



Patient Referral Source Form

Please help us improve our services by letting us know how you heard about us!

Please check the option(s) below that best describe how you found out about Emmaus Medical and Counseling.

- Google Search**
- Facebook**
- Instagram**
- Online Advertisement (other than Google, Facebook, Instagram)**
- Referred by a Friend/Family Member**
- Healthcare Provider Referral**
- Social Media (other platforms)**
- Radio/Podcast**
- TV Commercial**
- Billboard**
- Newspaper/Magazine**
- Event/Community Outreach**
- Other:** _____



Patient Information

Today's Date: _____

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone number: _____

OK to leave a voicemail? Yes No OK to communicate by text? Yes No

Email address: _____

Social Security Number: _____ Gender Identity: _____

Employer: _____

Relationship status: Married Divorced Widowed Single In a relationship

Insurance Information

Primary insurance: _____

Member ID #: _____

Are you the subscriber? Yes No

If not, please list the name of the person who carries this policy:

Name: _____

Date of birth: _____ Relationship to you: _____

Secondary insurance (if applicable): _____

Member ID #: _____

Are you the subscriber? Yes No

If not, please list the name of the person who carries this policy:

Name: _____

Date of birth: _____ Relationship to you: _____



Emergency Contact Information

Name: _____

Phone number: _____ Relationship to you: _____



Informed Treatment Consent Agreement

The goal of opioid treatment is stabilization of functioning.

The program shall address the patient's present level of functioning, course of treatment, and future goals at regular intervals in full consultation with the patient.

The main purpose of this service is to help identify and treat opiate addiction and dependency in a non-judgmental manner. Our program is considered a detoxification program for opiate withdrawal. The goal of detoxification and treatment is to overcome opiate addiction.

Tapering of all medications with dependence including opioids (narcotics), benzodiazepines, marijuana, and alcohol will be a part of the treatment.

We do not treat chronic pain nor conduct chronic pain management.

Medications containing only buprenorphine and naloxone combination are used in our treatment plan. We rarely prescribe Subutex.

Suboxone is prescribed for opiate addicts to make the detoxification process safe and effective.

Buprenorphine, the main ingredient in Suboxone, acts on the same opiate brain structures and processes as addictive opioids, but with protective and normalizing effects. This enables Suboxone to prevent the side effects of opiate withdrawal but without intoxicating the patient. One of the main risks of using Suboxone for opiate detox is that it has a small potential for addiction.

Even when administered to a high-risk population, 100% of whom have histories of opiate addiction, very few develop the uncontrollable compulsion to take buprenorphine.

We follow the Substance Abuse and Mental Health Services guidelines and follow all regulations implemented by the State of Tennessee, the Commonwealth of Virginia, and the federal government. We will also help individuals cope more effectively with problems in daily living and to deal with internal conflicts to achieve more satisfying and interpersonal relationships.

This purpose is accomplished by:

- Increasing personal awareness of obstacles and strengths.



- Identifying specific and individual goals.
- Taking personal responsibility to make the changes necessary to attain those goals.
- Utilizing all available community, medical, and self-help resources.

The relationship between doctor, counselor, case manager, clinic staff and the patient are the containers through which the client change can take place. It is often a relationship in which close emotional bonds develop. It is also a professional relationship, in which boundaries must be maintained. It is a necessary requirement for maintenance of the therapeutic environment. Our professionals cannot be expected to be involved in a social relationship or friendship of any kind that exists outside of the practice. Professionals and patients are never to have contact via any type of social media.

Appointments

Appointments range in duration from 30 to 50 minutes, including provider visits, counselling, and drug screens. Group sessions are 50 minutes, individual sessions are no less than 20 minutes, and case management sessions vary dependent on the individual needs.

24-hour notice is requested if any appointment needs to be cancelled for a valid reason. Notify the clinic staff if you anticipate arriving late for your appointment.

More than two missed appointments without notification or "No Shows" are grounds for dismissal.

Patients arriving late for their appointment will be seen behind those patients who have already signed in to be seen and arrive on time.

Patients who have been in treatment and default out due to missed appointments or absenteeism will be allowed to return, restarting the program schedule on weekly visits. Medication dosing will begin back at the dose of medications previously prescribed. We will not go back up on the dose of any medications nor add new ones.

Weekly visits are required until the patient has three consecutive negative drug screens for all drugs including alcohol.

Biweekly will be started and continue until the patient has two or more consecutive negative drug screens.

Monthly visits will continue to the remainder of the program.



Some patients may choose to stay on the biweekly or weekly schedule.

Changes in the program schedule may be at the discretion of the counselor or provider.

Patients will return to weekly visits and restart program following ANY positive drug screen.

Patient Responsibilities

Patients agree to conduct themselves in a courteous, respectful manner while in the clinic. Being verbally abusive, disrespectful, violent, and aggressive toward staff or other patients will result in immediate dismissal from the program. Possession of weapons, drug paraphernalia or any other drugs that are not prescribed will result in immediate dismissal from the program.

Arriving to the clinic intoxicated or under the influence of any substance will cause your appointment to be cancelled for that date and you will not receive any prescriptions. We have a zero-tolerance policy for patients who show intoxicated or under the influence. Both are grounds for possible dismissal.

Any mishandling of medication such as selling, or sharing with other individuals, is a serious violation of this agreement and against the law with potential for legal repercussions and will result in immediate termination from the program without recourse for appeal.

Dealing, stealing, or conducting any illegal or disruptive activities in the clinic or on the property jeopardizes the safety of patients and staff as well as the integrity of the clinic and will result in immediate dismissal from treatment as well as notification of local authorities.

Participation in random urine drug screens is performed at the discretion of the provider or counselor. Illicit substances, scheduled medications, or controlled substances not prescribed by the Emmaus Medical Clinic or another healthcare provider that continue to appear in urine or saliva screens despite counseling and outpatient intervention will result in dismissal from the program and referral for inpatient treatment.

No prescriptions will be written for patients who refuse or fail to participate in random screening upon request.

Witnessed specimens can be requested by the provider or counselor.

Patients discovered to be "ponying in urine" will be dismissed.



Urine drug screens must show appropriate medications and levels of those medications prescribed by the Emmaus Medical providers.

Patients must make payments at the time of service for co-pays, coinsurance, self-pay, or other patient financial obligations.

Confidentiality

Issues discussed in therapy are important and are generally legally protected.

Confidentiality is defined as not telling what is discussed in session, whether it be a one-on-one session or a group session. There are limits to the privilege of confidentiality. These situations include:

- Suspected abuse or neglect of a child, elderly person, or a disabled person
- When it is believed a patient is in danger of self-harm
- If a client intends to physically injure someone, the law requires Emmaus Medical staff to inform that person as well as the legal authorities.
- If a client reports any type of domestic abuse, the law requires reporting such issues to the legal authorities
- If ordered by a court of law to release information
- You file a legal suit against your therapist for breach of duty
- Your insurance company paying for services has the right to review all records

Each patient will be asked to sign a release of information so that a provider may speak with other professionals, legal professionals, and community resource providers to ensure the patient's needs are being fully met.

Record Keeping

A clinical chart is maintained describing counseling goals and progress, dates of sessions, drug screen results, and notes describing each session. Records will not be released without written consent, unless in those situations as outlined in the Confidentiality section above. All records are subject to review by the Tennessee Department of Mental Health & Substance Abuse Services for the sole purpose of the licensure of Emmaus Medical and Counseling. The patient's insurance carrier also has authority to review the patient's records for auditing, compliance purposes and claim processing.



Treatment Agreement

It's important to develop a treatment/service plan so that both parties know what goals are being addressed. Each plan will be reviewed after six months of care or when the staff deem it appropriate. The first session is understood to be an assessment during which time decisions on issues will be addressed and which medications will be maintained. A referral to an outside support group or treatment program may be suggested.

Patients may at times be asked to complete assignments outside the therapy sessions.

The assignments are essential aspects of your treatment and are expected to take an active role in the therapeutic relationship.

Regular feedback as to your progress, active participation in sessions, and reporting any changes in demographic information to assure your chart is current and up to date is crucial to your treatment program.

I accept, understand, and agree to abide by the contents and terms of this agreement and further, consent to participation in evaluation and a therapeutic relationship with Emmaus Medical and Recovery.

I understand that I may withdraw from this relationship at any time.

Patient Signature: _____

Date: _____

Witness: _____

Date: _____



Controlled Substance Agreement

Your provider indicated that a controlled medication may assist you in your opioid abuse recovery. Controlled medicine can be dangerous and habit forming. These medications must be taken only as prescribed by your provider. Please read this information thoroughly and ask any questions you may have.

- Understand that the medication you are being prescribed may help your opioid use disorder, and possibly other substance use disorders, but can also be addicting. Your provider feels it is necessary for treatment for your condition. Your provider will explain the potential risks, potential short- and long-term side effects, the risk of drug interactions and over-sedation, and the risk of misuse and overdose.
- These medications may interfere with your ability to drive and/or operate heavy machinery.
- Death has resulted from those who mix buprenorphine with other substances, including but limited to alcohol and benzodiazepines (Valium, Clonazepam, Xanax, and Ativan).
- There is no fixed time for buprenorphine treatment. The main goal is to stop using all illicit drugs and to become successful in all aspects of your life.
- Take all medications only as prescribed by a provider. It is for your personal use only.
- Attend all scheduled appointments with all providers.
- Refills will not be given early or without an appointment.
- Obtaining controlled substances from any other provider unless authorized by your provider at Emmaus Medical and Counseling. Obtaining controlled substances from multiple providers could be considered illegal.
- Giving and/or selling your controlled substances/medications to others is illegal and can be reported to the police. This is called diversion and will cause dismissal from the practice.
- While on the prescribed medication, you cannot use other illegal substances, including but not limited to, cocaine, methamphetamine, or any other "street drug".
- Using medications not prescribed to you is illegal.
- You are responsible for your own medication. You must keep it in a safe and secure place away from others, especially children. Lost or stolen medications will not be replaced.



- The provider or clinic staff may talk to other physicians, pharmacists, or family members to confirm appropriate medication used. Your privacy protections do not apply in these instances.
- Routine and random drug screens will be performed as requested by your provider. You will be responsible for the payments for testing.
- Occasionally the providers will ask you to bring your medication bottles to the office for the purpose of a pill count. Should you refuse or not show up, this is cause for dismissal from Emmaus Medical and Counseling.
- All controlled substances should be obtained from only one pharmacy within the state that you live in. The practice must be informed of any pharmacy change.
- You will receive Narcan training and what to do should you experience an overdose.
- You will receive and review HIV/AIDS/Hepatitis handouts and how they can be contracted and where to be tested.
- Use of violence, use of threatening language, behavior, or participation in illegal activity or arriving with guests who do so, and arriving under the influence will result in termination of treatment and discharge from Emmaus Medical and Counseling.

Certification

I have reviewed and been given a copy of this Controlled Substance Agreement (CSA). I understand it and agree to continue to honor the CSA. I understand that failure to do so may result in my discharge from Emmaus Medical and Counseling.

Patient Signature (or legally authorized representative): _____

Date: _____

Staff Signature: _____

Date: _____



Financial Agreement

Thank you for trusting Emmaus Medical and Counseling with your healthcare needs. This financial agreement will answer questions regarding patient and insurance responsibilities for services rendered. Please read this agreement carefully, ask any questions you may have and sign in the spaces provided.

Insurance

Your insurance coverage is a contract between you and the insurance company. As a courtesy, we will file the claims for you, but the responsibility of the bill is yours. Please provide us with the correct information on both primary and secondary policies and any changes thereof.

Patient Responsibility

The patient is responsible for any self-pay amount that is incurred on the account.

I hereby authorize the release of any medial information necessary to process my insurance claims

I authorize payment of all claims to the office of Emmaus Medical and Counseling.

Patient Name: _____ Date of birth: _____

Primary Insurance: _____ Policy #: _____

Effective Date: _____ Copay: _____ Deductible: _____

Secondary insurance: _____ Policy #: _____

Effective Date: _____ Copay: _____ Deductible: _____



Self-Pay status, amount due and effective date:

Weekly _____ Effective date: _____

Bi-weekly _____ Effective date: _____

Monthly _____ Effective date: _____

I have received this policy and understand that regardless of any insurance coverage I may have, that I am responsible for the payments listed on my account. I understand that all copays will be paid at the time of service. Any deductible or unpaid balances on my account will be paid by arrangements made with Emmaus Medical and Counseling staff.

Any changes to your insurance coverage will warrant an updated financial agreement and new signature dates.

Patient Signature: _____

Printed Name: _____

Date: _____

Emmaus Witness Signature: _____

Date: _____



Right to Access Form for Family Members/Friends

I, _____ direct my health care services provider to disclose and release my protected health information described below to:

Name: _____ Relationship: _____

Contact information: _____

Health Information to be disclosed upon the request of the person named above.

(Check either A or B)

A. Disclose my complete health record (including but not limited to diagnoses, lab results, prognosis, treatment, billing, and appointment dates/times OR

B. Disclose my health record as above **BUT** do not disclose the following:

(Check as appropriate)

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Medication

Appointment date/time

Other (please specify): _____

Form of disclosure:

Hard copy

Verbally



This authorization shall be effective for one year from the date of signature.

You may revoke this authorization in writing at any time by notifying the office staff.

Patient Signature: _____

Printed Name: _____

Date: _____



Telehealth Agreement Form

Telehealth involves the use of electronic communications to enable healthcare providers to connect to individual patients for the purpose of improving patient care.

This process requires transmission, via the Internet or other tele-communication devices.

The laws that protect the privacy and confidentiality of health care information also apply to telehealth.

As with any Internet-based communication, there is a risk of security breach. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient data. It will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Telehealth sessions may not always be possible. Disruptions of signals or problems with the Internet's infrastructure may cause broadcast and reception problems, poor picture, or sound quality, dropped connections, and other interferences that prevent effective interaction between the clinician and the patient.

I release and hold harmless Emmaus Medical and Counseling from any loss of data or information due to technical failures associated with the telehealth service.

I have the right to withhold or withdraw consent to the use of telehealth services at any time and revert to traditional in-person services. I understand that if I withdraw my consent for telehealth services, it will not affect any future services or care benefits to which I am entitled.

I understand that Emmaus Medical and Counseling has the right to withdraw consent to the use of telehealth services at any time and revert to in-person services.

By signing below, I certify that I am authorized to consent, and Emmaus Medical and Counseling consent to proceed with telehealth if performed. I have read and understand the above statements.

Patient Signature: _____

Date: _____



Neonatal Abstinence Syndrome (NAS)

Neonatal Abstinence Syndrome is a condition in which an infant experiences withdrawal from substances that a mother took during pregnancy.

Most prescription medications and illegal drugs, as well as other substances, pass from the mother's bloodstream to the baby during pregnancy. Some of these substances that cause dependence and addiction in the mother can also cause the baby to become dependent as well.

NAS is mostly caused by opioids taken by the mother.

Smoking can make NAS more likely to happen as well.

Common prescription drugs that may affect a baby if taken during pregnancy are:

Buprenorphine, Suboxone and Subutex.

You can prevent NAS by planning and spacing out your pregnancies. Avoiding substance use and talk to your healthcare provider about any medications or drugs you take.

Contraceptive options are available to you through your local health department or your primary care provider.

Charges for family planning services at the health departments are adjusted according to your ability to pay.

Symptoms of NAS/Drug Withdrawal:

- High-pitched crying
- Low birth weight and failure to thrive.
- Rigid muscles
- Tremors or seizures
- Hyperactive reflexes
- Poor feeding/difficulty eating.
- Difficulty sleeping
- Irritated skin from friction or movement
- Sweating
- Vomiting and diarrhea



All female clients who are within childbearing age will be given a pregnancy test during their intake visit and will be given a follow up test every six months while in the program.

If you are currently taking contraception, please inform the provider and list in your current medication list, and list below:

Type: _____ Dosage: _____

For female patients who become pregnant during treatment or present pregnant requesting treatment, please be advised that we will attempt to get you to the lowest level possible prior to delivery. We will ensure that these levels will not place you or your baby in distress.

We would encourage our female clients to allow us to coordinate care with your OB/GYN provider during your time in treatment.

Patient Signature: _____

Date: _____

Witness: _____

Date: _____



Authorization for Disclosure of Medical Record Information

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

From: _____ Phone #: _____

Address: _____ Fax #: _____

To: _____ Phone #: _____

Address: _____ Fax #: _____

I hereby authorize the release of all medical information including but not limited to (1) Substance abuse (drug or alcohol) treatment, (2) mental health treatment. This request includes any reports, notes, correspondence, test results, and any other information contained in the records, whether generated by the authorized provider or another entity.

I understand that signing this authorization is voluntary, and that I am not required to sign to obtain treatment, payment, or eligibility for benefits. I also understand that I may revoke this authorization by doing so in writing at any time, and that the revocation does not affect any information that was released/obtained before the revocation. The authorization expires automatically one (1) year from the date of signature.

Patient Signature: _____

Date: _____

Witness: _____

Date: _____



FAMILY MEDICAL HISTORY QUESTIONNAIRE

Patient Name: _____

Have you or anyone in your family (Parents, grand-parents, aunts, uncles, sisters, brother, etc.) had any of the following? Check the box, if “Yes”

- | | |
|--|------------|
| <input type="checkbox"/> Asthma | Who? _____ |
| <input type="checkbox"/> TB/Lung Disease | Who? _____ |
| <input type="checkbox"/> HIV/AIDS | Who? _____ |
| <input type="checkbox"/> Heart Disease | Who? _____ |
| <input type="checkbox"/> High Blood Pressure | Who? _____ |
| <input type="checkbox"/> Stroke | Who? _____ |
| <input type="checkbox"/> High Cholesterol | Who? _____ |
| <input type="checkbox"/> Blood Disorders | Who? _____ |
| <input type="checkbox"/> Diabetes | Who? _____ |
| <input type="checkbox"/> Seizures | Who? _____ |
| <input type="checkbox"/> Cancer | Who? _____ |
| <input type="checkbox"/> Birth Defects | Who? _____ |
| <input type="checkbox"/> Hearing Loss | Who? _____ |
| <input type="checkbox"/> Speech Problems | Who? _____ |
| <input type="checkbox"/> Kidney Problems | Who? _____ |
| <input type="checkbox"/> Hepatitis/Liver Disease | Who? _____ |
| <input type="checkbox"/> Thyroid Disease | Who? _____ |



Treatment Goals

Patient Name: _____

In coming to therapy, I would like to concentrate on: (check the ones you choose below)

Reducing my fear of _____

- Having more pleasurable activities
- Improving communication with my spouse, partner, children, parents, friends
- Expressing myself more assertively
- Learning how to relax
- Better managing my health (specify: _____)
- Better tolerating my mistakes
- Better tolerating other's mistakes
- Feeling less guilty
- Feeling less depressed
- Increasing my conversation skills
- Learning to improve my self-esteem.
- Learning about exercise as therapy
- Thinking more positively
- Identifying negative triggers
- Dealing with my alcohol use
- Dealing with my use of drugs
- Learning to improve my friendships.
- Committing to a positive action every day
- Learning effective parenting skills
- Improving my sleep



- Learning problem-solving/decision-making techniques
- Discussing my desire for a career change
- Reducing family difficulties
- Reducing job difficulties
- Better manage my temper
- Taking initiative more often
- Better managing my time
- Allowing myself to express my feelings more.
- Feeling more self-confident
- Discussing my thoughts of harming myself/or someone else
- Adopting a healthier attitude about: _____
- Worrying less about: _____
- Other (specify): _____

Now list and decide which three goals you most wish to discuss/change currently.

My three more important goals are:

- 1) _____
- 2) _____
- 3) _____

How motivated are you to work on making these changes?



Patient Process for Reporting Grievance

This facility strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a way to measure the achievement of this goal and to identify the need for improvements. Patients are provided with a means to register a complaint concerning their service/care provided by Emmaus Medical and Counseling.

Any patient may express their concerns by simply placing a telephone call to the office, a written complaint, or in person to any member of the staff. All complaints received shall be forwarded to the Office Manager on the day of submission.

The Office Manager will attempt to address and resolve the concern by responding by telephone or in person within three (3) business days.

If the patient feels their concern was not addressed to their satisfaction, they can submit the complaint to the Medical Director by the same means as above. The Medical Director will consider the submitted complaint and may request additional information or documentation.

Once the collection of information is determined to be complete, the Medical Director will respond in writing within thirty (30) days. If the Medical Director is unable to decide within those thirty (30) days, he will notify the patient in writing regarding the status of their complaint.

To report a complaint to the Bulls Gap Office:

Melissa Perry – 423-393-4146 – melissaperry@emmausmc.com

To report a complaint to the Johnson City Office:

Martha Abel – 423-202-3008 – marthaable@emmausmc.com

To report a complaint to the Weber City Office:

Jamie Hill – 276-885-0190 – jamiehill@emmausmc.com

Medical Director:

Dr. Charles “Chip” Backus, DO – charlesbackus@emmausmc.com



Privacy Notice

This notice describes how medical and substance abuse related information may be used and disclosed under applicable law and how you can get access to such information. Please review carefully and contact our office with questions.

This privacy notice is being provided to you as a requirement of a federal law, the Health Institute Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 120d et seq, 45 F.F.R. Parts 160 & 164 and confidentiality law, 42 C.F.R. Part 2. This privacy notice describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your right to access and control your protected health information. Your “protected health information” means any written or oral information about you, including demographic data that can be used to identify you, created or received by your health care provider, which relates to your past, present or future physical or mental health condition.

Part 1: Uses and Disclosures of Protected Health Information for Treatment, Payment, and Health Care Operations

We may use your protected health information for the purposes of providing treatment, obtaining payment for treatment, and conducting healthcare operations. Your protected health information may be used or disclosed only for these purposes unless we have obtained your authorization or the use or disclosure is permitted or required by the HIPAA regulations or other law. Disclosures of your protected health information for the purposes described in this Privacy Notice may be made in writing, orally or by electronic means.

- 1) Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your healthcare related services, including coordination and management with third parties for treatment purposes. Here are some examples of how we may use or disclose your information for treatment:
 - a. We may disclose your protected health information to a laboratory to order tests.
 - b. We may disclose your protected health information to other physicians, psychologists, and pharmacists who may be treating you or consulting with us regarding your care. We may disclose your protected health information to those who may be involved in your care, such as family members or your personal representative or applicable agencies, if permitted.



- 2) **Payment:** We will use your protected health information to obtain payment for the services we provide to you. We may also disclose your protected health information to another provider involved in your care for their payment activities. Here are some examples of how we may use or disclose your protected health information for payment:
 - a. We may communicate with your health insurance company to get approval for the services we render, to verify your health insurance coverage, to verify that particular services are covered under your insurance plan, and to demonstrate medical necessity.
- 3) **Healthcare Operations:** We may use and disclose your protected health information to facilitate our own health care operations and to provide quality care to all of our patients. Healthcare operations include such activities as quality assessment and improvement, employee review activities, conduction or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance reviews, business planning and development, business management and general administrative activities. In certain situations, we may also disclose your protected health information to another provider and health plan for their health care operations. Here are some examples of how we may disclose your protected health information for healthcare operations:
 - a. We may use your protected health information to review our treatment and services to evaluate the performance of our staff in caring for you
 - b. We may combine protected health information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective.
 - c. We may also disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes.
 - d. We may also use or disclose information on the course of maintenance and management of our electronic health information system.
- 4) **Other uses and disclosures:** As part of the functions above, we may use or disclose your protected health information to provide you with appointment reminders, to inform you of treatment alternatives, or to provide you with information about other health-related benefits and services which may be of interest to you.

Part 2: Uses and Disclosures of Protected Health Information without Authorization but with an opportunity for the individual to Object.



We may use your protected health information for maintaining a directory of patients in our facility. The information in the directory will be as limited as possible and at a minimum to include name, address, and contact information.



Patient Rights and Responsibilities

As a patient, you have the right:

- To have access to the patient's rights and responsibilities established by this facility.
- Be treated with respect, consideration, and dignity.
- The right to effective communication
- The right to respect your cultural and personal values, beliefs, and preferences.
- To be provided appropriate privacy while receiving services, including for the use of bathrooms when needed
- The right to be assisted by the facility in the exercise of your civil rights.
- The right to access, request amendment to, and obtain information on disclosures of his/her health information, in accordance with law and regulation.
- The right to receive care in a safe setting.
- The right to information in a manner tailored to the patient's age, language, and ability to understand.
- The facility provides interpreting and translation services.
- The facility communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that fits the patient's need.
- To be free from all forms of abuse or harassment
- To be fully informed about the individualized treatment plan
- To participate in the development of their individual program plans and to receive sufficient information about proposed and alternative interventions and program goals to enable them to participate effectively.
- To participate fully, or to refuse to participate, in community activities including cultural, education, religious, community services, vocational, and recreational activities.
- Appropriate information regarding the absence of malpractice insurance coverage
- To see posted written notice of the patient rights in a place or places within the facility likely to be noticed by patients (or their representative, if applicable) waiting for treatment
- Patient disclosures and records are treated confidentially, and patients are given the opportunity to approve or refuse their release except when release is required by law.



- Patients are provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment and prognosis. When it is medically necessary inadvisable to give such information to a patient, the information is provided to a person designated by the patient or a legally authorized person.
- Patients are given the opportunity to participate in decisions involving their healthcare, treatment, or services except when such participation is contraindicated for medical reasons.
- The facility involves the patient's family in care, treatment, or service decisions to the extent permitted by the patient or surrogate decision maker, in accordance with law and regulations.
- Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.
- Patients are informed about procedures for expressing suggestions, complaints, and grievance, including those required by state and federal regulation. The patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished.
- The right to be free of any requirement by the facility that you perform services which are ordinarily performed by facility staff

The patient has the right to:

- Exercise his or her rights without being subject to coercion, discrimination, reprisal, or interruptions of care that could adversely affect the patient.
- Protection from neglect and all forms of misappropriation and/or exploitation
- The Patient has the right to information concerning;
- Patient rights, conduct, and responsibilities
- Services available at the organization
- Provisions for after hour emergency care
- Fee for services
- Payment policies
- Patient's right to refuse participation in experimental research.
- The credentials of healthcare professionals

Patient Responsibilities

Prior to receiving care, patients are informed of their responsibilities. These responsibilities require patients to:



- Provide complete and accurate information to the best of their ability about their health, any medications, including over the counter products and dietary supplements and any allergies.
- Follow the treatment plan prescribed by the healthcare provider.
- Accept personal financial responsibility for any charges not covered by their insurance.
- Be respectful of all the health care providers and staff, as well as other patients.

Grievance procedure:

- The facility strives to provide quality care and achieve patient satisfaction. Patient grievances or complaints provide a means to measure achievement of this goal and to identify the need for performance improvement. Patients shall be provided with a means to register a complaint concerning any aspect of the services provided by the facility.
- Any patient may express their concerns by a simple informal complaint. Such a complaint may be registered by telephone, in writing, or in person to any member of the staff. All complaints received by personnel shall be forwarded to the facility director or his/her designee the same day.
- The facility director or his/her designee will attempt to address and resolve the concern by telephone/in person within three (3) business days.
- If subsequent to this contact by the facility, the patient continues to have concerns, the patient may submit the complaint or grievance in writing to the Medical Director. The Medical Director will consider the submitted grievance and may request additional information or documentation.
- Once collection of relevant information is determined to be complete, the Medical Director will respond in writing within thirty (30) days.

To Report a Concern:

Dr. Charles Backus, DO, CEO (charlesbackus@emmausmc.com) or

Melissa Sells, Practice Administrator (melissasells@emmausmc.com)



Suboxone Safety Information

Suboxone (Buprenorphine and naloxone) Sublingual Film is a prescription medicine indicated for the treatment of opioid dependence and should be used as a part of a treatment plan to include counseling and psychological support.

Do not take Suboxone if you are allergic to buprenorphine or naloxone as serious negative side effects, including anaphylactic shock have been reported.

Suboxone can be abused in a manner similar to other opioids, prescribed or obtained illegally.

Suboxone contains buprenorphine, an opioid that can cause physical dependence with chronic use. Physical dependence is not the same as addiction. Do not stop taking Suboxone suddenly without talking to your healthcare provider. You could become sick with uncomfortable withdrawal symptoms because your body has become used to the medicine.

Suboxone can cause serious life-threatening breathing problems, overdose, and death, particularly when taken intravenous (IV) route in combination with benzodiazepines or other medications that act on the nervous system (i.e. sedatives, tranquilizers, or alcohol).

You should not drink alcohol while taking Suboxone, as this can lead to loss of consciousness or even death. Your healthcare provider may monitor your liver function before and during treatment.

Keep Suboxone out of sight and reach of children. Accidental or deliberate ingestion of Suboxone by a child can cause severe breathing problems and death.

Do not take Suboxone before the effects of other opioids (i.e. heroin, hydrocodone, methadone, morphine, oxycodone) have subsided as you may experience withdrawal symptoms.

Injecting Suboxone may cause serious withdrawal symptoms such as pain, cramps, vomiting, diarrhea, anxiety, sleep problems, and cravings.

Before taking Suboxone, tell your healthcare provider if you are pregnant or plan to become pregnant. If you are pregnant, withdrawal signs and symptoms should be monitored closely, and the dose should be adjusted as necessary.



Opioid-dependent women on buprenorphine maintenance therapy may require additional analgesia during labor.

Neonatal opioid withdrawal syndrome is an expected and treatable outcome of prolonged use of opioids during pregnancy, whether that use is medically authorized or obtained legally. For newborn babies, withdrawal symptoms can be life-threatening if not recognized and treated. Healthcare providers should observe newborns and manage accordingly.

Before taking Suboxone, talk to your healthcare provider if you are breastfeeding or plan to breastfeed your baby. The active ingredients of Suboxone can pass into your breastmilk. You and your healthcare provider should consider the development and health benefits of breastfeeding along with your clinical need of Suboxone and should consider any potential effects on the breastfed child from the drug or from the underlying maternal condition.

Do not drive, operate heavy machinery, or perform any other dangerous activities until you know how Suboxone affects you. Buprenorphine in Suboxone can cause drowsiness and slow reaction times during does adjustment periods.

Common side effects of Suboxone include nausea, vomiting, drug withdrawal syndrome, headache, sweating, numb mouth, constipation, painful tongue, redness of the mouth, intoxication (feeling lightheaded or drunk), disturbance in attention, irregular heartbeat, decrease in sleep, blurred vision, back pain, dizziness, and sleepiness.

This is not a complete list of potential adverse events associated with Suboxone. Please see full prescribing information for a complete list.

To report pregnancy or side effects associated with taking Suboxone, please call your healthcare provider or 1-877-782-6966. You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

For more information about Suboxone or Subetex please see the respective full prescribing information and medication guide at www.suboxoneREMS.com



Suboxone Adverse Reaction Notification

Suboxone may not be right for everybody. Suboxone can cause serious side effects, including:

- Respiratory problems. You have a higher risk of death and coma if you take Suboxone with other medications, such as benzodiazepines.
- Sleepiness, dizziness, and problems with coordination
- Dependency or abuse
- Liver problems. Call your healthcare provider right away if you notice any of these signs of liver problems: Your skin or the white part of your eyes turning yellow (jaundice), urine turning dark, stools turning light in color, you have less of an appetite, or you have stomach pain or nausea.
- Allergic reaction. You may have rash, hives, swelling of the face, wheezing, or loss of blood pressure and consciousness. Call the healthcare provider or get emergency help right away.
- Opioid withdrawal. This can include shaking, sweating more than normal, feeling hot or cold more than normal, runny nose, watery eyes, goose bumps, diarrhea, vomiting and muscle aches.
- Decrease in blood pressure. You may feel dizzy if you get up too fast from sitting or lying down.

Tell your doctor about any side effects that bothers you or that does not go away.

These are not all the possible side effects of Suboxone. For more information, ask your healthcare provider.



Patient Education – Naloxone Injection

This is a summary and does not have all the possible information about this product. This information does not ensure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your healthcare provider. Always ask your healthcare provider for complete information about this product and your specific health needs.

Naloxone Injection (nal-OX-one)

Uses:

This medication is used for the emergency treatment of unknown or suspected opioid (narcotic) overdose. Serious -overdose symptoms may include unusual sleepiness, unusual difficulty waking up, or breathing difficulties (ranging from slow/shallow breathing to no breathing). Other symptoms of overdose may include very small (pinpoint) pupils, slow heartbeat, or low blood pressure. If someone has serious overdose symptoms but you are not sure if he or she has overdosed, give this medication right away anyway, since lasting slow/shallow breathing may cause permanent damage to the brain or death.

This medication belongs to a class of drugs known as opioid antagonists. It works by blocking the effects of the opioid in the brain. This medication may not work as well to block the effects of certain types of opioids (mixed agonist/antagonist such as buprenorphine, pentazocine). With these types of opioids, blocking may be incomplete, or you may need a higher dose of naloxone.

The effects of naloxone will not last as long as the effects of the opioid. Since treatment with this medication is not long-lasting, be sure to get medical help right away after giving the first dose of naloxone. Treatment of opioid overdose should also include breathing treatment (such as oxygen given through tubes in the nose, mechanical ventilation, artificial respiration).

How to use:

Read the patient information leaflet and instructions for use provided by your pharmacist when you get this medication and each time you get a refill. Be sure to keep this medication handy in case it is needed.

Learn ahead of time how to properly inject this medication so that you will be ready to use naloxone if needed. If you have any questions, ask your doctor or pharmacist.



The effects of this medication are rapid but not long-lasting. After giving naloxone, get medical help right away, even if the person wakes up. If symptoms return after giving, give another naloxone injection if available. Each contains only one dose and cannot be reused. Continue to closely watch the person until emergency help is received. Tell the healthcare professional that you have been given an injection of naloxone.

Side effects:

Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects.

In someone who has been using an opioid regularly, withdrawal symptoms can happen suddenly after receiving this medication. Withdrawal symptoms may include body aches, fever, sweating, watering eyes, runny nose, sneezing, goose bumps, yawning, weakness, shivering/trembling, nervousness, restlessness, diarrhea, nausea/vomiting, stomach cramps, increased blood pressure, fast heartbeat. In babies younger than 4 weeks who have been receiving an opioid regularly, sudden withdrawal may be life-threatening if not treated right away. Symptoms in babies may include seizures, crying more than usual, and muscle twitching/spasms.

This is not a complete list of possible side effects. If you notice other effects not listed here, contact your healthcare provider.

Precautions:

Before using this medication tell your doctor or pharmacist if you are allergic to naloxone or if you have any other allergies. This product may contain inactive ingredients which can cause allergic reactions or other problems.

Before using this medication, tell your doctor or pharmacist your medical history, especially of heart problems (irregular heartbeat, previous heart attack).

During pregnancy this medication should be used only when clearly needed. It may cause opioid withdrawal in an unborn baby whose mother has been regularly taking an opioid. The doctor will carefully monitor both the pregnant mother and the unborn baby after this medication is given.

It is unknown if this medication passes into breastmilk. However, it is unlikely to harm a nursing infant. Consult your doctor before breastfeeding.



Drug interactions:

Drug interactions may change how your medications work or increase your risk for serious side effects. This document does not contain all possible drug interactions.

Overdose:

Overdose in somebody not regularly taking an opioid is highly unlikely. However, if someone has overdosed and has serious symptoms such as passing out or trouble breathing, call 911.

Notes:

Ask your doctor or pharmacist about ways to prevent opioid overdose. Teach your close family or household members the signs and symptoms of an opioid overdose and tell them where you keep this medication.

Storage:

Store this product at room temperature away from light and moisture. Do not store it in the bathroom. Keep all medications always from children and pets. From time to time, check the expiration date. Properly discard this medication when it is expired or no longer needed. Consult your pharmacist or local waste disposal company.



Patient Acknowledgment and Agreement Form

I hereby acknowledge receipt of and agreement to read the attachments listed below and given to me by Emmaus Medical and Counseling.

Agreement to read implies understanding of the contents. If you have any questions about the content, please feel free to ask questions. We will certainly answer your questions and help you to understand.

- 1) Privacy Notice/ HIPPA
- 2) Patient Rights and Responsibilities
- 3) Suboxone Safety
- 4) Suboxone Adverse Reaction Notification - informed of side effects/risk with taking.
- 5) Naloxone injections - informed of correct usage, side effects, dosage & administration
- 6) Female patients and NAS (signed copy will be placed in your chart)
- 7) Copy of the Controlled Substance Agreement (signed copy will be placed in your chart)
- 8) Informed Consent Agreement (signed copy will be placed in your chart)
- 9) Financial Agreement (signed copy will be placed in your chart)
- 10) Grievance filing
- 11) Volunteer Opportunities
- 12) Local available resources to you
- 13) Inpatient and Intensive Outpatient Treatment Facilities
- 14) Celebrate Recovery Meeting locations.

Patient Signature: _____

Date: _____