

Welcome to Progressive Medical Specialist's Opioid Treatment Program. We are pleased you have selected us to be your treatment provider and we will strive to provide you with the highest quality of treatment.

This handbook is provided to orient you to our treatment program. It is imperative that you read and understand your client handbook. You will be asked to sign a statement attesting to the fact you read and understand your responsibilities in treatment.

We have two locations

- 1. In the strip district located at 2900 Smallman Street Pgh PA 15201 412-391-6384
- 2. In Washington County located at 2453 West Pike Road, Houston, PA 15342 724-873-5655

Project Director is	Annamarie
Clinical Supervisor is	Wendi -Washington Site
Lead Counselor is	Doug -Pittsburgh Site
Nurse Supervisor is	Jacki-both sites
Front Office Supervisor is	Jodi –both sites

Pittsburgh Site Information: 412-391-6384 (answers 24 hours)

Medication Hours:
Monday thru Friday
5:00 am to 11:15 am
Saturday
6:30 am to 9:30 am
Sunday
7:00 am-9:15 am

Operation Hours:
Monday thru Friday
4:00 am to 12:45 pm
Saturday
6:00 am to 10:00am
Sunday
6:30 am to 10:00am

Washington Site Information: 724-873-5655 (answers 24 hours)

Medication Hours:
Monday thru Friday
5:00 am to 11:00 am
Saturday and Sunday
6:30 am to 9:00 am

Operation Hours:
Monday thru Friday
4:00 am to 12:45 pm

6:00 am to 9:30am

You must dose at the facility that you have been admitted to, you cannot choose to dose at a different location.

In case of an after hour emergency, the answering service will contact the on call staff.

If ever an emergency prevents clients from dosing at the site, contact the clinic by telephone, and you will be instructed where to go to dose for that day

Our treatment is based on the following beliefs and principles:

- 1. That addiction is a disease
- 2. That addicts are not bad people but sick people trying to be well
- 3. Our goal is for our clients to refrain from all substances of abuse and become a responsible member within their family and their community.
- 4. Each client will be treated with respect and dignity. We expect that staff will be treated with the same respect
- 5. Clients will need to work with their counselors to make informed decisions about their treatment needs, plans and goals. Positive change will be supported, recognized and encouraged. We realize that successful abstinence and recovery from addiction requires treating the whole person
- 6. Although we are 12 step based we do not believe that one single treatment is appropriate for all individuals. Treatment should be based on your strengths and preferences
- 7. Recovery from addiction can be a long term process which may require treatment changes, medical and counselor interventions and in some instances, involuntary taper and suspension of methadone services

8. Our purpose is not only to point you in the direction of drug freedom and good health but also to ensure that you have the proper tools for successful management of your condition.

The Disease Model of Addiction.

Under the disease model, addicts are born and not made. Genetic differences leave some people far more susceptible to the effects of drugs or alcohol and far more vulnerable to addiction. The disease of addiction has a set of recognizable symptoms and a progression of symptoms that if left unchecked, will lead ultimately to death.

Under the disease model, there are four stages of addiction:

1. Pre-Symptomatic Stage – The use of alcohol or drugs does not yet present any significant problems.
2. The Early Stage – A stage of increasing problems caused by substance use, including guilt over consumption, increasing use, and (for alcoholics) blackouts.
3. The Crucial Stage – During this stage the person tries to control their use as consumption escalates, and fails. As consumption increases, the social, physical, and mental consequences also increase.
4. The Chronic Stage – The end stage, which includes very heavy use and increasing mental and physical consequences from that use.

Under the disease model, people with an addiction to drugs or alcohol face:

1. A condition that is chronic and for life, but one that can be treated. Alcoholics or drug addicts will never be capable of recreational or moderate consumption of drugs or alcohol.
2. A disease that, if left untreated and allowed to run its course, is ultimately fatal.
3. A disease that robs them of their ability to control their consumption, which often results in taking less personal responsibility for their actions while using drugs or alcohol.

According to the National Institute on Drug Abuse (NIDA), you need know the following facts about addiction treatment:

1. Treatment works, but only if you commit enough time and energy to your treatment.
2. Counseling and behavioral therapies are vital and effective components of addiction treatment.
3. Medications are sometimes necessary and beneficial in the treatment of addiction, especially when these medications are combined with therapies and other treatments.
4. Mental health issues must be treated in conjunction with addiction issues (also referred to as dual diagnosis).
5. People don't have to want help or agree to treatment to benefit from it.
6. Treatment must be a long-term process, and since addiction is a chronic, relapsing condition, multiple instances of treatment over the years are sometimes necessary.

Recovery Oriented Methadone Maintenance- Phases of Treatment Overview:4

The ROM phase model used by Progressive Medical Specialists, Inc. represents guidelines which describe treatment practices and other strategies that are science-based or recommended by expert consensus to promote recovery. The strategies promoted in each phase also reflect the SAMHSA Center for Substance Abuse Treatment “Guiding Principles of Recovery”. The ROM approach is focused holistically on an individual’s recovery rather than medication management alone. This will be discussed in more detail in your first few sessions with your primary counselor.

Dependency on opiates is a physical illness as well as a central nervous system disorder caused by long term opiate intake. After long term use, the nerve cells which would normally produce natural opiates cease to function normally and degenerate. The user becomes physically dependent on the external supply of opiates. Abrupt abstinence can cause severe physiological withdrawal symptoms and can lead to permanent damage of the cardio-pulmonary and central nervous systems.

Opiate addiction and dependency requires appropriate medical care and treatment. Methadone is used as a tool to treat opioid addiction. It is important that you realize that methadone is a powerful drug used in the treatment of opiate addictions. Opiates are a derivative of opium, a natural narcotic obtained from poppies. Opiates include but are not limited to heroin, morphine, codeine, dilaudid, and oxycontin.

Methadone is a synthetic opiate substitution and is very effective in the following ways.

1. Methadone is very long acting. You will only need to take methadone once a day. Methadone lasts from 24-36 hours.
2. Methadone takes effect slowly. Because the drug has a slower and more gradual onset of effects you will not get a “rush”. This helps break the cycle of the “rush-stoned-crash-withdrawal symptoms”.
3. Methadone side effects will lessen as your treatment progresses, any side effects will lessen or disappear after a certain amount of time in treatment
4. Once you stabilize on a therapeutic level you will look, act and feel drug free.
5. Methadone prevents withdrawal symptoms, reduces craving and blocks the effects of illicit opiates.

As great as methadone is, it is not enough on its own. Remember methadone is a tool it is not treatment by itself and must be combined with other clinical services in order to be effective.

Side effects:

Methadone side effects are usually minimal and short lived. They most often occur in the early stage of your treatment. Most clients experience no severe side effects. Please read the list below and notify the medical staff if you experience any symptoms of these side effects.

The most frequently observed negative effects may include light-headedness, dizziness, extreme tiredness, nausea, vomiting, sweating, ankle swelling or skin rash.

Much less often negative effects may include recklessness, malaise, weakness, headache, insomnia, disorientation, visual disturbances, constipation, dry mouth, flushing of the face, low heart rate, faintness and fainting, problem urinating, changes in sexual drive, irregular menstruation, joint pain, joint swelling and numbness and tingling in the hands and feet.

You may experience some side effects from methadone but they are usually minor and do not outweigh the benefits of treatment. Notify the nurse if you experience any side effects listed above.

Methadone is a medication that produces dependence and has the same side effects as other opiates.

Overdose may cause sedation and /or respiratory and cardiac depression. If you have difficulty breathing, chest pains or other serious symptoms call 911.

If you have a mild reaction that you believe is medication related please discuss with medical staff at the facility.

What to watch for: An often unrecognized symptom of methadone overmedication is unusual feelings of excess energy with or without euphoria.

Signs and symptoms of an overdose:

Unusual sleepiness, grogginess, drowsiness, (over sedation), Mental confusion, slurred speech or intoxicated behavior, Slow or shallow breathing, Pinpoint pupils, Slow heartbeat or lowered blood pressure, Unusual snoring while asleep, Difficulty arousing the person from sleep, Fingernails or lips turning blue/purple, Body is limp, Vomiting or gurgling noises, Cannot be aroused or unable to talk

If there are possible signs/symptoms of an overmedication or overdose, determine if the victim is responsive. Shout their name, pinch their ear or rub your knuckles on their breastbone to arouse them. Keep them awake and call 911. If the victim cannot be aroused, call 911 immediately.

Methadone is a powerful drug and has a number of interactions and side effects that you should know and understand. Methadone must be used with caution.

We require that you notify any medical and/or mental health professional that you are in methadone treatment. Upon admission you signed a form agreeing to do this. You will be required to sign a release of information for any and all medical/mental health professionals you are receiving treatment from outside of the clinic. Failure to do so could result in termination from treatment due to not following treatment plan goals and objectives.

We also require that you provide any and all medications, prescription as well as over the counter medications to the facility. All medications you take must be documented in your medical and clinical charts. You must provide the facility with all refill information of medications as you get the medicine refilled. Failure to do so can result in loss of take home status, not being eligible for a take home status and/or termination of treatment for failure to follow your treatment plan goals.

Important:

1. If you do not present your medications or over the counter drugs as required and your urine screen tests positive for an illicit substance you could pay a non refundable fee to have an additional test to confirm the results were not due to illicit use. Confirmation tests must be requested within and paid for 14 days from date of when the urine sample in question was obtained.
2. If you do not choose to confirm the results the urine drug screen will be considered positive for an illicit substance and you will be subjected to the consequences associated with such results, including suspension of any take home status you have earned.
3. Medications are to be taken as prescribed, if a staff member, especially medical staff believe you are impaired in any way, (from medication, illicit drug use, alcohol or just being overly tired) they have to right to refuse to dose you with methadone until you appear stable for dosing.
4. If you are not able to be dosed the facility staff will not let you leave if you drove a vehicle to the site and an emergency contact on file will be contacted to come get you from the facility.

Other Medications:

There are certain medications that cannot be used by clients on methadone and could lead to severe withdrawal or unpredictable interactions. It is important that you share the following list of medications with your healthcare providers, (MDs, surgeons, dentists, psychiatrist, etc).

It is never safe to use alcohol or unapproved benzodiazepines when taking methadone. Excessive use can cause breathing to stop resulting in a coma or death.

The following are examples of benzodiazepines: Xanax, Valium, Klonopin, Ativan, Restoril, Librium, Halcion etc. A more comprehensive list can be acquired from counselor or medical staff.

The following is a list of the narcotic antagonist drugs that may cause withdrawal symptoms if combined with methadone.

Levallorphan, (Lorfan)	Nalorphine, (Nalline)	Naloxone, (Narcan)	Buprenex/Suboxone/Subutex
Naltrexone (Revia, Trexan)	Cyclazocine	Pentazocine, (Talwin)	Rifampin
Butorphanal, (Stadol)	Buprenorphine, (Temagesic)	Nalbuphine, (Nubain)	Ammonium Chloride

Do not take the following without informing your PCP of methadone treatment due to the unpredictable interactions with methadone:

Ultram/Ultracet/Tramadol	MAO inhibitors	Erythromycin/EES	Phenytoin/Dilantin
Diflucan/Fluconazole	Barbiturates	Carbamazepine/Tegretol	Cipro/Ciprofloxain
Synthroid/levothyroxine	Phenergan	**large doses of Vitamin C and Grapefruit juice	

Over the counter medications to avoid:

St. John's Wort Echinacea Prilosec/Omeprazole Benadryl/Diphrenhydramine Chlor-trimetron
Cold and Sinus medication Sudafed/Pseudoephedrine Cough medicines containing Dextromethorphan

Narcotic Pain Medication

Medical studies show that combining narcotic pain medication with methadone can lead to a potential overdose or death and can also be a trigger for relapse. If you require pain medication you MUST inform the prescribing physician that you are taking methadone and sign a consent that that physician and Progressive Medical can communicate to each other about you treatment.

At any time, the staff can request that you bring your medications in for a pill count, failure to do so could result in suspension of take home status or/and implementation of our disciplinary process.

Program Services:

Individual Counseling sessions:

Clients are required and expected to meet with their primary counselor for a minimum of 2.5 hours per month. During these sessions, short and long term goals should be established and reviewed. Progress in treatment should be addressed as well as situations that impact your recovery/treatment program.

You are required to attend all scheduled appointments on time, counseling sessions, medical appointments and any other requested meeting with staff. Failure to do so could result in take home suspension and implementation of our disciplinary process.

Client Advocacy Group:

Each site holds monthly meetings for any client interested in attending to discuss current trends in treatment, discuss how we can improve patient services, and allows clients to have an opportunity to become more involved with the clinic and its development.

Referrals/Recovery Peer Supports:

Your primary counselor will inform you of other services offered in your community that may be of benefit to you and/or your family. Some referrals may include but are not limited to: NA/AA meetings, medical treatment, mental health services, education services, as well as legal services. If you are in need of specific services, please make your primary counselor aware of these needs. Services may be available to you.

HIV/Hepatitis C/Hepatitis B Testing and Information:

We provide referrals to agencies which include the Department of Health and Mercy Behavioral Health to obtain testing.

Information about Urine testing:

All clients active in treatment are required to submit a urine specimen when requested and at least one time per month. These monthly urine sample requests are generated randomly by our computer program. The nursing staff will inform you that you are required to give a urine sample when you are at the dosing window.

1. Urine samples are required by the State and FDA regulations. All urines will be monitored either by a staff member of the same sex and/or a camera that is monitored by the nursing staff. If additional urine samples are requested within a month, the client will be responsible for the additional charge for testing.
2. When giving a urine sample, please make sure that the cup is filled at least halfway. The nursing staff will continue to ask for a sample if enough is not provided the first time.
3. Urine specimens are checked for temperature. When there is a doubt of the source of the specimen, the urine will not be accepted and another specimen will be required before dosing.
4. Once a urine specimen has been requested you are required to submit your sample during dosing hours. You may not leave the building after you have been requested to submit a urine specimen. If you would leave the facility before giving your sample you will be required to have a monitor in the bathroom with you when you attempt to provide your urine sample.
5. You are expected to have urine containing only methadone and methadone metabolites and any approved prescription drugs.
6. If you continually test positive for illicit drugs you are jeopardizing your treatment as well as your health.
7. Continued use of illicit substances as well as non approved prescription medications could result in the medical director implementing a medically supervised taper.

Positive Illicit Urine Profiles:

1. If your urine sample shows signs of illicit drug use, you will have a needs consult hold placed on you and you will need to meet with your primary counselor prior to dosing.
2. Illicit urine samples will effect your take home status

Routine Medical Care and Coordination of Care with other Service Providers:

Routine medical care is not a part of your treatment at Progressive Medical but we strongly encourage and (sometimes require), that each client has a PCP and will assist you in finding a primary care physician that understands your methadone treatment process.

1. You must sign consent with your PCP and Progressive Medical that allows us to coordinate your care and verify prescription information.
2. At least yearly, we will request a progress report from your PCP.
3. For those clients who have ongoing health or mental health needs the progress reports will be obtained more often depending on the situation.

The coordination of care between Progressive Medical Specialists and other health professionals you are working with will allow us to all provide you with the best care possible.

Hospitalization: If you are admitted in to the hospital, you must:

1. Inform them that you are in methadone treatment. The hospital is required to contact the clinic to inform us of your admittance and to verify your dose. (You may need to ask them to contact the clinic)
2. You may need to sign a release of information, (if it was not a scheduled medical visit) so we can release information to the medical professional

Upon release from the hospital you must:

1. Bring your discharge papers to the clinic.
2. These papers must have the last day you were dosed with methadone and the amount given.
3. Failure to provide this information will result in a delay of dosing until we are able to verify the discharge information from the hospital, which can take quite some time.

If you are going into the hospital for scheduled service please talk with your counselor. They will be able to give you written information that explains what we need to have from the hospital prior to your return to treatment.

Infections Control

Infectious illnesses can include a fever over 101, flu, pink eye, any type of skin discharge, if you have any of these types of illnesses at any time during your treatment please inform the medical staff.

You should wash hands after using the bathroom facilities and practice “universal precautions”. Hand sanitizer is placed at each dosing window for your use.

Initial Dose:

Upon acceptance into treatment our MD will order a starting dose of methadone for you.

1. This starting dose could range from 5mgs to 20 mgs.
2. You must report any negative side effects to our medical staff immediately.
3. Signs and symptoms of overdose will be reviewed with you throughout your orientation by medical and clinical staff.

Dose increases:

You will stabilize much faster if you are able to refrain from any illicit drug use. Any use of other drugs with your methadone increases your chances of an accidental overdose. You must be careful.

You will document how you feel while stabilizing in a journal that you will review with staff, you should not focus on the mgs of the dosage you are on you should request an increase based upon how you feel. Methadone is meant to last 24-36 hours and will build up in your system as you dose daily.

Methadone has a half life which means that if you dose at 20 mgs today when you come in to dose the next day and again dose at 20 mgs due to the half life of methadone you will be dosing at a dose equal to 30 mgs.

Due to methadone's half life and build up in your system is why we must increase you slowly. The potential for a methadone overdose increases during the stabilization phase of treatment. Our goal is to get to a daily dose that prevents you from experiencing withdrawal symptoms for a 24 hour period. Be patient as you stabilize on a daily dose.

Dose decreases:

If at any time you feel that your daily dose is too high, you must inform the medical staff immediately. They will discuss your issue/concern with the MD and he will make any needed changes in your daily dose right away.

If you feel you are ready to begin decreasing your daily dose of methadone to work towards a goal of drug freedom you will need to meet with your counselor who will assist with writing a plan to reach this goal of drug freedom.

All increases and decreases in doses must be approved by our MD.

Dosing Rules:

1. When you arrive at the clinic you will have to wait in line to be medicated. Once in line, you cannot leave the line or you will lose your place and will have to go to the end of the line.
2. Please make sure you deal with any business with the front office or see your counselor before you get into the dosing line.
3. Approach the dosing window only when the person before you has left. Do not bring any drinking utensils, beverages, or any other portable containers to the dispensing window.
4. Children or/and family members cannot be at the window with you for any reason, they must wait in the lobby area until you have finished dosing.
5. Please do not answer cell phones or make calls while at the dispensing window
6. Please have your ID ready to show the nurse. You must show your ID every time you dose.
7. Please remove any hats, scarves, gloves when at the dosing window.
8. The nurses will enter your ID number into the computer. The computer program will show a picture of you as well as what your daily dose is and whether you need to provide a urine sample
9. Urine samples must be provided prior to being dosed
10. There may be other holds placed on you which must be dealt with prior to being dosed for that day. This could range from meeting with your counselor, other staff members, making a physical appointment or addressing any payment concerns.
11. You must sign for your dose of methadone, please read what you are signing to ensure the information is correct
12. You must drink your whole dose in front of the dispensing nurse and then you can get more water
13. You must speak to the dispensing nurse prior to leaving to ensure you have swallowed all of the medication.
14. You must dose and leave the premises; you are not allowed to socialize in the lobby, hallways or parking lot. Cameras are installed and monitored to ensure that no one is "hanging out" at the facility.
15. You must be appropriate to dose. If you are overly tired or appear under the influence of a chemical the nursing staff can refuse to dose you. WE RESERVE THE RIGHT TO REFUSE TO DOSE ANY CLIENT WHO APPEARS INTOXICATED OR HIGH AND YOU WILL BE ASKED TO SURRENDER YOUR CAR KEYS AND YOUR EMERGENCY CONTACT WILL BE NOTIFIED.

Late dosing:

1. You must contact the clinic at least 15 minutes prior to the end of dosing hours for that day to make a request for late dosing.
2. Calling the clinic does not guarantee you will be dosed but consideration may be given to your situation
3. Consideration for late dosing will not be given if it is a consistent request. Late calls are to be asked for only in cases of emergencies. For instance, mechanical malfunction of an automobile, a medical emergency or law enforcement related delay.

4. Consistent requests for late calls will be addressed with you by supervisory staff

Vomiting your dose:

1. Due to state and federal regulations we may not be able to replace a vomited dose.
2. If you feel nauseated, please inform the nursing staff and do not leave the lobby area.
3. Doses vomited outside the clinic or at home cannot be replaced
4. Our medical doctor may or may not decide to order another dose of methadone in an amount he fills is appropriate.

Missed doses:

Daily dosing is a necessary part of your treatment, therefore missing any dosing day is discouraged.

1. If you miss 3 consecutive days of treatment your dose may be cut in half pending MD's order
2. If you miss 7 consecutive days of treatment you have voluntarily chosen to terminate your treatment and will need to re-apply to the program
3. If you are incarcerated we will attempt to hold your position in treatment for 15 days based upon our waiting list at the time. (Otherwise you will be discharged after missing your dose 7 consecutive days)

Take Homes:

There are State, Federal and DEA regulations that must be met to earn and maintain a take home status, as well as clinic policy.

Privileges are earned not given and you must show responsibility with your take home doses and follow clinic guidelines at all times. Failure to do so will result in prevention, suspension or termination of your take home status.

Your primary counselor can assist you with developing a plan to obtain take homes that will ensure compliance with all licensing agencies.

Termination from Treatment: Detoxification:

There are two types of detoxification from methadone: Voluntary and Involuntary.

Voluntary Taper Detoxification:

A voluntary detox is when you and the Progressive Medical staff decide that you are ready and it is appropriate time for you to detox from methadone in order to obtain drug freedom. It can be designed in any time frame. It is recommended to gradually reduce your daily methadone dose, and when down to 5 mg, enter a detox facility, then a rehabilitation facility, and then attend 90 meetings in 90 days. Of course, due to failure in the medical health coverage today, this may be impossible for you to achieve. As a result, when you get lower on your dose and are ready to leave the program, you and your primary counselor will develop a useable and detailed aftercare plan with specific plans of how to obtain and remain drug free as well as how to return to treatment if needed.

You can seek individual sessions with your primary counselor for thirty days after your date of discharge. During that time, your primary counselor will assist with the transfer to a counselor that deals with drug-free treatment. You do not have to attend these sessions; it is your choice to continue sessions.

Involuntary Taper Detoxification: An involuntary detox could occur if you would:

1. Threatening to commit or committing acts of physical violence in or around the treatment program
2. Selling or/and attempting to sell a controlled substance in or around the program
3. Being absent from the program for 3 consecutive days or longer without cause
4. Failing to follow treatment plan goals

An involuntary detox can be anywhere from ten to twenty-one days in length. All clients who are to be involuntarily detoxed will be given a "notice of termination of treatment" which will give the client an opportunity to delay his/her termination from treatment.

Anyone being involuntarily detoxed has the right to meet with the Director and/or the Intervention Committee to request a delay. After all of these options are exhausted, a client could request a meeting with our Grievance Committee. A copy of this grievance procedure can be found and explained by your Primary Counselor.

Licenses:

Methadone Clinics are highly regulated and monitored by state and federal agencies. Progressive Medical is licensed by the PA State Department of Health, Drug and Alcohol Division; Drug Enforcement Agency, CSAT-(SAMHSA) and we are Joint Commission accredited.

Each one of these agencies conducts inspections to ensure that the facility is in compliance with all applicable regulations.

Program Expectations:

Any of the following can result in terminating any take home status as well initiating disciplinary process at the facility

1. Any positive urine drug screens
2. A urine drug screen that is negative for methadone and methadone metabolite
3. Failure to respond to a call back
4. Failure to successfully complete a call back
5. Failure to keep contact information up to date
6. Failure to submit prescription medications
7. AWOL status
8. Any probation/contract violation
9. Provide a “bogus” urine sample
10. Missing counseling sessions, failing to obtain required amount of counseling hours per month
11. Hospital stays including mental health inpatient treatment
12. Incarceration/illegal activity
13. Failure to return all empty take home bottles to dispensing staff
14. Returning empty take home bottles with a dose not taken as prescribed
15. Returning empty take home bottles with the label not in tact or label written on

Fundamental Rules

Progressive Medical Specialists has a responsibility to provide a safe work place as well as a therapeutic environment for staff and clients. These are certain situations that could pose a threat to the safety and well-being of individuals with the treatment facility and could result in discharge from treatment or/and police involvement.

1. Any violent or aggressive behavior towards another person or those results in the destruction of property, (hitting, kicking, throwing things, grabbing, slapping, pushing, physically threatening someone etc). Police will be contacted
2. Weapons of any kind, (knives, firearms, or any other object for which the intended purpose is to cause bodily harm are not permitted on the premises at any time under any circumstance
3. Any suspicion or observation of drug dealing on the premises, including the diverting or selling of methadone and any other medication. Police will be contacted to investigate further.

Unacceptable behaviors

The following are behaviors that are unacceptable and all violations will be addressed, discussed and can result in consequences which could be a meeting with the intervention committee or receiving a notice of termination from treatment

1. Communicating a threat-verbal threats, blatant or implied, communicated to other staff or clients
2. Prohibited Acts- Crimes committed on the premises including but not limited to stealing, vandalism, breaking and entering, Medicaid fraud. Any crime committed will result in notification to law enforcement

3. Harassment- Harassment of any kind will not be tolerated, (if a client feels that he or she is being harassed they should inform their primary counselor immediately or a supervisor), This includes but not limited to
4. Harassment based on sex, race, religion, physical or mental limitations, age, sexual preference, socioeconomic status
5. Sexual harassment which is any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature
6. Abusive or profane language towards the staff or other clients
7. Over the counter medications- Distributing or sharing any medication with others is prohibited. All medications should be in their original containers
8. Confidentiality- Treatment is a private matter. Please do not ask the staff if a person is in treatment, if you can leave a client a message or item for another client, please do not have family members contact the clinic. Explain to them that we are only allow to admit and release information to those individuals you have signed a written release for and is on file.
9. Clients who are driven to the clinic by individuals not in treatment are responsible for informing these individuals of the clinic rules. Unless previously approved a non-client cannot enter our building.
10. Loitering- is defined by, remaining on the premises without a scheduled appointment or legitimate reason for being at the clinic. The premises included the building, the lobby area, outside in the parking area including the entrance area.
11. Restricted areas- Areas of the clinic other than the lobby area are off limits unless you are accompanied by a staff member
12. Passing of items-The exchange or passing of any items, (money, cigarettes, etc) on property is prohibited

Very Important reminders:

1. All empty take home bottles must be returned to the clinic. If you fail to bring the empty bottle (s) to the clinic you will be asked to go get it prior to being dosed or you will not be dosed until the end of dosing hours or/and the suspension of your take home status will occur.
2. All empty take-home bottles must be returned with label intact and no markings on the bottle
3. When asked to give a urine sample you must stay in the building until the sample is given. You must fill the collection cup at least half way for the sample to be accepted for testing.
4. We ask that you do not hang out at the clinic. You are to dose and leave the premises unless you have scheduled counseling. The parking area is monitored by camera, which is video taped daily and reviewed by clinic security staff.
5. Clinic ID must be shown to nursing staff every day that you are in to be dosed. If you have forgotten your ID see the front desk for assistance.
6. You must drink your dose in front of the nurses before getting water from the water fountain.
7. You can request to schedule a meeting with a supervisor at any time. Please schedule the appointment because they have other responsibilities and may not be able to see you right away.

Progressive Medical hopes this information answers many of your treatment questions. If you have other questions or are requesting information, please see your primary counselor. They will be able to answer many of your questions or find the appropriate person who can answer your question.