will likely result in discharge from the program.

In some cases patients who are abusing benzodiazepines may be required to seek medical supervision to safely discontinue their benzodiazepine use. PAR offers a 21-day inpatient benzodiazepine detox in Clearwater where you will be able to maintain on your methadone/buprenorphine prescription during your stay. Talk to your counselor if this is something you are interested in. Otherwise we recommend you seek an outside physician to supervise & facilitate the benzodiazepine detox.

MEDICATION ALERT: ALCOHOL

You should NEVER consume alcohol when taking methadone or buprenorphine. Similar to benzodiazepines, alcohol also has a synergistic interaction with both methadone and buprenorphine. The nervous system depressant effects are enhanced by each drug which can potentially cause breathing to stop, resulting in coma or death.

DUPLICATE SERVICES/PDMP

The Electronic-Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE) is Florida's Prescription Drug Monitoring Program (PDMP). The PDMP was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the State of Florida. The purpose of the PDMP is to provide the information that will be collected in the database to health care practitioners to guide their decisions in prescribing and dispensing these highly-abused prescription drugs.

This program has been running since 10/17/2011. It gives us the ability to track prescribing and dispensing information for any controlled substances in Schedules II, III, and IV you have been receiving anywhere in the state of Florida. Your presence in Methadone Maintenance Treatment (MMT) and any records of medications administered by us are not entered into the PDMP and are therefore not accessible by outside healthcare practitioners. As part of your agreement to abide by the program guidelines outlined in the MAPS Patient Handbook, you are expected to inform any doctor treating you that you are on a methadone treatment program, since the use of other drugs in conjunction with methadone may cause you harm. You must present all prescription medications & refills to the nursing staff so that they may record what you are taking.

We routinely check the PDMP for all active patients. Please be advised that obtaining opioids, buprenorphine (Suboxone, Subutex), or methadone from any provider other than Operation PAR without notifying this program will jeopardize your continued treatment at this program. This includes treatment by physicians, pain management programs, or any other source. Failure to notify this program of outside sources of scheduled drugs will result in immediate disciplinary action, up to being discharged without the benefit of a medically supervised withdrawal. Also, failure to sign a release of information to any outside provider and any pharmacy providing scheduled drugs will also result in immediate disciplinary action as stated above.

REGISTERING PRESCRIPTIONS

If you are receiving any prescription medications, you are required to present those medications in their original bottles, as well as any subsequent refills, to the nursing staff so they can record what you are taking. Drug screens may be considered positive if any of these medications are detected and you have not first registered the prescription with nursing and signed a release to the prescribing physician. You are advised/expected to inform any physician treating you outside of PAR that you are currently enrolled in an opioid treatment program and are being prescribed methadone (or buprenorphine). It is especially important that your physician know this prior to prescribing you any medication as there are many commonly prescribed medications that may cause serious harm when taken with methadone and/or buprenorphine.

Some patients may be required to register certain medications more frequently if ordered by the Program Physician. Patients who register prescription medications for controlled substances (e.g., benzodiazepines, amphetamines, etc.) may be subject to a random "Call Back", requiring them to return to the clinic the following day (unless otherwise ordered by the Program Physician) with all of their medications in their original bottles to be presented to the nursing staff. The nursing staff will count the medication to check if it has been taken as prescribed. If the result of the count indicates that the medication is not being taken as prescribed, the Program Physician may ultimately choose to no longer accept the prescription registration for that particular medication (i.e., any positive drug screen result for that substance will no longer be excused).

ANNUAL MEDICAL REVIEW

Every patient in methadone maintenance treatment is *required by law* to meet with either the Program Physician or ARNP for their annual medical review after one year of continuous treatment at PAR MAPS and annually thereafter. The purpose of the annual medical review is to assess your overall medical status, progress in treatment, and to determine the appropriateness for your continued treatment. Patients receiving buprenorphine or naltrexone treatment may also be required to complete an annual medical review. Note: Private-pay patients will be charged a \$50 fee for this appointment.

INDIVIDUAL COUNSELING

It is the patient's responsibility to initiate counseling with their assigned Primary Counselor. You will be assigned a Primary Counselor within the first few days of treatment. Prior to that, you may speak with any staff member if you need assistance. Failure to take this initiative may result in loss of clinic privileges. Individual counseling sessions must be a minimum of 30 minutes, and generally are focused on progress being made toward the goals and objectives on your treatment plan. Your required counseling frequency will decrease over time depending on the progress you have made. Your counselor is available to see you should you need assistance.

GROUP COUNSELING

PAR provides weekly on-site Relapse Prevention Groups. They may be required for patients who have positive drug screens and are subsequently assigned by the Program Physician. Relapse Prevention Group is also available to any patient who wishes to attend voluntarily. There is no charge for these groups.

SELF HELP GROUPS

Self Help Groups include: Outside 12-step groups (AA, NA, etc.) and in house MA meetings. Attending self-help groups is important and fully supported by the program. Outside meeting attendance is not designed to give you an outlet to share information that should also be shared in treatment. Information shared at self-help groups in the presence of PAR staff members may be reported to the program and become part of your clinical treatment experience.

PATIENT RIGHTS & RESPONSIBILITIES

You are required to conduct yourself a courteous manner toward staff and other patients and must use mature and socially acceptable means of resolving disagreements and registering complaints. Each patient can expect to be treated with respect and dignity, in gender, ethnic, and culturally sensitive ways by staff. All patients should receive care that is considerate and respectful of their values and belief systems. All patients should feel safe and respected while at the program, both by staff and other patients. Any deviation from safe and respectful treatment should be reported to the Program Director or Program Supervisor immediately.

PATIENT APPEARANCE / DRESS CODE

This is a medical facility and you are expected to dress like you would when seeing your primary care physician. The following clothing is **NOT** considered appropriate dress for the clinic:

- Any clothing that advertises substance use, or other offensive, vulgar or abusive content
- Pajamas and any clothing that reveals the back, chest, stomach, or undergarments.

PATIENT INPUT TO TREATMENT

All patients have the right to provide input into treatment practices. Suggestions for improvement may be submitted in writing to the Program Director who will present the suggestion to the Administrator. Over the years many program improvements have been made that were driven by patient suggestion. Patient satisfaction surveys are also a means to provide input and effect change.

PATIENT GRIEVANCES

All patients may file a grievance if they feel their rights have been violated or they have been mistreated. A patient Grievance Form can be obtained from any staff member. If a grievance is filed, you will receive a response in writing, with the reason for the decision, within three working days. If you disagree you may further pursue it to an unbiased source. See the "Patient Advocacy" section for additional related information.

ABUSE, NEGLECT, & STD REPORTING

Federal law and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under state law to appropriate state or local authorities. I understand that the program is required by law to report to the proper authorities any abuse or neglect incident that I may disclose to staff. The state law permits reporting only when there is danger or harm to a child, and does not permit reporting merely because a parent has abused alcohol or drugs. Also, any lab results positive for communicable diseases will be reported to the Health Department by the Laboratory conducting the tests. PAR may also report results to the Health Department. Reporting of communicable diseases is required by law.

HOSPITALIZATION WHILE IN TREATMENT

PAR will make arrangements to medicate hospitalized patients. If you are hospitalized for an emergency, have the hospital call the program and we will provide dosing information. If the program is closed have them call 1-888-PAR-NEXT (1-888-727-6398) to obtain dosing information. For scheduled hospital care we should be told in advance if possible. You should sign releases allowing us to coordinate your care with the hospital.

INCARCERATION WHILE IN TREATMENT

If a patient is incarcerated, he/she should notify the jail about their dependence on methadone/buprenorphine. PAR will advise the jail of clinic attendance and dosage if the medical personnel from the jail contact us. Incarceration of PAR MAPS patients is handled differently in different counties. If you are pregnant, be sure to advise jail personnel you are a PAR patient receiving methadone (or buprenorphine) treatment as most jails will make arrangements to have pregnant patients medicated.

TRAVEL WHILE IN TREATMENT

If the need to travel should arise, you must notify your counselor who will evaluate eligibility for travel doses to cover the travel duration prior to submitting the request to the Program Director/Supervisor and Program Physician for final approval. Several factors are taken into account when determining eligibility for travel doses, including time in treatment, drug screen results, stability and overall progress in treatment. **You must give at least 10 days notice for travel dose requests.** Patients requiring state or federal exceptions may require more advance notice for travel doses. If you are not eligible for travel doses or are eligible for fewer travel doses than would be needed to cover the entire travel duration, your counselor can arrange for you to guest-dose at a nearby clinic.

MENTAL HEALTH NEEDS

Patients who feel they may need psychiatric services should advise their counselor. A referral will be made for you to a local mental health provider, or you may access mental health services on your own. It is very important to sign releases so PAR and your mental health provider may coordinate your care. Requesting these services will in no way influence your opioid treatment program. Operation PAR recognizes that the best way to assist our patients with their recovery is to treat the entire individual. Improved mental health will increase the chance of our patients achieving a solid recovery program.

TAKE-HOME DOSES

Misusing, diverting, selling or otherwise disposing of methadone (or buprenorphine) will result in an administrative medically supervised withdrawal and discharge from the program. All take-home bottles (including labels) must be returned. When returning bottles, it is the patient's responsibility to use the provided marker to cross off their name from each bottle. This is done to protect patient confidentiality. The misuse or diversion of take-home medication as well as the use of other drugs while receiving methadone treatment is the biggest threat facing methadone treatment programs today. Please do not ruin it for others. Patient fees must be up to date to retain take-home privileges.

Take-homes are not a right; they are a therapeutic privilege. All patients with take-homes are subject to "Call Backs". When called you are expected to come to the program within 24 hours with all unused take homes and any other prescription medications you may have in their original bottles. It is your responsibility to update the program staff of your current contact information. If a Call Back is attempted and the program staff is unable to reach you, your take-home privileges will most likely be revoked. Patients must transport and store take-homes in a locked container.

Patients who receive take-homes are expected to be stable on their dose of methadone/buprenorphine (i.e., not experiencing any sedation or opioid withdrawal symptoms between doses). Even patients on a therapeutic withdrawal schedule should be stable. Patients who have take-homes who are not stable and who request dosage increases may have take-home privileges temporarily revoked until dose stability is acquired. **Do not request take-homes unless you are stable on your dose of methadone.**

Methadone Negative Drug Screens

Patients testing negative for methadone / methadone metabolite after receiving take-homes or travel doses will, in most cases, lose their take-home privileges for at least 90 days. Take your take-homes and travel doses as prescribed, one time daily each morning (unless on a split dose).

Positive Drug Screens

Patients with take-homes who have a positive drug screen or test positive for alcohol when given a breathalyzer will be assigned to our relapse prevention group and receive more frequent testing. Failing group or a having a second positive drug/alcohol test will result in a loss of take-homes for at least 90 days. Patients who are positive and who have State or Federal exceptions will lose their exceptions for a minimum of six months. Group assignment and retention of take-homes is ultimately at the discretion of the Program Physician.

TAKE-HOME PHASES

The following is an explanation of our Take-Home Phase System along with some clarification of the program policies. It is the patient's responsibility to become familiar with this system. Your counselor will be happy to answer any questions you might have about it. **The final interpretation of this system rests with program staff.** We strongly urge you to take advantage of the services we provide; Individual, Group, Family and HIV counseling. We can also make referrals to other agencies. We also urge you to involve your family, as appropriate to their age, maturity, and clinical condition. It has been shown that these kinds of involvements and support are very effective in helping people get well.

Patients receiving buprenorphine treatment where the medication is administered and dispensed directly from the treatment program (as opposed to receiving a prescription to be filled at a pharmacy) may also be eligible for take-homes. Buprenorphine take-homes begin at Phase VI.

All patients with take-homes are subject to Call Backs.

Phase 0 - Entry Level: No Take-homes (Initial Treatment Plan)

Phase 0 includes all patients on PAR Methadone or Buprenorphine Program for first 30 days in treatment as well as any patients who have not met the requirements for Phase I.

Patients at this level are expected to do the following:

1. Participate in an initial interview/assessment session with intake person.
2. Submit to an initial pre-intake drug screen.
3. Have had a medical history taken, a physical examination, TB test, and blood drawn for appropriate lab work.
4. Be familiar with and observe program rules.
5. Not supplement methadone/buprenorphine dose with other drugs.
6. Medicate daily during observed medication times.
7. See counselor frequently in order to get methadone/buprenorphine dosage stabilized.
8. Attend counseling sessions as per frequency requirements.
9. Attend, understand, and sign off on complete orientation session with counselor.
10. Pay assessed weekly fees as agreed.
11. Complete the psychosocial assessment with clinical assessor as scheduled.
12. Be familiar with phase system.
13. Refrain from illegal activity.
14. Be actively involved in formulating an individualized treatment plan within 30 days of admission with counselor.
15. Comply with random drug screening requirements (1x per month minimum, and on request).

TAKE-HOME PHASES

Phase I: One (1) take-home per week.

In order to be on Phase I, patients must meet all of the following conditions:

1. Completed and understand all entry level (Phase 0) requirements;
2. Minimum of 30 consecutive days in treatment (regularity of attendance);
3. Stable on dose (no sedation or withdrawal) for the preceding 30 days;
4. Negative drug screens for the preceding 30 days;
5. Home environment and social relationships are stable;
6. Fees must be current (no outstanding balance);
7. Assurance that take-home medication can be safely stored within the patient's home or will be maintained in a locked box if traveling away from home;
8. Absence of recent criminal activity (including illicit drug sales or possession);
9. Absence of serious behavioral problems;
10. Demonstrated satisfactory progress in treatment to warrant decreasing the frequency of attendance; and
11. Have a verifiable source of legitimate income:
 - a) Have legitimate employment; or
 - b) Be a stay-at-home parent with breadwinner in the home; or
 - c) Be certified disabled, or have documentation of an application for disability.
 - o All documentation must be current.
 - o Re-verified at each Treatment Plan Review.

Phase II: Two (2) take-homes per week.

In order to be on Phase II, patients must meet all of the following conditions:

1. Continue to meet all requirements on Phase 0 and I.
2. Minimum of 90 days in continuous treatment.
3. Negative drug screens for the preceding 60 days.

Phase III: Three (3) take-homes per week – no more than a 2-day supply at any one time.

In order to be on Phase III, patients must meet all of the following conditions:

1. Continue to meet all requirements on Phases 0 through II.
2. Minimum of 180 days in continuous treatment.
3. Negative drug screens for the preceding 90 days.

Phase IV: Four (4) take-homes per week – no more than a 2-day supply at any one time.

In order to be on Phase IV, patients must meet all of the following conditions:

1. Continue to meet all requirements on Phases 0 through III.
2. Minimum of one (1) year in continuous treatment.
3. Negative drug screens for the preceding 120 days.

TAKE-HOME PHASES

Phase V: Five (5) take-homes per week – no more than a 3-day supply at any one time.

In order to be on Phase V, patients must meet all of the following conditions:

1. Continue to meet all requirements on Phases 0 through IV.
2. Minimum of two (2) years in continuous treatment.
3. Negative drug screens for the preceding 180 days.

Phase VI: Six (6) take-homes per week – pick-up day may not be on Saturday or Sunday.

In order to be on Phase VI, patients must meet all of the following conditions:

Methadone:

1. Continue to meet all requirements on Phases 0 through V.
2. Minimum of three (3) years in continuous treatment.
3. Negative drug screens for the preceding year.

Buprenorphine:

- Meet all requirements for Phases 0 and I.

Partial Medical Maintenance: 13 take-homes – pick-up day may not be on Saturday or Sunday.

In order to be on Partial Medical Maintenance, patients must meet all of the following conditions:

Methadone:

1. Continue to meet all requirements on Phases 0 through VI.
2. Minimum of four (4) years in continuous treatment.
3. Negative drug screens for the preceding two (2) years.
4. Medical Maintenance patients must use methadone tablets (not liquid)

Buprenorphine:

- Continue to meet all requirements on Phases 0 and I.
- Minimum of 90 days in continuous treatment.
- Negative drug screens for the preceding 60 days.

Full Medical Maintenance: 27 take-homes – pick-up day may not be on Saturday or Sunday.

In order to be on Full Medical Maintenance, patients must meet all of the following conditions:

Methadone:

1. Continue to meet all requirements on Phases 0 through VI & Partial Medical Maintenance.
2. Minimum of five (5) years in continuous treatment.
3. Negative drug screens for the preceding three (3) years.
4. Medical Maintenance patients must use methadone tablets (not liquid)

Buprenorphine:

- Continue to meet all requirements on Phases 0 and I.
- Minimum of 180 days in continuous treatment.
- Negative drug screens for the preceding 90 days.

CRITERIA FOR INVOLUNTARY TERMINATION

The following are reasons for involuntary termination. In each instance patients will be withdrawn from the program under medical supervision as quickly and safely as possible.

1. Failure to show progress over time. After attempts to adjust the patient's treatment plan the patient continues to be lacking in progress.
2. The patient develops a medical, psychological, and/or social condition which precludes outpatient treatment.
3. The patient fails to attend the program for 10 consecutive days without notice.
4. Failure to pay assessed fees. Medicaid patients will not be withdrawn for non-payment.
5. The program maintains a **zero tolerance** policy on threats, acts of violence, abusive language, possession of contraband, and behavior that is disruptive to the program by patients. **Weapons of any kind are prohibited anywhere on the property.** Depending on the behavior you may be staffed, administratively withdrawn, or immediately discharged.
6. Attempting to sell or divert their prescribed medication.
7. Become or continue to be actively involved in criminal behavior.
8. Persistently uses illicit drugs, alcohol, or unapproved prescription medications.
9. Does not effectively participate in treatment program requirements.

POTENTIAL ASSIGNMENTS & INTERVENTIONS

The following assignments / interventions may be required to be completed in order to rectify program issues or concerns. You may be required to:

- Attend in house relapse prevention group.
- Attend outside self-help/support groups.
- Obtain a sponsor.
- Complete THC, Cocaine, or Relapse Prevention workbook.
- Provide more frequent drug screens.
- Obtain a Mental Health Evaluation.
- Abide by specified dosing times.
- Attend an outside Anger Management Group.
- Apply for Medicaid
- Abide by payment contract.
- Abide by Program Guidelines.
- Other individualized assignments / interventions as needed to continue your treatment here.

These interventions are designed to help you to stay in treatment and recover your good standing with the program. Every reasonable effort is made to retain patients in treatment.

MEDICALLY SUPERVISED WITHDRAWAL (MSW):

A urine specimen will be collected from any woman of child bearing age for pregnancy testing prior to the start of any Medically Supervised Withdrawal.

VOLUNTARY MSW

Therapeutic Medically Supervised Withdrawal

Patients requesting this withdrawal type will be evaluated according to the ASAM Dimensional Discharge Criteria. Approval of a Therapeutic MSW requires that the patient meets the specifications in at least one of the six dimensions. Patients are also evaluated based on the rate of withdrawal they are requesting.

Non-therapeutic Withdrawal from Methadone Against Medical Advice (AMA)

Patients not meeting the program guidelines, or any of the ASAM Dimensional Discharge Criteria for a therapeutic MSW, and patients preparing for incarceration, may request an AMA withdrawal. Patients requesting this MSW may be considered unstable and may forfeit take home privileges, depending on the nature of their request. An AMA MSW is in no way considered to be an adversarial action.

INVOLUNTARY (NON-COMPLIANT) MSW

Patients who meet the criteria for involuntary termination may be placed on a non-compliant withdrawal from methadone / buprenorphine and be referred to other treatment as clinically indicated. Each patient will be given a detailed Continuing Care Plan to further assist them in seeking treatment. Additionally each patient is given an updated "Referral Resource List" which contains the phone numbers for alternative treatment providers. Patients may request a staffing to appeal a non-compliant MSW. Patients may also submit a grievance at any time during their treatment at the program.

INVOLUNTARY (NON-COMPLIANT) withdrawal for behavioral problems

1. Violence or threats of violence against staff or other patients may result in termination without the benefit of a medically supervised withdrawal.
2. Each case is evaluated by the primary counselor, the program director, and any other relevant staff member.
3. Based on the evaluation a recommendation is made to the program physician who writes the order to withdraw or to immediately discharge the patient.

Staff are trained in verbal de-escalation to minimize threats and acts of violence. Patients are treated professionally and with courtesy and respect. This also minimizes acting out at the program. Every reasonable effort is made to retain patients in treatment.

INVOLUNTARY (NON-COMPLIANT) withdrawal for drug related issues

- 1) The use of illicit substances or abuse of prescribed substances may result in a noncompliant withdrawal from the program. While each case is evaluated individually, the following general guidelines apply:
 - a. Patient has positive drug screen → counselor schedules a session to discuss substance abuse and consequences.
 - b. Another positive drug screen results in the counselor further evaluating the situation for possible need to refer to PAR Detox or another intervention. The counselor also advises the patient about the possibility of being required to attend relapse prevention group if another positive drug screen occurs. Voluntary group attendance is suggested.
 - c. If there appears to be a pattern of continued use the patient will be formally assigned to relapse prevention group: "Group 8".
 - d. Failure of Group 8 will result in the initiation of a medically supervised withdrawal at a rate determined by the treatment team.
- 2) Patients on a noncompliant withdrawal may request a staffing to discuss their withdrawal from the program. The withdrawal may be stopped if they submit at least one negative drug screen, agree to complete Group 8 and remain free of illicit drug use.
- 3) All patients have the opportunity to request confirmatory testing for a disputed drug screen result. If the test is positive the patient will be billed for it.
- 4) Patients who present at the program under the influence of drugs or alcohol will not receive their dose. Patients who do this with regularity will be withdrawn from the program or, depending on their condition, may be immediately discharged without benefit of a withdrawal schedule.

**Most patients on a noncompliant withdrawal request a staffing, discontinue use, and are placed back on their maintenance dose.

INVOLUNTARY (ADMINISTRATIVE) MSW:

Patients who fail to meet their financial responsibilities, and who fall more than four days behind the agreed upon payment schedule without making suitable payment arrangements with the Program Director or his/her designee will be placed on a medically supervised withdrawal schedule until their payments are caught up or other suitable arrangements have been made. The withdrawal schedule is determined and approved by the program physician. **An MSW shall not be started on females to age 50 until a pregnancy test is done and the woman is found to be not pregnant. You are advised to report if you become pregnant at any time you are on the program.**

PAR EMPLOYEE / PATIENT RELATIONSHIP

Boundaries

- Employees may not employ a patient (including casual work/yard work, etc.)
- Employees may not do business with patients, ever, for any reason.
- Employees are not permitted to accept gifts from patients.
- Employees are not permitted to give gifts or clothing to clients.
- Employees may not share personal information including personal phone numbers and addresses with patients.
- Employees may not be a sponsor or a friend
- Employees may not keep or hold onto a patient's money or personal belongings.
- Employees may not go to 12-Step meetings with patients, unless it is part of the assigned job duties.
- Therapeutic relationships will encompass a wide range of emotions; however, physical attraction is not an emotion that works in a therapeutic relationship. If you are having these feelings about your assigned primary counselor, it is imperative that you request a new counselor. An employee can never enter into romantic or sexual relationships with any current or former patient – regardless of when they were last patients.
- Employees may not socialize with patients outside of the facility unless it is part of the assigned job duties.
- Once you are no longer active in a program, employees will not be able to provide clinical services.

Communications

- Employees may not interact with a patient on facebook, twitter, or any other social networking site even after the patient leaves treatment.
- Employees may not share their personal phone numbers or email addresses with patients.
- Employees may not email a patient or communicate with a patient via email even after the patient leaves treatment except through e-Services.
- Employees may not text a patient, even after the patient leaves treatment
- Patients may only phone PAR staff at PAR phone numbers.

Expectations

- Your counselor is not your friend – they are only your counselor.
- There are no secrets from the treatment team. Talking to a staff member is the same as talking to the treatment team.
- We are qualified to do counseling and will give expert opinion only within that scope of practice. (We are not permitted to give opinions regarding specifics about your case. For instance, whether or not you are a good parent, whether or not you will remain abstinent, etc.)
- What to do if the counselor/patient assignment is not a good fit? You are entitled to a different counselor if you feel you are not benefiting from our efforts. Talk to a supervisor.
- It is not therapeutically relevant whether a staff member is in recovery or not.

EMERGENCY RESPONSE PROTOCOLS FOR MAPS PATIENTS

In the event of a clinic closure, information on dosing can be obtained at: www.centralreg.us

Structure Fire

- If you smell smoke or find a fire, immediately notify staff.
- At the sound of the fire alarm, immediately begin evacuating the building.
- If the exit is blocked by smoke or fire, go to another exit.
- Do not try to walk or run through a fire.
- Stay calm and quiet and listen for instructions from staff.
- After exiting the building, proceed to the predetermined safe zone and check in with staff on scene.
- Do not ever re-enter the building for any reason.

Injured/Ill Person

- Notify staff immediately if you find an injured, ill or unconscious person.
- Do not move an injured or ill person unless not moving them would put them in more harm.
- If you must move somebody, make sure it is safe for you to do so. DO NOT touch somebody if they are being electrocuted or go near them if chemical gases are present.
- If there is visible blood, put on protective equipment (located in or by first aid kits).

Tornado

- When an announcement is made that there is a tornado in the area, immediately move to the closest designated Tornado Safe Zone.
- Stay calm and quiet and listen for instructions from staff.
- Nobody is to leave the Tornado Safe Zone until an all clear is given.

Hurricane

- Due to early tracking of hurricanes, you will be notified well in advance of plans to close programs or evacuate. Information about program closures or evacuations will be available on the Operation PAR website or by calling the Access Center (1-888-727-6398).

Power Failure

- In case of a power failure, do not move around unless told to do so by staff.
- Stay calm and quiet and listen for instructions from staff.
- Staff will try to determine cause and approximate duration of the outage and decide if program closure or evacuation is necessary.

Infant/Child Abduction

- Immediately notify staff if you become aware of a missing child.
- If it is your child, be prepared to give a description of the child and what he/she was wearing. Provide a picture if possible.
- Also tell staff where the child was last seen, and what he/she was doing.
- Staff will notify the police.

Aggressive Behavior

- Notify an employee immediately of any threatening or aggressive situation.
- Move away from the area.
- DO NOT try to break up a fight yourself.
- DO NOT get involved.

PREGNANCY WHILE IN TREATMENT

In the event that you become pregnant while on the program it is essential that you advise the program as soon as possible. You must also advise your doctor that you are on the methadone (or buprenorphine) program and what medications you are taking. Methadone is the only FDA approved and recommended treatment for opioid dependent pregnant women. Buprenorphine has also been used as an alternative to methadone, however it is not officially FDA approved for use during pregnancy.

It is important to avoid opioid withdrawal during pregnancy. Withdrawing from methadone or buprenorphine while pregnant is not advisable. Withdrawal can cause premature labor and fetal distress. Drugs that will cause withdrawal when taking methadone/buprenorphine include, but are not limited to: Stadol, Talwin, Nubain, Ultram (tramadol), Naltrexone (Revia or Vivitrol). Do not drink alcohol while pregnant. Even a little bit could result in Fetal Alcohol Syndrome. If you are taking methadone, do not attempt to supplement your dose with buprenorphine as it will result in withdrawal.

As your pregnancy progresses you may have increased signs of withdrawal. You may need increases in your methadone/buprenorphine dose due to the increase in blood volume and metabolism. It is essential that you report withdrawal symptoms to the program when they occur. It is also essential that you inform your obstetrician that you are on methadone/buprenorphine so that the hospital will be prepared to treat your baby after delivery. Of course the use/abuse of other substances during pregnancy will decrease the chances for a successful birth outcome.

POST PARTUM: WHAT TO EXPECT

Patients who give birth will be seen by the Program Physician or ARNP within a week of returning to the program at which time sedation, withdrawal symptoms, and dose will be further discussed including:

- (1) Patients may experience sedation and need a dose reduction as their body returns to a pre-pregnant state.
- (2) Patients should immediately report any sedation or nodding to nursing.
- (3) Staff will discuss the normalcy of being very tired with a newborn and the need for naps, and the need to distinguish being tired from feeling sluggish, nodding, or having great difficulty waking up, and
- (4) The need for family support for care of the newborn.
- (5) Make sure your baby sleeps only in their crib. **NEVER** sleep with the baby in your arms or in your bed. Smothering is a major cause of infant deaths.

Neonatal Abstinence Syndrome (NAS)

Infants born to mothers on methadone (or buprenorphine) will *probably* experience opioid withdrawal symptoms, and can be treated safely by the baby's physician with a variety of medications. Temporary symptoms displayed by these infants in withdrawal include irritability, tremors, and tense muscles. There is evidence that smoking may increase and lengthen withdrawal symptoms of the baby. Infants will probably remain under neonatal care for withdrawal symptoms and that care may last upwards of four weeks or more. There is no evidence to suggest that infant withdrawal symptoms have any long term adverse effects on the baby. There is no evidence to suggest that dosage amount has any correlation with the likelihood or severity of NAS. Keeping your dose lower than what is necessary to prevent withdrawal symptoms will not benefit you or the development of the fetus. Maintaining dose stability (no sedation, no withdrawal) for the duration of the pregnancy will improve the chances for a successful birth outcome.

Bonding/Breastfeeding

Your efforts to bond with your baby are especially important during these early days to help your baby through this time. Breast feeding is encouraged. The small concentration of methadone (or buprenorphine) in breast milk is not a danger to your baby.

Reduce the Risk of Sudden Infant Death Syndrome (SIDS)

- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should: Get regular health care during pregnancy, and not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.
- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching

DISASTER PLANNING

Please be sure that the program has your current phone number and carrier for cell phones, email address, and physical address at all times, especially during hurricane season (June 1 – November 30). Also be sure to sign a release of information for Lighthouse Central Registry. With this release we will be able to email and/or text you in the event of a clinic closure due to some disaster. You can also go to the patient portal at www.centralreg.us to see about closures and get instructions on where to dose should your clinic be closed. You may also go to PAR's website at www.operationpar.org for more information. **Again, it is your responsibility to advise us of any changes in your contact information.**

NALTREXONE INFORMATION

(ReVia Tabs, Vivitrol Injection)

Uses: Naltrexone is an opioid antagonist which is a form of Medication Assisted Treatment (MAT) in the treatment of opioid drug or alcohol dependence and addiction.

Naltrexone blocks the effects of opioid drugs and alcohol. Naltrexone blocks the "high" that is achieved by use of opioid drugs and blunts the high and cravings for alcohol.

Precautions:

- Inform your prescriber immediately if you are pregnant, intend to become pregnant or are breast-feeding. Naltrexone is in the FDA pregnancy category C. This means that it is not known whether naltrexone will be harmful to an unborn baby. Naltrexone should not be used if you are pregnant or could become pregnant during treatment. A reliable method of birth control is required prior to beginning injection.
- Any planned surgeries or procedures should be discussed with your health care provider prior to starting treatment.
- Abstinence from opioid drugs is required for a minimum of 7-14 days prior to beginning treatment with Vivitrol.
- Vivitrol does not eliminate alcohol or opioids from your system after drinking or using. It will not neutralize intoxication. If patients drink or use and drive they will still be considered impaired and under the influence.
- Any liver disease should be discussed with the medical provider prior to starting treatment as Vivitrol may cause liver damage or dysfunction and should not be used in patients with certain liver problems.
- Prior allergic and other reactions to naltrexone, PLG or other drugs need to be reported to your Prescriber.
- Greater sensitivity to lower doses of opioids may be experienced, especially if used when the next dose of Vivitrol is due. Because Vivitrol blocks the effects of opioids, patients may not feel high if they use which may lead to serious injury, overdose, coma or death.
- Do not use opioid medications while taking naltrexone. Never try to overcome the effects of naltrexone by taking large doses of opioid drugs. Doing so could result in dangerous effects, including coma and death. Use caution when driving, operating machinery, or performing other hazardous activities. Naltrexone may cause dizziness. If you experience dizziness, avoid these activities.
- It is important that a friend or family member is aware of your treatment and increased sensitivity to opioids and the risk of overdose.
- Inform your health care providers of all medications you are taking as they may cause interactions or toxicity if taken with naltrexone.
- You will be provided with a wallet card or wrist band which you are advised to carry on your person at all times to alert medical personnel that you are taking naltrexone. This will help ensure that you obtain adequate medical treatment in an emergency.

NALTREXONE INFORMATION

(continued)

Adverse Effects:

- Every medication can cause side effects, but many people have no, or minor, side effects:
- Common side effects to naltrexone are nausea, vomiting, headache, toothache, tiredness, anxiety or insomnia and decreased appetite. Episodes of nausea tend to be mild and subside within a few days post-injection. Patients are less likely to experience nausea in subsequent injections.
- If you experience any of the following **serious** side effects, seek emergency medical attention or contact your provider.
 - Symptoms and/or signs of liver disease such as joint pain or muscles aches, unusual bleeding or bruising, abdominal pain, nausea, vomiting, pale colored stools, dark colored urine, and yellowing of the skin or eyes.
 - Anaphylaxis or allergic reactions such as difficulty breathing, swelling of lips, closing or throat, etc.
 - Injection site reactions that are severe, ongoing or worsening such as intense pain, open wound, blisters, lumps, dark scab or hard area.
 - Depression, suicidal thoughts, mood changes, hallucinations, or confusion should be reported to your family and health care provider right away.
 - Naltrexone may cause an allergic pneumonia which is rare but serious. Patients should immediately notify their physician if they develop signs and symptoms of pneumonia, including breathlessness, coughing or wheezing.
 - Injection site reactions may occur after Vivitrol including pain, tenderness, redness, swelling, and itching. Rarely, more serious injection site reactions may occur. Patients should be advised to seek medical attention for skin reactions which do not resolve or worsen.
 - Vivitrol is an intramuscular injection of naltrexone and not an implanted device. Once Vivitrol is injected, it is not possible to remove it from the body until it is fully eliminated by the kidneys after 28 days.

BUPRENORPHINE INFORMATION

Buprenorphine is an FDA approved medication for treatment of people with heroin or other opioid addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

If you are dependent on opioids – any opioids - you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe opioid withdrawal. For that reason, you should take the first dose in the office and remain in the office for at least 2 hours. We recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them.

Some patients find that it takes several days to get used to the transition from the opioid they had been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. You should not take any other medication without discussing it with the physician first.

Combining buprenorphine with alcohol or other sedating medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in deaths.

Unless you are pregnant, the form of buprenorphine you will be taking is a combination of buprenorphine with a short acting opioid blocker (Naloxone). It will maintain physical dependence, and if you discontinue it suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take buprenorphine, it could eventually cause physical dependence.

Buprenorphine sublingual films/tablets or buccal film must be held/left in place until they dissolve completely. You will be given your first dose at the clinic, and you will have to wait as it dissolves, and for two hours after it dissolves, to see how you react. It is important not to talk or swallow until the film/tablet dissolves. This takes up to ten minutes. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed.

If you swallow the film/tablet, you will not have the important benefits of the medication, and it may not relieve your withdrawal. Most patients end up at a daily dose of 16 mg to 24 mg of buprenorphine (this is roughly equivalent to 60mg of methadone maintenance). Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose. It may take several weeks to determine just the right dose for you. The first dose is usually 4 mg.

If you are transferring to buprenorphine from methadone maintenance, your dose has to be tapered until you have been below 30 mg methadone for at least a week. There must be at least 24 hours (preferably longer) between the time you take your last methadone dose and the time you are given your first dose of buprenorphine. Your provider will examine you for clear signs of withdrawal, and you will not be given buprenorphine until you are in withdrawal.

TOBACCO / SMOKE FREE ENVIRONMENT

The use of tobacco and other smoking/vapor devices is prohibited both inside and outside at the program. Please leave tobacco products in your car while at the program. We will be more than happy to work with you in your efforts to stop the use of tobacco products.

DRUG SCREENING

All patients admitted to the program, by definition, are consenting to provide specimens on request for drug screening purposes.

All random specimens (both urine and oral fluid) collected from patients will be monitored either by direct observation or the use of a temperature sensitive device. Specimens will be collected in a safe and respectful manner, with consideration for physical, developmental, and abuse history of the patient. Containers used for specimens are labeled in the presence of the patient.

Patients who are not under clinic sanctions (e.g. -- mandated to group, history of falsifying specimens, etc.) will have urines monitored using a heat sensitive device. The urine monitor may or may not enter the bathroom with the patient. Oral fluid testing requires observation for all specimens.

Patients under clinic sanctions may have observed urine collections until the sanctions are lifted. Observed urines will be done by a member of the same sex only. Oral fluid testing also requires observation and can be observed by a member of either sex.

OTHER PAR SERVICES

Operation PAR offers a wide range of services in addition to our MAPS programs. These services include Prevention Programs, Intervention Programs, Outpatient Treatment Programs, Residential Programs, Outpatient and Residential Detox Programs, as well as both Adolescent and Adult Services. For more information you may call our Access Center at 1-888-PAR NEXT (727-6398).

PAR FLORIDA MAPS PROGRAMS

HERNANDO COUNTY

Main Program
1245 Kass Circle
Spring Hill, FL 34606
352-666-5709

PASCO COUNTY

Main Program
7720 Washington St.
Port Richey, FL 34668
727-816-1200

MANATEE COUNTY

Main Program
6253 14th St. W.
Bradenton, FL 34207
941-753-0877

SARASOTA COUNTY

Main Program
6124 S. Tamiami Trail
Sarasota, FL 34231
941-925-6672

PINELLAS COUNTY

Main Program
6150 150th Ave. N.
Clearwater, FL 33760
727-507-4673

Satellite
1900 MLK St. S.
St. Petersburg, FL 33705
727-550-4239

LEE COUNTY

Main Program
535M Pine Island Rd.
N. Ft. Myers, FL 33903
239-656-7700

Satellite
17240 S Tamiami Trail
STE 9 & 10
Fort Myers, FL 33908
239-433-6520

CHARLOTTE COUNTY

Satellite
946 Tamiami Trail
Suite #201
Pt. Charlotte, FL 33953
941-613-0951

PATIENT ADVOCACY

At Operation PAR we strive to provide the best services available. If at any time during your treatment you feel that you have experienced any injustice or abuse, you may file a grievance with your counselor or the director of your program. The director will respond to your grievance within three (3) working days. Additionally, complaints may be filed with:

Operation PAR Client Advocate: 727-545-7279 ext. 804

Department of Children and Families Substance Abuse, and Mental Health Program

Pinellas/Pasco/Hillsborough/Manatee /Sarasota/Charlotte/Lee Counties: **813-337-5700**
Hernando County: **407-317-7100**

Central Florida Behavioral Health Network & Lutheran Provider Services

(For clients whose treatment is funded through CFBHN or Lutheran Services - clients with a fee appeal)
Pinellas/Pasco/Hillsborough/Manatee /Sarasota/Charlotte/Lee Counties: **877-355-2377**
Hernando County (Lutheran Services): **904-900-1075**

ABUSE REGISTRY HOTLINE

If you have been a victim of abuse, or witnessed abuse on a child or elderly person, contact the state Abuse Registry Hotline: **800-96-ABUSE or (800-962-2873)**

TDD **800-453-5145** FAX **800-914-0004** URL <http://reportabuse.dcf.state.fl.us>

DISABILITY RIGHTS

Disability Rights Florida (Advocacy, Equality, Dignity): **800-342-0823 | TDD 800-346-4127**

RESTRICTED USE OF CELL PHONES, TABLETS, & OTHER PERSONAL ELECTRONIC DEVICES

The use of cell phones, tablets, or any other personal electronic device with the capability of taking pictures or recording video/audio is **strictly prohibited on clinic premises**. This rule is in place to protect the privacy and confidentiality of patients. If you have your device out and in use, there is no way for our staff and (or other nearby patients) to be certain that you are not taking pictures or recording video/audio of other patients. It is advised that you leave these devices at home or in your vehicle before entering the clinic. If you do bring the device with you to the clinic, you must have the device(s) put away and out of sight (i.e., in your pocket, purse, backpack, etc.). Under certain circumstances you may be permitted to use your device in the privacy of your counselor's office, with your counselor's permission. If it is discovered that you have been taking pictures or recording video/audio of other patients on premises, **including in the parking lot**, you will be immediately discharged and trespassed from the property.