

# MEDICATION ASSISTED TREATMENT PATIENT HANDBOOK

ADDICTION MEDICINE & THERAPY PROGRAM



**SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM  
BEHAVIORAL HEALTH SERVICES DEPARTMENT (BHSD)  
SUBSTANCE USE TREATMENT SERVICES (SUTS)**

A copy of the ***Notice of Privacy Practices*** is included in the back of this handbook. The ***Notice of Privacy Practices*** gives you information about how your treatment, medical or protected health information (PHI) may be used and/or disclosed. Please read it carefully and if you have any questions, ask your assigned primary counselor for clarification.

**PROGRAM LOCATIONS/HOURS:**

**CENTRAL VALLEY CLINIC**

2425 Enborg Lane  
San Jose, CA 95128

Phone: (408) 885-5400  
Nursing: (408) 885-5487  
Fax: (408) 885-4055

**DISPENSING HOURS:**

Monday - Friday 6:00 a.m. – 2:00 p.m.  
Saturday & Sunday 7:00 a.m. - 11:00 a.m.  
Holidays (most) 6:00 a.m. - 11:00 a.m.  
Major Holidays (Thanksgiving, Christmas, New Year’s Day) 7:00 a.m. - 11:00 a.m.

**CLINIC HOURS:**

Monday - Friday 6:00 a.m. - 4:00 p.m.  
Saturday, Sunday & Holidays See dispensing hours schedule

**LATE DOSE ARRANGEMENTS:** Talk with your counselor to determine if arrangements can be made on an individual basis for methadone dosing at a time other than during dispensing hours.

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**ALEXIAN HEALTH CLINIC**

2101 Alexian Drive, Suites A & B  
San Jose, CA 95116

Phone: (408) 272-6577  
Nursing: (408) 272-6077  
Fax: (408) 272-6506

**DISPENSING HOURS:**

Monday - Friday 6:00 a.m. - 2:00 p.m.  
Saturday & Sunday 7:00 a.m. - 9:00 a.m.  
Holidays (most) 6:00 a.m. - 9:00 a.m.  
Major Holidays (Thanksgiving, Christmas, New Year’s Day) 7:00 a.m. - 9:00 a.m.

**CLINIC HOURS:**

Monday - Friday 6:00 a.m. – 2:30 p.m.  
Saturday, Sunday & Holidays See dispensing hours schedule

**LATE DOSE ARRANGEMENTS:** Talk with your counselor to determine if arrangements can be made on an individual basis for methadone dosing at a time other than during dispensing hours can be made on an individual basis for methadone dosing at a time other than during dispensing hours.

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**SOUTH COUNTY CLINIC**

90 Highland Avenue, Bldg J  
San Martin, CA 95046

Phone: (408) 852-2420  
Nursing: (408) 852-2440  
Fax: (408) 683-0697

**DISPENSING HOURS:**

Monday - Friday 6:00 a.m. – 2:00 p.m.  
Saturday & Sunday 7:00 a.m. - 9:00 a.m.  
Holidays (most) 6:00 a.m. - 9:00 a.m.  
Major Holidays (Thanksgiving, Christmas, New Year’s Day) 7:00 a.m. - 9:00 a.m.

**CLINIC HOURS:**

Monday - Friday

Saturday, Sunday & Holidays

6:00 a.m. – 2:30 p.m.

See dispensing hours schedule

**LATE DOSE ARRANGEMENTS:** Talk with your counselor to determine if arrangements can be made on an individual basis for methadone dosing at a time other than during dispensing hours can be made on an individual basis for methadone dosing at a time other than during dispensing hours.

**REFERENCES:** Patients may ask program staff for access to or to review with them, the following:

- Santa Clara County Methadone Treatment Program Policy and Procedure Manual.
- Title 9, California Code of Regulations for Narcotic Treatment Programs. 2006
- California Society of Addiction Medicine Guidelines for Physicians Working In California Opioid Treatment Programs. 2008.

**Addiction Medicine & Therapy Services  
Emergency Plans**

**Please follow the instructions below:**

**Medical Emergency:**

1. Notify clinic staff immediately.
2. Do not attempt to move the injured person.
3. Stay with the person until help arrives.

**In Case of Fire:**

1. Notify the clinic staff.
2. Evacuate the building immediately to the assembly area.

**Assembly Area: Please follow the directions of the clinic staff.**

**In Case of Earthquake:**

1. Remain Calm
2. Stay where you are. **Do not** run outdoors if you are inside of the building. Most deaths and injuries occur as people leave the building in a rush.
3. Get under a desk, table or stand in a corner of an interior wall.
4. If you are outdoors, get into an open area away from trees, buildings, power lines and walls.

## **In Case of a Disaster That Will Force The Closure of the Clinic:**

### **PROVISION IN THE EVENT OF EMERGENCIES OR DISASTERS:**

In the event of an emergency or disaster that closes a clinic of the Santa Clara County Methadone Program, the dispensing of medication will be transferred to one of our other clinics.

If all Santa Clara County Methadone Clinics are closed, you can then go to one of these alternative sites:

#### **B.A.A.R.T**

795 Willow Road, Building 332  
Menlo Park, CA 94025  
(650) 578-7190

#### **JANUS Community Clinic**

1000-A Emeline Avenue  
Santa Cruz, CA 95060  
(831) 425-0112

#### **Successful Alternatives**

795 Fletcher Lane  
Hayward, CA 94544  
(510) 247-8300

#### **VMC-Emergency Department**

751 S. Bascom Avenue  
San Jose, CA 95128  
(408) 885-5000

#### **St. Louise Regional Hospital**

9400 No Name Uno  
Gilroy, CA 95020  
(408) 848-2000

#### **Hazel Hawkins Memorial Hospital**

911 Sunset Drive  
Hollister, CA 95023  
(831) 637-5711

#### **JANUS-South County Clinic**

284 Pennsylvania Drive Suite 2  
Watsonville, CA 95076  
(831) 319-4200

## **REALLY IMPORTANT!**

**You MUST present your copy of your most recent treatment plan along with your Methadone ID Card at any of the alternate dosing locations. To verify your dose, you must have a copy of your signed current treatment plan and/or a take-out bottle with the correct and accurate clinic label on it.**

In the event of an emergency, please call Gateway @ **(1-800-488-9919)** and listen to the message for updated information and status of your clinic.

## **Welcome to the Santa Clara County Methadone Treatment Program**

**Please read the following program rules and instructions**

### **ADMISSION PROCEDURE**

**Gateway** is the screening facility for all applicants requesting treatment in the Managed Care System of the Substance Use Treatment Services. The following applies to medication assisted treatment applicants:

1. Only Santa Clara County residents are eligible for services, except applicants with statewide Medi-Cal benefits.
2. Applicants for methadone treatment are screened and referred to the appropriate clinic for a qualifying/assessment appointment.
3. Applicants may be placed on the waiting list at each clinic; however, pregnant women, Medi-Cal beneficiaries, and those with significant medical issues may be considered for accelerated admission.
4. Applicants will be required to sign a written statement that documents whether or not he/she is receiving methadone treatment from another program. An applicant or patient may not be registered in more than one narcotic treatment program at any time; the only exception is for visiting patients who are approved to receive services on a temporary basis, not to exceed 30 days. The program will comply with State Regulations, Sections 10205 - 10225 related to detection of multiple program registration and to Section 10295 related to temporary services.
5. All applicants for admission or readmission will be evaluated to determine if the criteria for admission can be met and if written documentation of narcotic addiction is available. Records from other programs or previous admissions will be reviewed prior to admission.

Prior to admission and the first dose of medication, each applicant who is accepted for treatment will need to complete the following:

1. Registration data; episode opening data; financial data; and identification cards with picture (one for program/one for patient).
2. Signature/date on all required federal and program consent or contract forms.
3. Medical history and medical evaluation by the physician for the history of illicit drug use, evidence of opiate addiction, medical condition, and appropriateness for maintenance treatment. Evaluation for signs and symptoms of withdrawal/determination whether a Narcan test is necessary.
4. Physical examination and laboratory tests, including blood chemistries and urinalysis.
5. Education on sexually transmitted diseases/HIV and information on Anonymous HIV testing.
6. Urinalysis specimen or blood test which is positive for opiates and negative for methadone and its primary metabolite (unless transferring from another program, hospital, jail, or some other methadone modality).
7. Tuberculin skin test and/or chest x-ray.

The patient will remain in the clinic, after the first dose of medication, for as long as ordered by the physician.

## **CONFIDENTIALITY**

All information and records obtained and maintained in the course of providing services to patients shall be subject to the confidentiality and disclosure provisions contained in Article 7 (commencing with Section 5325), Chapter 2, Part 1, Division 5, Welfare and Institutions Code and Title 42 (commencing with Section 2.1), Code of Federal Regulations and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The federal confidentiality regulations specific to alcohol and drug programs are cited in Title 9, California Code of Regulations for Narcotic Treatment Programs 2006.

Generally, the program may not say that a patient is a program participant or disclose any information identifying the patient as a drug or alcohol abuser **UNLESS**:

1. The patient consents in writing; **or**
2. The disclosure is allowed by court order; **or**
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation; **or**
4. The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violations of the Federal confidentiality regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal regulations and State laws **do not** protect any information about suspected or known abuse or neglect of a child, dependent adult or elder, age 65 and over, from being reported to the United State Attorney in the district where the violation occurs, **or** from being reported under State law to the appropriate State or local authorities.

Penal Code 11160-11163 requires medical practitioners to report patients who are victims of violent crime **and** seeking treatment for injuries, to the local police department; immediately by telephone and by written report within two working days. The patient's admission and treatment for substance abuse may not be included in the verbal or written report.

In accordance with Federal regulations, information may be shared between programs with Qualified Service Organization Agreements (QSOAs). A list of QSOAs between programs is available upon request.

## **ACCESS TO TREATMENT FILE**

Patients may make a written request for a copy of their treatment records. (However, the program has the option of giving a summary instead of the actual copies). There may be a copying fee if extensive copying is requested.

## **INFORMATION ABOUT METHADONE**

Methadone is a synthetic narcotic, and like other opiates and narcotics, it creates **physical dependency**. Methadone is long acting (24 - 36 hours); unlike heroin, stabilization can be achieved and one's tolerance does not continue to increase with use. Methadone eliminates the physical reasons for continued use of illicit opiates; however, as a drug, it has no treatment or rehabilitative capacity, as rehabilitation is

dependent on the patient's efforts and favorable environmental conditions.

Methadone has been used in treatment programs for over thirty years and has not been found to cause damage to body organs or tissues. In addition, the drug is legal, inexpensive, of high quality, and free of contaminating substances.

The proper dose of methadone is important. The program physician should be aware of all medications that each patient is taking, as some medications affect methadone metabolism and stabilization; the methadone dose may need to be increased or lowered. Blood levels of methadone can be measured if there is any question about the proper dose. The policy of the program is that patients have the right to know the amount of their dose.

It is essential that private physicians be informed of patient participation in methadone treatment, whenever medical care is required away from the clinic. Some drugs, such as Talwin or Narcan, have an antagonistic effect on methadone and may cause withdrawal symptoms.

Adverse reactions to methadone are uncommon but may include side effects such as nausea, vomiting, drowsiness, stimulation or sleeplessness, constipation, excessive sweating, decreased sexual interest, and delayed ejaculation. Any changes or side effects should be discussed with the program physician.

Interactions with alcohol, sedatives, tranquilizers, antidepressants, or benzodiazepines (such as Valium or Klonopin) can cause serious risk of overdose for persons maintained on methadone. Methadone markedly increases the sedative action of alcohol and other drugs, and these combinations of the drugs and/or alcohol may result in accidents, overdose, or death. Patients who are addicted to sedatives or benzodiazepines must be under medical care to detoxify because withdrawal may cause seizures.

#### METHADONE AND CARDIAC RISKS

For the vast majority of patients who take methadone under doctor supervision as part of methadone maintenance program, methadone is a life saving, safe and effective treatment of opioid addiction. However, methadone has become more widely used outside of methadone programs over past 10 years (for pain management). Thus, many more patients have been taking this medicine without the close supervision that usually accompanies methadone maintenance programs.

With more widespread use of methadone, FDA received reports of death and life-threatening side effects in patients taking methadone and issued a new warning label in 2006. Methadone can cause dangerous changes in heart beat and slow and shallow breathing that may not be felt by the patient. These deaths and life-threatening side effects have occurred in patients' newly starting methadone for pain control and in patients who have switched to methadone after being treated for pain with other strong narcotic pain relievers. At this time, the reason(s) for methadone effect on heart beat are not well understood. Some possible reasons include dose level and blood level, interactions with other medications, changes in blood electrolytes that happen with health problems like liver disease, and underlying heart problems. Your doctor in methadone maintenance may ask you about your heart health, about any heart problems that run in your family, any other medications you are taking, and may order special tests (blood work and EKG) to check. You should ask questions and discuss your risks with you doctor.

#### INFORMATION ABOUT BUPENORPHINE

Buprenorphine is a synthetic narcotic, and like other opiates and narcotics, it creates **physical**

**dependency.** Buprenorphine is long acting (24 - 60 hours); unlike heroin, stabilization can be achieved and one's tolerance does not continue to increase with use. Buprenorphine eliminates the physical reasons for continued use of illicit opiates; however, as a drug, it has no treatment or rehabilitative capacity, as rehabilitation is dependent on the patient's efforts and favorable environmental conditions.

The proper dose of buprenorphine is important. The program physician should be aware of all medications that each patient is taking, as some medications affect methadone metabolism and stabilization; the methadone dose may need to be increased or lowered. Blood levels of buprenorphine can be measured if there is any question about the proper dose. The policy of the program is that patients have the right to know the amount of their dose.

Adverse reactions to methadone are uncommon but may include side effects such as nausea, vomiting, drowsiness, stimulation or sleeplessness, constipation, excessive sweating, decreased sexual interest, and delayed ejaculation. Any changes or side effects should be discussed with the program physician.

Interactions with alcohol, sedatives, tranquilizers, antidepressants, or benzodiazepines (such as Valium or Klonopin) can cause serious risk of overdose for persons maintained on methadone. Methadone markedly increases the sedative action of alcohol and other drugs, and these combinations of the drugs and/or alcohol may result in accidents, overdose, or death. Patients who are addicted to sedatives or benzodiazepines must be under medical care to detoxify because withdrawal may cause seizures.

### **INFORMATION ABOUT NALTREXONE:**

Naltrexone extended release injection (Vivitrol) is an opioid receptor antagonist used primarily in the management of alcohol dependence and opioid addiction. Naltrexone works best in conjunction with community support, and counseling. Vivitrol is well tolerating in the recommended doses but may cause liver injury when taken in excess or in people who develop liver disease from other causes.

Adverse reactions to Vivitrol are uncommon but may side effects such as nausea, vomiting, diarrhea, and anxiety. In rare cases, side effects can include hallucinations or drowsiness. Any changes or side effects should be discussed with the program physician.

### **Interference with Cognitive and Motor Performance**

Since benzodiazepines and other sedative drugs have the potential to impair judgment, thinking or motor skills, we caution you against engaging in hazardous occupations requiring mental alertness, such as operating machinery or driving a motor vehicle when/if taking any of these medications while on methadone treatment. Also, the concurrent use of alcohol or other CNS-depressant drugs during benzodiazepine therapy can further increase sedation and cause coordination problems while on methadone treatment. It is your responsibility to inform one of the methadone program physicians if you are taking any sedative drugs.

### **EMERGENCY CONTACT IN THE EVENT OF MEDICATION OVERDOSE:**

Symptoms of an overdose from methadone include but are not limited to the following: pinpoint pupils, weak pulse, disorientation, muscle spasticity, low blood pressure, slow, shallow and labored breathing, and spasms of the stomach and/or intestinal tract. A methadone overdose is a serious medical emergency. In the event of suspected overdose **call 9-1-1 immediately.**

**IMPORTANT:** Patients who use or abuse alcohol and other drugs may be involuntarily discharged from



treatment because of health and safety reasons. This policy is in effect whether the drugs are obtained illegally or prescribed by a physician. In addition, patients may be subject to criminal prosecution for the misuse of medications.

Prior to receiving take-home medications, patients will be given instructions by staff about safely protecting the medication. Methadone and buprenorphine are potent and dangerous drugs when taken by a child or non-addicted adult. These medications are for the patient's personal use and is **never to be shared** with another person. Methadone and buprenorphine should never be accumulated or saved from take-home doses; all medications that are not taken daily as prescribed must be returned to the clinic.

The **objective for medication assisted treatment** is to achieve a stable environment so that the activities of daily life can be conducted without sedation, euphoria, or withdrawal. Maintenance treatment has both medical and psychosocial goals:

1. Control the physical signs and symptoms of opiate withdrawal;
2. Control the craving for opiates (e.g., intrusive thoughts and dreams about using, urges to use)
3. Block the usual "high" or euphoric effects of the opiate;
4. Avoid undue sedative side effects;
5. Reduce/eliminate illicit drug use;
6. Retain the patient in treatment;
7. Reduce behaviors associated with drug use (e.g., needle sharing, trading sex for drugs); and
8. Protect society (e.g., reduction of crime and unemployment).

### **PREGNANT WOMEN:**

It is the policy of the program to admit or transfer **pregnant** women to the Perinatal Methadone Maintenance program. Title 9, California Code of Regulations for Narcotic Treatment Programs, Section 10285, June 1998 specifies information for women who are pregnant or who may become pregnant, to include:

1. Knowledge of the effects of medications used in replacement narcotic therapy on pregnant women and their unborn children is presently inadequate to guarantee that these medications may not produce significant or serious side effects.
2. These medications are transmitted to the unborn child and may cause physical dependence.
3. Abrupt withdrawal from these medications may adversely affect the unborn child.
4. The use of other medications or illicit drugs in addition to medications used in replacement narcotic therapy may harm the patient and/or unborn child.
5. The patient should consult with a physician before nursing.
6. The child may show irritability or other ill effects from the patient's use of these medications for a brief period following birth.

Additional program conditions for women who are pregnant or who may become pregnant are:

1. No applicant who is pregnant will be admitted, nor will a current patient who becomes pregnant be continued in treatment, unless and until the program physician determines that the patient is medically able to participate in the program.
2. The patient shall be in the care of a physician licensed by the State of California and trained in obstetrics and/or gynecology.

3. All applicants and current patients who are pregnant and request to be maintained on methadone will be required to read and sign the Treatment Agreement for Pregnant Patients.

### **MEDICAL SERVICES:**

The program physicians are responsible for many areas of replacement narcotic treatment, including: determination of fitness for medication assisted treatment; establishment of a proper dose of medications; physical examination; medical reviews and assessments; prevention, detection, and treatment of infectious diseases, which includes hepatitis B and C, HIV, AIDS, TB, syphilis and other parentally or sexually transmitted diseases; screening for liver disease, pulmonary disease and other chronic disease; referral to other medical providers for diagnosis and treatment, as indicated; pain management; and determination for appropriateness of continued medication assisted treatment.

The patient may be asked at any time to meet with the program physician to determine progress in treatment. At a minimum, to determine appropriateness for continued treatment, the patient must complete the following:

1. Annual medical review/physical examination and justification for continued treatment with the program physician and annual clinical review with the counselor.
2. Annual tuberculin skin test or evaluation for chest x-ray, or as prescribed by the physician.

The program has a Tuberculosis (TB) Prevention program for the protection of patients, staff, and the general public.

### **REQUIREMENT FOR COLLECTION OF BODY SPECIMENS:**

Urine specimens will be collected on a **random** basis and may be observed; the frequency of collection and testing is prescribed by regulation or as clinically indicated. The purpose of collecting body specimens for toxicology screening, which may include blood as well as urine, is to determine the presence or absence of opiates, other illicit drugs, methadone, methadone metabolite, buprenorphine, prescription drugs, and alcohol.

### **VOLUME REQUIRED:**

The preferred amount of urine to properly test your specimen is 40 cc. However, the MINIMUM amount required to do the test panel is 10 cc. Samples that are less than 10 cc will NOT be sent to the lab and it will continue to be considered an AP. A staff member may directly observe the specimen collection.

If a patient is unable or refuses to provide a required specimen, the specimen will be recorded for that date as an “administrative positive.” Administrative positive is the same as a positive result for opiates.

### **URINE TAMPERING POLICY:**

Patients who tamper in any way with providing a urine specimen will be terminated from the program. A report of the circumstances surrounding the tampering issue will be presented during a case conference meeting. The following urine tampering actions are reasons for termination:

1. Altering or attempting to alter urine provided for testing
2. Altering or attempting to alter the temperature of the urine provided for testing
3. Washing the urine bottle containing a urine sample with water or other substances
4. Submitting a urine sample after the bottle dropped in the toilet

Patients are not to make any variation from the procedure of: 1) going into the bathroom, 2) providing the urine sample in the way instructed by staff and 3) turning in the urine specimen to staff for processing. Any variation from this procedure will be considered tampering. If the patient cannot void at the time of the UA request, they are required to inform staff. If this is the case, refer to policy on AP's.

When a patient is terminated from treatment as a result of urine tampering, there will be a 30-day separation period prior to readmission after the last date of a scheduled termination detox. For any subsequent termination for urine tampering, there will be an additional 30 days separation time between the end of the termination detox and readmission. This means the second termination will require a 60 day separation period, the third offense would require a 90-day separation period, etc.

### **DIVERSION CONTROL POLICY:**

It is the policy of the Department to ensure that patients are being provided the highest quality of care while minimizing the diversion of methadone or buprenorphine from treatment to illicit use. Toward that end, the following diversion controls have been established:

1. All dosing shall be done utilizing the observed ingestion method. Dispensary staff is to provide the correct dose as ordered by the program physician to the patient.
2. All patients will be randomly drug tested at least monthly or more often as may be required. Some tests may be observed by authorized medical staff.
3. Serum methadone levels (SML) through peak and trough values will be obtained whenever there is a question about a patient's potential diversion of their methadone dose.
4. Counselors and dispensary staff will monitor the patient for clinical signs and symptoms of drug overmedication or withdrawal and will inform the program physician should any questions arise.
5. From time to time, counselors will educate patients on the dangers, illegality and program consequences of diversion. This shall be a regular topic for group counseling. Counselors will also review this information with patients at each step increase or regain and document accordingly.
6. For Patients with Take Home Medication Privileges: From time to time, nursing staff will initiate random "Call Backs" for patients with take home steps to bring in unused doses for inspection and review. Patients will be contacted using the phone number they have designated. When contacted by the clinic staff, patients must respond to the clinic within 24 hours. When the patient contacts the clinic for a *call-back*, an appointment will be made within 48 hours of that call, where they will be required to arrive at the clinic with all unused medication and for urine testing. A call-back test is to give a urine sample, and also to count your remaining methadone bottles or buprenorphine to see if you are taking them as prescribed. Failure to respond to the initial call or to miss the call back appointment is considered a positive UA test and will result in the loss of take home step(s).
7. Patients on split dosing may be required to come to the clinic twice each month for observed dosing and a review of unused medications. Failing to adhere or pass the call back will result in a loss of step(s) and/or split dosing.
8. **Loitering** around the clinic is discouraged and every effort will be made to eliminate this. Patients are informed that loitering can be grounds for **involuntary discharge** from the program.

### **OTHER RULES AND INSTRUCTIONS**

**EARLY DOSING:** Patients can be eligible for early dosing because of conflicts with job or school

schedules. Early dosing is a program feature reserved only for those patients that have a validated conflict with dosing during normal dispensing hours. To find out if you are eligible for early dosing, see your primary counselor.

**DOSE HOLDS:** Dose holds are sometimes used for communicating with patients. If you have a dose, hold, the dispensing nurses will refer you to the front desk. You will not be able to dose until you have completed the request and obtained an OK to Dose slip. Please allow 15 minutes for you counselor to respond to your voicemail message.

**SMOKE-FREE FACILITIES:** All methadone clinics comply with the County's no-smoking policy. This means no smoking while anywhere on the clinic premises whether you are inside a car, or walking to and from the clinic.

**PRESCRIPTIONS:** All medications prescribed by private practitioners must be registered with the program within four (4) days; any patient who does not do so will be considered as using the medication inappropriately. Prescription medications require medical review and approval for use by a program physician. The program physician may discuss the use of prescriptions with the patient and may request that the patient sign a consent to allow for consultation with the private physician. The use of all medications will be reviewed during treatment plan reviews and at least quarterly.

**INTOXICATION:** Alcohol abuse or periodic substitution of alcohol for other drugs of abuse will be called substance abuse and treated accordingly. A blood alcohol level of 0.08 is evidence of acute intoxication. Staff will make every effort to prevent a patient from driving if under the influence of alcohol or other drugs. Any patient whose behavior, demeanor or body odor is suggestive of alcohol ingestion will be **breathalyzer tested** prior to receiving any services; the program physician will make the decision about whether a patient will receive methadone. Any patient, who is determined to be acutely intoxicated and regardless of blood alcohol level, shall not be given methadone.

**VOMITED DOSES:** If a patient feels nauseated, he/she should tell the nurse and then lie down if necessary. The program physician will determine if any amount of a dose will be repeated, if a dose is vomited within 25 minutes after taking it, and has been observed by a staff member.

**MISSED MEDICATION:** The program physician will make all decisions about methadone dosing if a patient misses more than two days of medication. The patient may be withdrawn from treatment by physician order if three or more doses of methadone are missed.

**DELIVERY OF METHADONE:** The program does not provide home dosing. As a requirement for participation in the program, patients are expected to get to the clinic for their treatment services. The program will however, deliver methadone doses to patients who are receiving concurrent treatment at a residential treatment program.

**INFECTIOUS DISEASE CONTROL:** Patients will sign consents for screening/counseling/periodic evaluation for infectious diseases such as hepatitis B and C, HIV, AIDS, tuberculosis, syphilis, and other parentally or sexually transmitted diseases.

**BEHAVIOR ON CLINIC PREMISES:** At the first counseling appointment, the counselor will review the reasons for **Involuntary Termination from Treatment**, which may include unacceptable behavior.

**Unacceptable behavior on the clinic premises/grounds, includes but is not limited to:** being under the influence of alcohol or drugs; sales of drugs; profanity, vulgarity or verbal abuse; smoking inside or anywhere on the premises of the clinic whether inside a car or not; loitering and littering; illegal parking; thefts or damage to patient, staff or clinic property.

**SECLUSION AND RESTRAINT:** The program does not use seclusion and restraint methods.

**COUNSELING SERVICES:**

Patients will be assigned a primary counselor upon admission who will develop a plan of treatment with you based on your needs. Your treatment plan will indicate the number of counseling sessions you are required to attend. Failure to comply with your Treatment Plan and/or missing counseling sessions may result in termination from the program.

**TAKE-HOME MEDICATION PRIVILEGES FOR MAINTENANCE PATIENTS :**

When a patient becomes eligible for take home medication privileges, program staff will review the Policy for Take-Home Medication privileges with the patient. Patient will be provided with a copy of the Take Home Guidelines and will be required to sign the Take Home Policy Receipt form that signifies orientation, understanding, and compliance with the rules and regulations. Failure to uphold these take home medication rules will result in the loss of take home step(s).

**CALL-BACKS:** All patients with take-home medication steps will be required to respond to random call-backs as part of the conditions for take home steps. When the addiction medicine program contacts the patient, s/he must respond to the program within 24 hours of the initial call to make arrangements for an in-person appointment where they will be expected to bring in all unused medication and provide a urine sample for testing. The in-person appointment will take place within 48 hours of the returned call. Failure to respond to the initial call within 24 hours and failure to show at the scheduled call-back appointment will result in the loss of all take-home steps.

**COURTESY DOSING:**

Maintenance patients may request short-term courtesy dosing, not to exceed 30 days, from other programs. The request for courtesy dosing must be made to the counselor 2 weeks in advance. The counselor will make the arrangements with the other program(s).

**TRANSFERS:**

Patients may request transfer to another Santa Clara County Treatment clinic or any other program. The counselor will contact other program(s) to determine if the patient meets the criteria to transfer and if a transfer can be arranged. The patient will be kept advised about the process.

**HOSPITALIZATION:**

A patient must inform the clinic when he/she expects to enter a hospital or inform the hospital staff about the methadone treatment program if unable to give prior notice to the clinic. In addition, the private physician must be informed about methadone treatment. The program medical staff will provide methadone dosage information to hospital staff and then will call the hospital to confirm the methadone dosing schedule and date/amount of last dose after the patient is discharged and returns to the program; the program physician will write the dosage schedule.

**INCARCERATION:**

Patients who are arrested and held in custody are responsible for notifying jail personnel of methadone program participation. The Santa Clara County methadone program will coordinate services in out-of-county jails through local methadone programs and the jails, whenever possible. If a patient is arrested in Santa Clara County, she/he will be placed on a withdrawal schedule from methadone. Pregnant patients will not be routinely detoxified while in jail. Inmates on work furlough may be required to attend the methadone clinic for daily medication. If a maintenance patient is withdrawn while in jail, the chart will be closed. The patient may request readmission through Gateway upon release from incarceration.

### **FEES/INSURANCE/MEDI-CAL:**

**FEES/INSURANCE:** It is the policy of the program to have patients pay toward the cost of intake and treatment. Each patient will be informed of the **actual cost of services, in relation to his/her assessed fee.**

Patients who fail to pay a timely assessed monthly fee will be referred to the Program Manager/designee. Patients may be involuntarily withdrawn from treatment if the assessed monthly fees are not paid or not paid in a timely manner.

Patients who indicate insurance coverage will be asked to sign a Medical Information and Assignment of Benefits form. However, each patient will be assessed a monthly fee as not all insurance companies pay for methadone treatment or may cap reimbursements at a certain amount. The Santa Clara Valley Health & Hospital System - Financial Services Department, will bill insurance companies for cost of services; reimbursements and/or fees collected in excess of actual costs will be refunded to the patient.

**MEDI-CAL:** It is the policy of the program to collect reimbursements from state Medi-Cal for those patients who are approved to receive benefits. Patients who lose their Medi-Cal benefits will be assessed a monthly fee.

### **PROVISION IN THE EVENT OF EMERGENCIES OR DISASTERS:**

It is the policy of the SUTS Addiction Medicine and Therapy Program (AMT) to continue to provide patient care in the event of a natural or manmade disaster that disables one or more clinics.

In the event of an emergency or a labor dispute, medication dispensing and other basic operations will be continued as much as possible.

Instructions to patients regarding alternative dosing sites will be posted on the clinic's front door.

In the event all methadone clinics are inoperable due to an emergency disaster, telephone the Central Valley Clinic **(408) 885-5400** to hear a message about where to report for emergency dosing. You may be directed to an out-of-county methadone clinic within 50 miles. If the telephones are not working, or if you are unable to physically get to an out-of-county methadone clinic, report to the Valley Medical Center Emergency Room.

**REALLY IMPORTANT!** If none of the Santa Clara County clinics are available due to an extensive disaster and you have to dose at a clinic in another county, you must present your Methadone ID Card at any of the alternate dosing locations! Also, to accurately verify your dose, you must have a copy of your signed current treatment plan and/or a take out bottle with the

**correct and accurate clinic label on it.**

Information about clinic closures will also be available through local radio and television stations.

**PATIENT RIGHTS:**

Information about Patient Rights is posted at each clinic. Patients who have a complaint about **patient rights** violations, participation in treatment, and pre-termination fair hearing decisions are accorded a process for reviewing their written statements.

Attempts will be made by staff to resolve dissatisfaction or grievances within the patient's clinic. If the patient is not satisfied with the resolution, he/she is to be given the Grievance Form. The patient is to return the completed form to the clinic supervisor within 5 days after receiving the form. If the complaint is not resolved at the clinic level, the patient will be given the name and telephone number of the Patient Rights Advocate to request further review. The review by the Advocate is to be completed within 5 days after knowledge of the request.

**PATIENT BILL OF RIGHTS:** Each patient has the right to:

1. Receive considerate and respectful care.
2. Be well informed about your illness, possible treatments and their likely outcome, and to discuss this information with the physician.
3. Know the names and roles of people treating you.
4. Consent to or refuse a treatment, as permitted by law, within the parameters of good medical practice and program guidelines.
5. Participate in creating your own treatment plan.
6. Every consideration of privacy. Case discussion, consultation, examination, and treatment by staff will be conducted to protect privacy as much as possible.
7. Expect that all communications and records pertaining to your care will be treated as CONFIDENTIAL unless you have given permission to release information or reporting is required by law or medical necessity.
8. Consent to or decline to participate in proposed research affecting your care. If you choose not to take part in research, you will receive the most effective care the program otherwise provides.
9. Be told of realistic care alternatives when treatment is no longer appropriate or you would benefit from supplementary assistance.
10. Know about clinic policies and practices that relate to patient care, treatment and responsibilities.
11. Know about clinic resources that can assist you in resolving disputes, grievances and conflicts that affect you and your treatment.
12. File a grievance, either internally or directly with the State without fear of retaliation.
13. Know about charges and payment methods for services rendered.
14. Be informed about business relationships among the program, educational institutions, other health care providers or payers that may influence your treatment and care.
15. Receive treatment and care in an environment that is free of abuse: this includes financial abuse, physical or emotional abuse, sexual abuse or harassment.
16. Know that this Addiction Treatment Program DOES NOT apply any seclusion and restraint procedures.

**PATIENT RESPONSIBILITIES:** Each patient is responsible for:

1. Providing honest and accurate information about your health including past treatment attempts and addiction history.
2. Asking questions when you do not understand information or instructions. If you believe that you cannot follow through with your treatment, you are responsible for telling the physician or your counselor.
3. Being considerate of the needs of other patients, staff, and the program. The program staff works hard to provide care efficiently and fairly to all patients and the community.
4. Paying your own bills based on services rendered which may include regular specified payments, providing insurance information, or submitting verification of eligibility for Medi-Cal benefits.
5. Recognizing the effect of lifestyles on your personal health. Your health depends not just on the care received in the program, but in the long term, on the decisions you make in your daily life.

**GROUP CONFIDENTIALITY:**

Confidentiality helps each individual in treatment to reveal personal, sometimes embarrassing material That is essential to effective drug treatment. The mutual promise of confidentiality helps ensure that each member in group treatment can feel that these disclosures remain private.

I promise to hold confidential all communications made by participants and all information obtained from Or about any participant while in group treatment for drug abuse. I promise to hold all of the group's Communication confidential in consideration of the mutual promise made by others to hold my personal information confidential.

**PATIENT'S RIGHT TO NON-DISCRIMINATION:** All patients have a right to non-discrimination based on sex, age, race, religion, ethnicity, disability, sexual preference, or ability to pay.

**GRIEVANCE AND COMPLAINT PROCEDURES (How to file a grievance/complaint):**

Attempts will be made by staff to resolve dissatisfaction or grievances within the patient's clinic. Grievance/Complaint forms are available at all clinic lobbies. Every patient has the right to file a complaint or grievance if they are not satisfied with the services they are receiving. To file a grievance simply complete the form and turned to the front desk staff and they will start the review process. If you need assistance in completing the form, ask one of the clerical support staff. All grievances get first level of review by the clinic manager. He/she will make every effort to solve the issue and will respond back to the patient within 5 business days from the receipt of the grievance. If the patient is not satisfied with the resolution, he/she is to be given the name and telephone number of the Patient Rights Advocate to request further review. The review by the Advocate is to be completed within 5 days after knowledge of the request.

**MEDI-CAL BENEFICIARY FAIR HEARING RIGHTS:** each Medi-Cal beneficiary has the right to request a state hearing if your Medi-Cal benefit is reduced, terminated or denied. Check the notice posted or call 1- 800-952-5253 for information. Please see the section on Pre-termination Fair Hearings on page 21 or consult your Medi-Cal beneficiary handbook.

**TAPERING OFF TREATMENT:**



Successful methadone tapers are done slowly and are individualized to the patient's needs. Tapering schedules include frequent monitoring with rate adjustment or holds whenever necessary. Abrupt withdrawal from methadone may create physical and psychological discomfort.

**VOLUNTARY WITHDRAWAL FROM TREATMENT:**

Patients may terminate participation in the treatment program at any time and will be provided with a minimum withdrawal period of fifteen days. A patient may voluntarily withdraw even though termination may be against the advice of the medical director or program physician.

**INVOLUNTARY TERMINATION FROM TREATMENT:**

The patient's termination from methadone treatment may be **immediate** if the medical director or program physician determines the patient's continued participation creates a **physically threatening situation for the staff or other patients**. This will be **mandatory termination with no appeal**. In addition, there is a mandatory waiting period of at least one year before readmission can be considered. **See list of for-cause reasons below.**

A patient's participation in a program may be involuntarily terminated by the medical director or program physician **for cause**. The withdrawal will take place in a period of time not less than 15 days, unless: the physician deems it clinically necessary to terminate sooner and documents why in the patient record or the patient requests in writing a shorter time period.

The following are **for cause** reasons for treatment termination:

1. Current enrollment in another methadone program; multiple registration
2. Violence or a threat of violence toward any program staff or patients (mandatory termination; no appeal).
3. Nonpayment or late payment of fees; or failure to submit or late submission of verification of eligibility for Medi-Cal benefits; or failure to provide timely and accurate insurance information (Mandatory termination – no appeal)
4. Loitering in the clinic parking lot or vicinity
5. Bringing any kind of weapon onto the clinic grounds
6. Any possession, use, or sales or attempt to use or sell illicit drugs in the clinic or clinic vicinity.
7. Diversion of methadone; any sales or furnishing or attempt to sell or furnish methadone to another person.
8. Any attempt to remove methadone from the clinic without appropriate authorization.
9. Determination by the Medical Director that continued treatment with methadone is harmful to the patient's health.
10. Coming into the clinic under the influence of drugs or alcohol
11. Profanity, vulgarity or verbal abuse of anyone in the immediate area of the clinic
12. Not attending clinic as scheduled by the program to be maintained on a daily dose of methadone
13. Fourteen consecutive days of missing treatment
14. Smoking inside or anywhere on the clinic premises
15. Littering inside or outside of the clinic
16. Failure to comply with treatment plans, program rules and regulations, or to cooperate with staff in meeting County, State or Federal regulations. For example: missed counseling or

medical appointments; missed doses; use of illicit drugs and non-prescribed medications; misuse of prescribed medications; alcohol abuse; any other unacceptable behavior.

17. Repeated failure to provide urine specimens for testing
18. Altering or attempting to alter urine provided for testing.
19. Failure to complete an annual medical review or required examination.
20. Failure to be TB tested and/or provide a TB Chest X-ray, if required.
21. Failure to give consent to all medical providers~ primary care, specialists etc.
22. Theft or damage to program, staff or patient property.
23. Illegal parking in the immediate area of the clinic.

The patient will be issued a pending involuntary termination in writing which stipulates the reason for termination and the anticipated withdrawal period of time, and which will include the patient's right to hearing and right to representation. The patient may obtain representation by an attorney or other party and/or supportive witnesses. The time period for requesting readmission will be specified in the written notice. No involuntary action by the program will take place prior to the patient's waiver of fair hearing rights or the hearing panel's decision.

### **PATIENTS WITH MEDI-CAL: FAIR HEARINGS:**

The patient has a right to a pre-termination fair hearing in cases of involuntary termination **for cause** upon written request (except, where continued participation creates a physically threatening situation for staff or other patients or non-payment of fees).

The methadone maintenance patient must request a pre termination fair hearing within **72 hours of written notice**. The hearing must be scheduled within seven working days from the time the patient requests a hearing. The decision of the panel must be given not later than the first working day following the hearing. The permanent record of the proceedings will be kept in the clinic. The patient can forgo a pre-termination fair hearing and appeal directly with the state with no fear of retaliation.

A copy of the proceedings will be provided to the patient upon request. Copies of the proceedings will be retained for one year. A patient may appeal an adverse action of the panel by means of a writ of mandate pursuant to Section 1094.5, Code of Civil Procedures and Title 22. A patient also has the right to receive any appeals decision in writing should they request.

**NOTE:** At the end of this Patient Handbook is the full procedure for your right to a Pre-termination Fair Hearing.

### **IMPORTANT AIDS RISK REDUCTION INFORMATION**

#### **AIDS, NEEDLES & SEX:**

1. Healthy looking people may have the HIV virus.
2. Assume anyone who shoots drugs or hustles (male or female) may already be infected with HIV.
3. **WHEN YOU HAVE SEX:** a) always use a condom and nonoxynol-9. B) when you remove condoms wash your hands thoroughly, c) do not take any sex fluids into your body.
4. **IF YOU DECIDE TO SHARE NEEDLES:**
  - a.) before cleaning the needles and syringe with bleach, rinse them out completely filling them with fresh, clean water. While the syringe is full of water, shake and tap it. Do not reuse the water. Repeat this three times.

- b.) Completely fill the needle and syringe with full strength, liquid bleach. Hold the bleach in the syringe a minimum of 30 seconds each time. While the syringe is filled with bleach shake and tap it. Do not dilute or reuse the bleach. Repeat this three times.
- c.) Rinse the needle and syringe by filling them with fresh, clean water. Repeat this three times.

***ANONYMOUS TESTING FOR HIV IS AVAILABLE THROUGH THE PROGRAM  
AT NO ADDITIONAL CHARGE.  
SEE YOUR COUNSELOR OR ONE OF THE NURSING STAFF.***

**IMPORTANT INFORMATION ABOUT TUBERCULOSIS:**

Tuberculosis (TB) is a long-lasting, contagious disease caused by a bacterium. TB has two stages. The first stage is called TB infection which means the bacteria have entered the body. Most people who are infected never become sick and cannot spread tuberculosis.

But some people do go into the second stage: TB Disease. TB Disease most often damages the lungs. The symptoms are cough, fever, night sweats, fatigue, weight loss and occasionally coughing up blood. Not everyone with TB has these symptoms. The TB Skin Test (PPD) is a way to find out if the TB bacteria have entered your body. A positive TB test means you have been infected with the bacteria. If you have a positive PPD, you need to find out if the bacteria have caused any damage to your lungs by having a Chest X-Ray.

You catch TB by breathing in the bacteria. The bacteria are coughed or sneezed into the air by someone who has TB Disease. This is why it is important you cover your mouth and nose when you cough or sneeze. You cannot catch TB from clothes, dishes, bedding or shared food.

If you have been infected with TB bacteria, you might become sick with TB Disease. This can happen right away or many years later. TB Disease can be prevented with special medications. These are easy medications to take and will be provided free of charge by the Public Health Department.

However, the medications must be taken on a regular basis for the full time period indicated by the physician. Persons at highest risk for developing TB are those who are HIV +. Others who are at high risk include: people who have used or are using injection drugs, are smoking crack, are alcoholics, have had a problem with their immune system, have spent time in jail or prison, or have been employed in settings with high risk groups.

**FOR THE PROTECTION OF OUR PATIENTS, THEIR FAMILIES, STAFF AND THE GENERAL PUBLIC, THERE IS A TB PREVENTION PROGRAM IN PLACE AT OUR CLINICS.**

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# **Important Information About Benzodiazepines and Whether Or Not Medication Assisted Treatment (MAT) is the Best Treatment For You**

*(Counselor to Review with Patient)*

Safety while enrolled in medication assisted treatment (MAT) is everyone's responsibility. This begins with clinic staff, but also extends to patients and their close relatives and friends. Taking methadone or Suboxone along with unauthorized drugs is severely hazardous. Serious problems can result from the intake of multiple drugs such as alcohol, sedatives or tranquilizers (benzodiazepines), hypnotics, and/or other opioids *in addition* to methadone or Suboxone. When used alone, many of these drugs are relatively moderate depressants; however when combined with methadone their effects can be magnified and add up to become lethal. Therefore, the obligation to be safe rather than sorry when it comes to methadone is of prime importance.

## **Policy on Benzodiazepines**

It is the policy of the Department that patients receiving medication assisted treatment approved medications be screened for benzodiazepine use and evaluated for benzodiazepine dependence. When there is a concern regarding benzodiazepine use, the program physician will evaluate the patient and formulate a plan. Patients who ignore the plan and continue to abuse benzodiazepines will be discharged from the program.

## **Patients With A History of Benzodiazepine Abuse**

Patients with a history of benzodiazepine abuse/addiction and persons taking prescription benzodiazepines will be screened for benzodiazepines (including clonazepam) for the duration of their treatment. For all other patients, the counselor and program physician will determine the frequency of benzodiazepine screening.

## **Interference with Cognitive and Motor Performance**

Since benzodiazepines and other sedative drugs have the potential to impair judgment, thinking or motor skills, we caution you against engaging in hazardous occupations requiring mental alertness, such as operating machinery or driving a motor vehicle when/if taking any of these medications while on methadone or Suboxone treatment. Also, the concurrent use of alcohol or other CNS-depressant drugs during benzodiazepine therapy can further increase sedation and cause coordination problems while on medication assisted treatment (MAT). It is your responsibility to inform one of the MAT program physicians if you are taking any sedative drugs.

## **Prescription Benzodiazepines**

The program physician will assess the person's ability to participate in program, take the medication as prescribed and the medication's appropriateness with methadone or Suboxone. Patients will be asked to sign a written consent for release of information for each of their treating and prescribing physicians. The absence of this release disallows the clinic physician to be able to safely prescribe methadone or Suboxone. Therefore, in this situation, refusal to sign a written consent would be grounds for discharge from medication assisted treatment.

Persons who are taking prescription benzodiazepines that have been approved by the program physician must bring in the original prescription and all refilled prescriptions to be recorded in the clinic record. Failure to take the medication as prescribed and/or failure to register prescriptions in a timely fashion will be grounds for loss of take home privileges and may result in discharge from medication assisted treatment.

## **Higher Level of Treatment Care**

Persons who abuse benzodiazepines during or after a benzodiazepine taper will be referred to a higher intensity of treatment. Persons who decline the appropriate level of intensity of treatment for benzodiazepine abuse/dependence

and continue to abuse benzodiazepines will be tapered off methadone or Suboxone and discharged from treatment.

*The program physician may discontinue your medication assisted treatment at any time if the concurrent use of benzodiazepines is deemed a medical safety concern.*

## Explanation and Procedures for a Pre-termination Fair Hearing

### POLICY:

- A. As a patient of the BHSD Substance Use Treatment Services, Addiction Medicine and Therapy Program (AMT), you are entitled to a pre-termination Fair Hearing should staff recommend an involuntary discharge from the program prior to treatment completion.
- B. The purpose of the pre-termination Fair Hearing is to review the fairness of the decision for your involuntary discharge.
- C. There are no pre termination fair hearings held for fee discharges or for violence/threats of violence.

### PROCEDURE

- A. You will be notified in writing of the reasons for the recommended involuntary discharge. Forms explaining the Pre-termination Fair Hearing Process, the Appeal of Termination and Title 22 Hearing Rights (Medi-Cal beneficiaries only) will be included with the involuntary discharge notice.
- B. If you wish to appeal the involuntary discharge, you must complete and submit the Appeal Termination form to BHSD SUTS Quality Improvement department (attached) and file this appeal within **72** hours (excluding weekends and holidays) of receiving the discharge notice. The Quality Improvement staff member assigned to pre-termination appeals will review the findings from the internal fair hearing and within 72 hours render a decision as to whether the decision has been upheld or overturned. You will be notified of the decision.
- C. Your counselor is responsible for both notifying the pre-termination Fair Hearing Officer of the filed appeal and scheduling Fair Hearing participants.
- D. A date, time and location for your Hearing will be scheduled within 7 working days (excluding weekends and holidays) from the receipt of the Intent to Appeal. You will be notified in writing of time, date and location of Hearing.
- E. The pre-termination Fair Hearing Officer is a Manager from SUTS. The Officer is the one who will preside over the Hearing proceedings and makes the final determination regarding the involuntary discharge.
- F. A staff member from a clinic other than the clinic you are being discharged from will be present on the panel for your Hearing to assist the Officer in objectively evaluating the information presented by you and your counselor.

- G. You have the right to be represented by an attorney or other person, the right to witnesses and to examine witnesses presented by the program.
- H. The pre-termination Fair Hearing Officer will make a determination at the meeting to uphold or deny the recommendation for your involuntary discharge based solely on the evidence presented.
- I. If the Officer's decision is to uphold the involuntary discharge, you will be informed of the right to appeal and the procedural steps needed to pursue such an appeal (this includes appeal to DHS for denial of benefits per Title 22 (applies only to Medi-Cal beneficiaries)).
- J. The pre-termination Fair Hearing proceedings are recorded on paper and kept for reference for twelve (12) calendar months from the date of the Hearing. The Fair Hearing Officer will keep the records stored in a locked business location to which only the Officer or his/her designee has access.
- K. A written record of the pre-termination Fair Hearing Officer's decision is completed in summary on the Report of Fair Hearing form. The original of the summary report will be placed in your chart, a copy is maintained by the Officer, a copy is provided to the Supervisor of the program and a copy is given to you.

## HEART RISKS OF METHADONE

Methadone has recently been associated with fatal heart rhythm problems. Methadone can cause prolonged QT, which means your heart's muscle takes longer than normal to recharge between heart beats. This can lead to dangerous changes in heart beat and slow shallow breathing that might not be felt by you, the patient, until it is too late.

Abnormalities in the heart's electrical system may be something you were born with, or may be due to an underlying medical condition or medication. At this time, the reason(s) for the methadone's effect on the heart are not well understood. Some possible reasons might be a high dose level, high blood level, and interactions with other medications. Other causes might be abnormalities in blood electrolytes that occur with other medical conditions like liver disease and diabetes. Also, there could be another heart condition causing the problem.

You are welcome to ask questions and discuss your risk with us. As with all treatments, we try to find the best balance between risks and benefits. It is important that you let your addiction medicine doctor know of any heart problems that you may have, any heart problems that run in your family, and any other medications you are taking.

We may order an EKG to check further. If your EKG shows "prolonged QT", we may order some additional blood tests and request that we consult with your other doctors (primary care, cardiologist, etc.) to look for causes and try to reduce your risk of heart problems. If your methadone blood levels are above the average therapeutic range, we may lower your dose in order to reduce your risk of heart side effects.

If your EKG shows prolonged QT that is  $> 500$  msec, the program policy requires that your methadone dose be tapered until your EKG QT becomes normal. If it becomes necessary to taper off methadone, then you will be offered the option of trying treatment with buprenorphine instead.

Thank you for your understanding as we continuously strive to provide the best medical care possible for you.

**SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM**  
**Behavioral Health Services Department**  
**Substance Use Treatment Services**  
**Addiction Medicine & Therapy**

**ACKNOWLEDGEMENT OF RECEIPT**

By signing this form, you acknowledge that you have received a copy of our *Notice of Privacy Practices*, *Patient Handbook*,

Our *Notice of Privacy Practices* gives you information about how we may use and disclose your medical or protected health information (PHI). Our Notice of Privacy Practices is subject to change. If we change our notice, we will post the revised version in our facilities. You may obtain a copy of the latest *Notice of Privacy Practices* from our Admitting staff or clerical team when you come to any of our facilities for services or treatment.

Our *Patient Handbook* outlines clinic hours, practices, emergency information and other important items regarding your treatment, both while in the clinic and outside. Please read it carefully and discuss any questions that you might have with your counselor.

I hereby acknowledge receipt of the Notice of Privacy Practices of SCVHHS- Behavioral Health Services Department Substance Use Treatment Services Addiction Medicine & Therapy Information & Handbook.

Signature: \_\_\_\_\_  
(patient/parent/conservator/guardian)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Witness Signature: \_\_\_\_\_

Witness: \_\_\_\_\_  
(please print)

Date: \_\_\_\_\_