

Patient Name: _____

Blue Ridge Addiction Medicine

Fees:

The appropriate fee is required at the beginning of the session. Cash, checks and credit/debit cards are acceptable. Checks should be made payable to Blue Ridge Addiction Medicine. Blue Ridge Addiction Medicine does not accept insurance at this time but we will provide you with any documentation needed for you to pursue reimbursement from your insurance company provided you qualify for out of network coverage.

To undergo treatment in Blue Ridge Addiction Medicine's DATA 2000 Therapy Program costs \$265 per month plus the cost of medication, which you will purchase at your local pharmacy. This \$265 monthly charge applies regardless of number of sessions you may have with the counselor each month. There is also a discounted price for cash payment each month of \$255.

Additional fees, if applicable, include: **Prices may change at any time for any reason.*

- \$15.00 for each Positive Drug Screen (weekly re-test until negative)
- \$35.00 for each returned check/Debit card or Credit Card Reversal fee.
- \$50 Reinstatement Fee – If over 5 days past prescription end date. Also requires being seen by the doctor.
- There will be a \$0.50 per page fee charged for all copies.
- Patients are responsible for all fees associated with any additional lab work ordered by the physician.

All fees must be paid in advance of service in order to continue with the DATA 2000 program and your prescription will never cover more days than you have paid for.

Any fees for services not listed in this document will be mutually negotiated between you and the managing staff on a case-by-case basis.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Confidentiality:

This document is intended to explain how your medical information may be used and/or disclosed as well as how to obtain access to the information. Please read all information within this document carefully and feel free to ask any question you may have regarding its content. Please review the information regularly as the information contained herein may be updated at any time. A copy of this document will be available to you upon request.

The information you share with a counselor is a key component of the therapeutic process. Information disclosed by you in counseling sessions and any associated documents contained in your file (all individually identifiable health information and all medical records contained within the file, either paper, oral or electronic, is considered "protected health information" by HIPAA. Your protected health information cannot be released to any agency or person without your written, informed consent with the exception of the following:

1. Uses and disclosures required by law
2. Uses and disclosures about victims of abuse, neglect, or domestic violence
3. Uses and disclosures for judicial and administrative proceedings
4. Uses and disclosures for law enforcement purposes
5. Uses and disclosures for research purposes, such as using Patient information in research; always maintaining Patient confidentiality
6. Uses and disclosures to avert a serious threat to health or safety
7. Uses and disclosures for health and oversight activities
8. Uses and disclosures for Workers Compensation

Prior to services, you will receive:

Consent for Treatment & A copy of your Patient's Rights

_____ Patient / _____ Staff

May 12, 2016

Patient Name: _____

Consent to Treat

_____ With my signature below, I hereby authorize and give my voluntary consent to the above named Medical Director of Blue Ridge Addiction Medicine and/or any appropriately authorized assistants that he may select to administer or prescribe Buprenorphine or medications containing Buprenorphine as an element in the treatment for my dependence on narcotics (opiate-based) drugs.

_____ The procedures necessary to assess and/or treat my condition have been explained to me and I understand my treatment will involve my taking daily doses of Buprenorphine or medications containing Buprenorphine, or other drugs, which will help control my dependence on heroin and/or other narcotic drugs. I attest that I have had the opportunity to ask any questions that I might have had and Blue Ridge Addiction staff members have addressed all of my questions.

_____ It has been explained to me that Buprenorphine and medications containing Buprenorphine are also narcotic (opiate-based) drugs, which can be harmful if taken without medical supervision. I further understand that Buprenorphine and medications containing Buprenorphine are opiate-based and classified as addictive medications and may, like other drugs used in medical practice, produce adverse results. The alternative methods of treatment, the possible risk involved and the possibilities of complications have been explained to me, but I still desire to receive Buprenorphine or medications containing Buprenorphine due to the risk of my return to the use of opiates and/or opioids such as heroin, oxycontin, morphine or other such drugs.

_____ It has been explained to me that Buprenorphine and medications containing Buprenorphine can cause drowsiness and slow reaction times and may otherwise impair the mental or physical abilities required for the performance of potentially dangerous tasks such as driving a car or operating machinery. This may occur more often in the first few weeks of treatment; but in any case, I understand that I must exercise great caution when driving cars or operating machinery until I am sure that Buprenorphine or Buprenorphine therapy does not adversely affect my ability to engage in such activities.

_____ The goal of medically-assisted treatment is total rehabilitation of the Patient. Eventual tapering and withdrawal from the use of all drugs, including Buprenorphine, is an appropriate treatment goal. I realize that for some patients, Buprenorphine or Buprenorphine treatment may continue for relatively long periods of time but that periodic consideration will be given concerning my prospects for tapering and complete withdrawal from Buprenorphine use.

_____ I understand I may withdraw from this treatment program and discontinue the use of the drug at any time and I shall be afforded tapering and cessation under medical supervision.

_____ I agree that I shall inform any doctor who may treat me for any medical problem that I am enrolled in a narcotic treatment program, since the use of other drugs in conjunction with Buprenorphine may cause me harm.

_____ I also understand during the course of treatment, certain conditions may make it necessary to use additional or different procedures than those explained to me. I understand these alternate procedures will be used when in the Program Medical Director's judgment doing so is considered to be advisable.

_____ I certify that no guarantee or assurance has been made as to the results that may be obtained from Buprenorphine treatment. With full knowledge of the potential benefits and possible risks involved, with my signature below, I do hereby consent to Buprenorphine or Buprenorphine treatment, since I realize I would otherwise continue to be dependent upon and abuse narcotic drugs.

Check: Male Female - *females*: To the best of my knowledge I am / am not pregnant.

Female Only: If I even think I am pregnant or might be pregnant or might become pregnant I will notify the staff of Blue Ridge Addiction Medicine. Patient to Initial: _____

_____ Patient / _____ Staff

May 12, 2016

Agency Expectations and Program Requirements for DATA 2000 Patients

It is the policy of Blue Ridge Addiction Medicine to maintain the flexibility necessary to provide accessibility to services for diverse Patient populations. The guidelines and rules governing Blue Ridge Addiction Medicine come from a variety of sources including Federal, State and Local Authorities. Understanding and knowing these rules is the best way to assure positive treatment outcomes. In order for us to maintain our license in good standing and to preserve our ability to practice medicine these rules must be followed. Blue Ridge Addiction Medicine is subject to regular unannounced inspections by regulators. Following all the guidelines/rules to the letter is mandatory. These guidelines and rules ultimately exist for your benefit.

Listed below are some of the guidelines/rules instituted at Blue Ridge Addiction Medicine:

1. A counselor will be assigned at time of admission and will responsible for assisting you with developing and implementing a treatment plan and providing individual counseling. Patients are expected to attend the treatment center as scheduled, **a minimum of one time every calendar month.**
2. Each Patient is required to provide at least one drug screen **a minimum of one time every calendar month.**
3. Each Patient is expected to pay all fees each visit when services are provided unless other arrangements have been previously negotiated.
4. Each Patient is expected to respect the confidentiality of other Patients and to treat other Patients and staff with respect and dignity. BRAM also prohibits the use of photography and recording devices while in the agency. Remember to treat others with respect and any violence or aggressive behaviors will not be tolerated. Any violations may result in an individual not being allowed to continue attending treatment with our agency.
5. Weapons are not allowed on the premises.
6. No loitering will be permitted under any circumstance.
7. For any time that you are late for a session, that time will be forfeited in order to not disrupt session times for other Patients.

Each patient will also have to complete lab work or provide proof of lab work as required by the doctor. If the Patient has had lab work completed by their PCP within the previous 6 months, they can provide copies as needed buy the doctor or they can make an appointment with our recommended lab, **Any Lab Test Now.** The lab work may be covered by their insurance company or if it is not the contracted rate for our required labs is \$89. Based on treatment necessity, the Blue Ridge Addiction Medicine Staff may require you to attend more often due to treatment concerns and/or testing positive for illicit substances. Also, we will send your drug screen to a nationally approved laboratory for analysis. The lab will bill your insurance company directly for this service. By signing this form you understand this process and consent to have your sample sent to an outside laboratory for testing.

Discharge Procedure:

This discharge procedure is in place help keep the Patient informed to the process that occurs when a Patient has violated expectations or case is discussed in a treatment team format, which includes counselors, medical staff and the treatment center director and a determination has been made to discontinue services.

It is the policy of Blue Ridge Addiction Medicine to discharge Patients from treatment when certain conditions are met. The following list presents some of the discharge conditions but is not a fully comprehensive list:

1. Failure to pay treatment center fees.
2. Failure to follow agency expectations.
3. Threatening staff or patients in any form.
4. Buying/selling/trading/dealing drugs on the premises of BLUE RIDGE ADDICTION MEDICINE
5. Diverting medications provided to you as part of your treatment for opiate addiction.
6. Joint agreement between Patient and counselor or when treatment has been completed.
7. Go 5 days past due date without making prior arrangements.

I have read, understand and do hereby consent by signature to the above provisions. I understand that a copy of this document will be included in the Patient Information Pack given to me.

PATIENT RIGHTS

When you receive services in a substance abuse program, your rights are protected by the rules and regulations contained in Chapter 20-4-9 of the Federal Rules and Regulations. Below is a simplified outline of those rights:

1. Be involved in all aspects of your treatment planning and the course of your treatment.
2. Be provided with services that are responsive to your unique characteristics, needs and abilities.
3. Review and/or amend your records upon request by scheduling an appointment with your counselor to do so.
4. Authorize releases of information by discussing the need for any with your counselor.
5. Be treated with respect by the staff at Blue Ridge Addiction Medicine and to be free from physical abuse, sexual abuse, psychological abuse, harassment or physical punishment including humiliation, threats or exploitation.
6. Referrals to self-help groups, advocacy services, legal services, or any other public or private service that may be of benefit to you by discussing possible referrals with your counselor.
7. Be given sufficient information about your treatment to help you make the best possible decisions including, but not limited to, treatment needs, medical information surrounding Buprenorphine or Suboxone® for opiate addiction treatment, cost of your treatment, rules that govern your behavior at this facility and referrals to other treatment facilities.
8. Express your preference regarding a choice of counselor at any time and the right to know your counselor assignment upon your admission into treatment.
9. Know that the use of seclusion or restraint will not be used
10. Know any changes in policy that may affect your treatment which will be posted and/or reviewed with the Patient.
11. Know that there are written procedures that this agency follows and any violation could result in discharge. This includes being reported to proper authorities if any
12. Confidential treatment as set forth by both State and Federal regulations. This basically means that without your explicit written consent to do so, this program may not release any information about you.
13. Transfer to another opioid treatment program (if they accept you) and expect that any necessary paperwork will be forwarded to that program from Blue Ridge Addiction Medicine, both medical and non-medical.
14. Treatment without waiver of any civil right or other right protected by law as a condition of that treatment.
15. Know your dose level of medication at all times and request medically supervised withdrawal or tapering when you think you are ready to do so and this can be coordinated with your counselor.
16. Discuss any grievance or complaint or appeal a decision with the Program Director by scheduling an appointment with her without experiencing any adverse consequences as a result of seeking resolution to your grievance. You may also file a written grievance, complaint, or appeal by doing so in writing and forwarding it to the Director.
17. File a complaint with The North Carolina Buprenorphine Authority or the North Carolina Dept. of Environmental Control, Div. of Health Licensing or the Secretary of Health and Human Services of North Carolina if this facility abuses your rights as set forth in State statutes and regulations. The number to call will be given to you by the Program Director upon request.
18. You have the right to see and receive a copy of your counseling file. Any copies of your file will only contain Blue Ridge Addiction Medicine generated documents. *(Psychotherapy notes are afforded special privacy protection under the HIPAA regulations and are excluded from this right).*
19. You have the right to request a history of any disclosures regarding your protected health information (PHI).

I have read and understand this Patient Rights document and these rights have been explained to me. I understand that a copy of this document will be provided in my Patient Information Pack.

Drug Screening and Recall Procedures

A Drug Screen will be randomly performed on each Patient in accordance with State and F.D.A. regulations. All drug screens will be used as therapeutic tools for the purpose of treatment planning, interventions and diagnosis, not as punishment of choices. A Urine drug screen refers to the process whereby an individual's urine sample is chemically analyzed for the detection of certain chemicals. The drug screen shall be used as clinical tools for the purpose of diagnosis and the results from these procedures will be used in the development of an individualized treatment plan.

The Blue Ridge Addiction Medicine procedure to conduct a drug screen is:

- A. Blue Ridge Addiction Medicine staff has the right to ask for a drug screen or B.A.C. if the Patient appears to be intoxicated. It will be the financial responsibility of the Patient if the screen is positive for substances other those prescriptions provided by Blue Ridge Addiction Medicine.
- B. The random drug screens will be carried out without advance notice to the Patient. The Patient is expected to comply with the request without resistance. A refusal to take a drug screen will be considered a positive drug screen and the \$15.00 charge will not be waived. The refusal to take the drug screen will be recorded as such in the Patient record.
- C. The Patient has the right to ask for another drug screen for a fee of \$15.00.
- D. The results of drug screens will be discussed during counseling sessions and with the treatment team.

The consequences for continued use of illicit drugs INCLUDING MARIJUANA AND ALCOHOL are as follows, minimally: Two positive drug screens (including marijuana and alcohol) within a 90-day period may result in a reduction of call-in privileges. Three positive drug screens (including marijuana and alcohol) within a 90-day period may result in suspension from the program.

Medication Recall:

It is understood that picking up medication at a local pharmacy is an earned privilege and is permitted by both state and federal regulations as long as the Patient meets all of the required criteria, including assuring the safe storage of all take home medication. To ensure proper responsibility in the storage and use of take-home medication, Blue Ridge Addiction Medicine will require random recalls of take-home medications prescribed by our doctor. The medication will need to be brought back to the agency within 24 hours of the call. Do not take your medication for that day and bring that day's dose with you with your remaining month's unused doses. This agreement also requires you to bring with you all containers for any/all controlled substance medications that have been prescribed for you. Failing to respond to a recall could result in being considered a failed drug screen and possibly discharge from the program. It is the Patient's responsibility to provide correct phone numbers and contact information to the agency. Reporting not receiving messages is not an acceptable reason for non-response.

I have read, understand and do hereby consent by signature to the above provisions. I understand that a copy of this document will be included in the Patient Information Pack given to me.

Patient Name: _____

CONFIDENTIALITY OF ALCOHOL & DRUG ABUSE PATIENT RECORDS

Federal Law and Regulations protect the confidentiality of alcohol and drug abuse Patient records maintained by this program. (See 42 U.S.C-290dd3-42 and U.S.C-290ee3-2.53 (c) (d) for Federal Law and 42 CFR, Part 2 for Federal Regulations.) Generally, the program may not tell a person outside this program that a Patient attends the program, nor disclose any information identifying a Patient as an alcohol or drug user UNLESS:

1. The Patient consents in writing; OR
2. The disclosure is allowed by court order and subpoena; OR
3. The disclosure is made to medical personnel in event of a medical emergency; OR
4. The Patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Government agencies that fund or regulate a program, private agencies that provide financial assistance or third party payments to a program and peer review organizations that review utilization or quality control may have access to program records without Patient consent in order to conduct an audit or evaluation. Any person or organization that conducts an audit or evaluation must agree in writing that it will re-disclose Patient-identifying information ONLY:

1. Back to the program; OR
2. Pursuant to a court order to investigate or prosecute a program. (NOT A PATIENT); OR
3. To a governmental agency that is overseeing a Medicare or Medicaid audit or evaluation.

The Program Director determines if the agencies qualify for auditing and evaluations. Federal Law and Regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State and Local authorities. However, the exchange of confidential Patient information in the absence of Patient consent is allowed under the following circumstances:

1. Release of a Qualified Service Organization Agreement;
2. Mandated reporting of suspected elder or child abuse;
3. Notification of law enforcement and warning of intended victims (Tarasoff warnings)

Elder abuse reporting is mandated under some state laws, but release of confidential Patient information is not allowed by Federal law in the course of elder (versus child) abuse reporting. Elder abuse reports must be made anonymously, without disclosing confidential Patient information.

Violations of the Federal Law and Regulations by a program are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

The confidentiality of my records has been explained to me and I have read, understand and do hereby consent by signature to the above provisions. I understand that a copy of this document will be included in the Patient Information Pack given to me.

_____ Patient / _____ Staff

May 12, 2016

Patient Name: _____

Informed Consent:

By signing this page of the agreement, you acknowledge that you understand and have read the entire document and consent to be treated by Blue Ridge Addiction Medicine. A copy of these documents and your acknowledgement will be placed in your file. Do not sign any document you do not fully understand or any document you have questions about. All concerns or questions will be gladly explained by your counselor.

Signature of Patient _____ Dated _____

Signature of witness _____ Dated _____

PATIENT ANNUAL REVIEW

With my signature below, I do hereby attest to the following: The Blue Ridge Addiction Medicine policies, procedures and consents have been reviewed with me. I have reviewed and understand the contents of the consent package. I have reviewed, understand and have received a take-home copy of the Patient Information Pack. I attest that I have had the opportunity to ask any questions that I may have had and these questions have been answered to my satisfaction by the Blue Ridge Addiction staff. I understand my rights as a Patient to this program and continue to consent to treatment at this time.

Patient's Signature _____ *Date*

Staff Signature _____ *Date*

Patient's Signature _____ *Date*

Staff Signature _____ *Date*

Patient's Signature _____ *Date*

Staff Signature _____ *Date*

Patient's Signature _____ *Date*

Staff Signature _____ *Date*