

Welcome!

Congratulations on taking the first step towards your recovery.

We understand that accepting and admitting that you have an addiction problem, and asking for help is a difficult but necessary beginning in the recovery process. In seeking treatment, you should be proud of the fact that you have begun to take responsibility for your addiction and that you are now on a new path of recovery to change your life.

Change is not easy, but is possible with the support of the professional medical services available here at A+R Solutions LLC. As your treatment progresses, remember to keep in mind:

- Take one day at a time.
- Many other have been through what you are experiencing.
- We are here to help and support you thorough your treatment.
- You can Do It.....

Philosophy:

A+R solutions believes that you can become a more productive person with the help of our treatment plan. Providing treatment and encouragement in all areas of your life is our goal. This will be accomplished by treating our patients with dignity and respect. We will provide a safe and confidential environment to move toward achieving the necessary skills to harness your disease and allow you to become a respected member of your home as well as your communities.

Fee Schedule and Billing Procedures:

The fee for the monthly program is \$250 for the visit. Patients are billed this fee at each visit and this covers treatment until the next visit. Payment is expected on the day of your visit or you may **NOT** be seen.

Maintaining financial responsibility for the treatment is an integral part of your recovery, learning and maintaining accountability / responsibility plays a pivotal part in being a productive member of society.

Criteria for Admission:

A+R Solutions will screen each potential patient prior to them receiving a prescription from the doctor:

- Patient must verify that they are at least 18 years of age. Each patient will be required to provide state ID upon intake.
- Verify the person's identity including: name, address date of birth, emergency contact, and other identifying information as needed.
- Obtain a personal drug use history and current drug use status from each patient.

Addictive Disorder Information:

Physical dependence and addiction are not the same. Many drugs, including opioids (example: heroin, morphine, oxycodone), are some steroids, some heart medications, and alcohol may cause physical dependence. After someone takes the drug for a long time, the body begins to need the drug.

Suddenly stopping the drug, or taking less of it, causes unpleasant effects called withdrawal. The symptoms of withdrawal are different for each drug. They may be mild, or extremely unpleasant. With heroin they can even be life-threatening. Taking the drug again, or a similar drug, relieves the withdrawal symptoms. Close medical supervision over a long time usually is needed

for someone to stop taking a drug without having withdrawal symptoms.

“Drug dependence” is the medical term for what we usually call “addiction”.

Addiction means more than just physical dependence. In addition to the physical symptoms of dependence, the person has an overwhelming craving—a compulsion to keep taking the drug for the “high” it creates. This leads to drug-seeking behavior and often to criminal activity.

Eventually, nothing but getting the next dose matters much in the life of a person with a drug addiction.

Benefits of Treatment and Recovery:

There are a number of obvious benefits to the person with drug and alcohol addiction who takes the positive step forward into addiction treatment. But there are a number of benefits that may not be as immediately obvious. Spiritual, financial, emotional and community benefits are numerous. Emotionally and spiritually, those who enroll in addiction treatment with an open heart and mind will be more successful in rebuilding their self-esteem, personal relationship, and establishing a spiritual connection.

As far as financial and community resources are concerned, addiction treatment allows those who formerly dedicated their money and time to using, to change direction and invest instead in the people and community around them. (Jobs, careers, sports, volunteer work, hobbies, and family events).

You have the time and money for a world of opportunities that may not have even occurred to you yet.

Ultimately, that is the biggest benefit of addiction treatment: unlimited possibilities.

A+R Solutions Benzodiazepine/ Amphetamine Policy

There are safety risks in taking Suboxone concurrently with Benzodiazepines. The combination can lead to sedation, unconsciousness, or death. If the medication is taken together, it must be done under the close supervision and direction of a doctor. Therefore, a letter must be provided by the prescribing physician stating:

-That the prescribing doctor is seeing the patient for treatment of a psychiatric disorder and they are fully aware that the patient is currently receiving treatment for narcotic addiction.

The letter must be received (Faxed or mailed) within 30 days. The letter will be entered into the patient’s chart. If this letter is not received, it is up to the discretion of the prescribing Suboxone physician as to what action will be taken.

A+R Solutions Pregnancy Policy:

If you suspect that you are pregnant or have confirmed that you are pregnant you should schedule an appointment with your OB/GYN physician as soon as possible. It is necessary that you receive information about pregnancy and Suboxone right away.

A Letter from your OB/GYN is aware that you are currently being treated for narcotic addiction with Subutex

This letter must be received (Faxed or mailed) within 30 days. The letter will be entered into the patient’s chart. If this letter is not received it is up to the discretion of the prescribing Suboxone physician as to what action will be taken.

Completion of Treatment

A+R Solutions holds as primary objective to help our patients achieve a drug free life including tapering from Suboxone. Higher doses may initially be necessary but the intent is to maintain Suboxone at a lower more practical level. Although we hold this objective, we realize that it may not be realistic goal for all individuals who enter Suboxone treatment. Tapering from Suboxone should be a mutual decision between the patient and the physician. A+R Solutions is a Suboxone clinic treating opiate dependent patient's and NOT a pain management solution. Some of the factors, which should be considered, include:

- Length of time the patient has been in treatment.
- Patient's consent to dose reduction at a rate to be determined by the physician.
- Stability in the patient's interpersonal relationships.
- Patient's stability with outside support groups.
- Patient's fiscal responsibility within the program.

Treatment Program Stages:

Patients will begin their treatment by coming to their first visit where they will have a full medical and drug history performed. After the first visit patients will come back every month for continued treatment.

Clinic Rules of Conduct and Participation in Treatment:

The staff here at A+R Solutions is committed to providing you with comprehensive, individualized, quality services. We expect our patients to be actively involved in their treatment with us and to participate in all aspects of their treatment. We understand that you will need to work hard in your treatment and we will work with you throughout this process.

You are expected to conduct yourself at all times in all appropriate manner within the professional atmosphere at A+R Solutions. We understand that occasionally issues may arise in the course of treatment that you may not agree with. If this occurs, please let the staff know IMMEDIATELY in order to address this issue properly.

At NO time will the following behaviors be tolerated.

- I agree not to misuse, steal, see, give, or share my medications with others.
- Violations of this will result in immediate discharge and re-entry will not be allowed.
- I agree to take my medication outlined by my doctor and not alter in anyway.
- Verbal or physical abuse of staff or other patients.
- Disrespect to staff or patients or the property.
- Loitering in or around A+R Solutions or the surrounding property.
- Missing appointments without notification.
- Not fulfilling financial obligations.
- Use of cell phones or pagers in the office.
- Possession of weapons or contraband of any type.

Clinic Rules:

- You must bring your insurance cards and ID to every appointment.
- If you do not have money for your visit you will not be seen by the doctor.
- Do not leave the building unless your visit is completed.
- You must be on time and confirm your next appointment prior to leaving.
- If you miss your appointment you will not be seen for that week and a prescription will not be called in or given to anyone else, unless proof is given as to why you missed. Prescription cannot be picked up by others.
- Refills and lost, stolen, or misplaced medications will not be provided.
- Any patient returning from detox/rehab will be started at weekly visits.

- Prior to accepting any prescriptions of medications like Percocet, Oxycodone, OxyContin, Tramadol, Tylenol#3, Codeine etc. you must advise the prescriber (Doctor) that you are on Suboxone. **PRIOR TO FILLING THESE PRESCRIPTIONS, YOU MUST CALL THIS OFFICE TO GET APPROVAL.**
- If you test positive for these medications without our program physician being aware, you may be terminated from the program.
- Patient agrees to attend a form of counseling on a regular basis. Physicians will determine appropriate frequency.
- If a patient has 3 consecutive positive urine screens after their first visit they may be discharged from the clinic at the physician's discretion. A one-week script will be given at the time of discharge to allow the patient to enter a detox program.
- If a patient has more than one drug screen that is negative for suboxone they may be discharged from the clinic at the physician's discretion.

Anyone found with weapons on their person while on the premises will be immediately discharged from A+R Solutions program.

Anyone with contraband, including but not limited to illicit drugs, dispersing or selling illicit drugs or trying to purchase illicit or legal pharmaceuticals from anyone on the premises will be immediately discharged.

Addiction and Recovery Solutions

Patients' Rights: Confidentiality and Consent:

As a Patient getting treatment for a substance use disorder, your personal and medical information is protected under HIPPA law. This law states that your doctor or any employee with A+R Solutions is not allowed to tell anyone the reason that you are being treated, without your permission. Doctors or any employees of A+R Solutions are not even allowed to tell anyone whether or not you are a patient.

Patient Consent:

With your approval or request your doctor or employee of A+R Solutions may let others know about your treatment. No information will be released without a signed consent form, which will include the name of your doctor or treatment provider, the person/ group to whom your information is going, the purpose of the disclosure, how much information may be communicated, and the date. Even if you sign a consent form, you have the right to change your mind at any time. If you do change your mind, your doctor or employee of A+R Solutions will not share your information with others.

Impact on Treatment

The confidentiality law is strict, but will not keep you from getting good treatment. Exceptions were written into the law to make sure that patients still get excellent care. For instance, information can be shared among treatment staff in order to provide you with better care. Also, the law takes into account unexpected things that might happen. For instance, if there is a medical emergency and they need to know, the medical personnel treating you can be told you are receiving maintenance treatment for a substance use disorder.

Last Word:

Remember, the confidentiality law was set up to protect your rights. Ask your doctor if you have any questions about confidentiality or consent.

Patient Orientation to Program

This is to verify that I,

-----,
Have received A+R Solutions Patient Handbook/ Intake Packet and that the staff has oriented me to the treatment program. I recognize that I must comply with the rules and regulations in order to continue participating in treatment with A+R Solutions.

Violation of the above rules and regulations may be grounds for termination of the program.

Patients Signature:

Date:

Staff Signature:

Date:

Patient Drug Screen Agreement

I, -----,
understand

That providing a drug screen at each visit is an important part of my treatment and recovery. I understand that the results of these testes help guide my treatment here at A+R Solutions.

Urinalysis screening shall be done for the following substances at the minimum:

- Opiates
- Methadone
- Barbiturtaes
- Benzodiazepines
- Amphetamines
- Cocaine
- Oxycodone
- THC
- Buprenorphine

As a patient at A+R Solutions I understand that my urine samples may be monitored via a closed circuit unrecorded video or in person if clinically indicated to ensure the integrity of the specimen.

show up as scheduled.

YES NO 2. I agree to report my history and my symptoms honestly to my physician, nurses, and counselors involved in my care. I also agree to inform staff of all other physicians and dentists I am seeing, of all prescription and nonprescription drugs I am taking, of any alcohol or street drugs I have recently been using, and whether I have become pregnant or have developed hepatitis.

YES NO 3. I agree to cooperate with witnessed urine drug testing whenever requested by medical staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs.

YES NO 4. I have been informed that buprenorphine, as found in Suboxone, is a narcotic analgesic, and thus it can produce a 'high'; I know that taking Suboxone regularly can lead to physical dependence and addiction and that if I were to abruptly stop taking Suboxone after a period of regular use, I could experience symptoms of opiate withdrawal. I also understand that combining Suboxone with benzodiazepine medications (including but not limited to Valium, Klonopin, Ativan, Xanax, Librium, Serax) has been associated with severe adverse events and even death. I also understand that I should not drink alcohol with Suboxone since it could possibly interact with Suboxone to produce medical adverse events such as reduced breathing or impaired thinking. I agree not to use benzodiazepine medications or to drink alcohol while taking Suboxone.

YES NO 5. I have been informed that Suboxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected. I have been informed that injecting Suboxone after taking Suboxone or any other opiate regularly could lead to sudden and severe opiate withdrawal.

YES NO 6. I have been informed that Suboxone is a powerful drug and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit may be motivated to steal my take-home prescription supplies of Suboxone.

YES NO 7. I have a means to store take-home prescription supplies of Suboxone safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my Suboxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.

YES NO 8. I agree that if my doctor recommends that my home supplies of Suboxone should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.

YES NO 9. I will be careful with my take-home prescription supplies of Suboxone, and agree that I have been informed that if I report that my supplies have been lost or stolen, my doctors will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opiate withdrawal. Also, I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next visit.

YES NO 10. I agree to bring my bottle of Suboxone in with me for every appointment with my doctor so that remaining supplies can be counted.

YES NO 11. I agree to take my Suboxone as prescribed, to not skip doses, and that I will not adjust the dose without talking with my doctor about this so that changes in orders can be properly communicated to my pharmacy.

YES NO 12. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Suboxone, to make sure that I can tolerate taking it

without becoming sleepy or clumsy as a side-effect of taking it.

YES NO 13. I agree that I will arrange transportation to and from the treatment facility during my first days of taking Suboxone so that I do not have to drive myself to and from the clinic or hospital

YES NO 14. I have been informed that it can be dangerous to mix Suboxone with alcohol or another sedative drug such as Valium, Ativan, Xanax, Klonopin or any other benzodiazepine drug--so dangerous that it could result in accidental overdose, over-sedation, coma, or death. I agree to use no alcoholic beverages and to take no sedative drugs at any time while being treated with Suboxone. I have been informed that my doctor will almost certainly discontinue my buprenorphine treatment with Suboxone if I violate this agreement.

YES NO 15. If a female, I am not pregnant, and will not attempt to become pregnant. I will not have unprotected sex while I am taking Suboxone, because of the unknown safety of buprenorphine during pregnancy. I will tell my doctor if I become pregnant so that other treatment options can be discussed with me.

YES NO 16. I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated by counseling and other methods. I have been informed that buprenorphine, as found in Suboxone, is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.

YES NO 17. I agree that medication management of addiction with buprenorphine, as found in Suboxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling while being treated with Suboxone.

YES NO 18. I agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.

YES NO 19. I agree to participate in a regular program of peer/self-help while being treated with Suboxone.

YES NO 20. I agree that the support of loved ones is an important part of recovery, and I agree to invite significant persons in my life to participate in my treatment.

YES NO 21. I agree that a network of support, and communication among persons in that network, is an important part of my recovery. I will be asked for my authorization, if required (which it almost always is) to allow telephone, email, or face-to-face contact, as appropriate, between my treatment team and outside parties, including physicians, therapists, probation and parole officers, and other parties, when the staff has decided that open communication about my case, on my behalf, is necessary.

YES NO 22. I agree that I will be open and honest with my counselors and inform staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which has occurred --before a drug test result shows it.

YES NO 23. I have been given a copy of clinic procedures, including hours of operation, the clinic phone number, and responsibilities to me as a recipient of addiction treatment services, including buprenorphine treatment with Suboxone.

Patient Signature: _____ Date: _____

Staff Signature/Title: _____ Date: _____