



Opioid Treatment Program

Monday-Friday 6:00am-2:00pm

Saturday 6:00am-12:00pm

Sunday 6:00am-9:00am

Medication Dispensing

Monday-Saturday 6:00am-12:00pm

Sunday 6:00am-9:00am

PATIENT HANDBOOK

In case of a disaster or emergency preventing normal clinic operations, you can contact the after-hours number for instructions regarding dosing procedures.

AFTER HOURS EMERGENCY NUMBER

508-765-9771 ext. 3064

340 Thompson Road, Webster, MA 01570

Phone: 508-949-8981

Fax: 508-943-2602

AIC Patient Handbook

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Welcome

Welcome to Addiction Immediate Care, an addiction treatment program that treats all addictions including opioid addiction. We are pleased that 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 PATIENT HANDBOOK. AT THE BEGINNING OF YOUR TREATMENT, YOU WILL BE ASKED, AFTER YOU HAVE READ THIS BOOK, TO SIGN A STATEMENT SAYING: "I HAVE RECEIVED THE HANDBOOK AND UNDERSTAND MY RESPONSIBILITIES."

Program Description

Addiction Immediate Care was born out of a need in the community. We are a rapid access program for those in need of addiction and medication assisted treatment.

All patients that come to AIC will be assessed for substance use and mental health disorders by a qualified clinician and psychiatric provider to determine treatment needs and plans.

Our treatment is based on the following beliefs and principles:

1. The goal for our patients is to abstain from all substances of abuse and, if preferable to the patient, to eventually taper off of Medication Assisted Treatment (MAT).
2. MAT is an available tool in your treatment process to reduce urges. Clinical services that are crucial to successful recovery from addiction include individual and group counseling sessions. Counseling can provide skills needed to prevent relapse, change lifestyles, reduce risks, improve health, and build new healthy relationships as your recovery progresses.
3. Each patient will be treated with respect and dignity. We expect that staff will be treated with the same respect. Patients need to work with their counselors to make informed decisions about their treatment needs, plans and goals. Positive changes will be supported, recognized,

and encouraged. We realize that successful abstinence and recovery from addiction requires treating the whole person.

4. No single treatment is appropriate for all individuals. Patients with strong spiritual beliefs may benefit from 12-Step programs and outside support groups, while others may respond to various behavioral therapies. Treatment should build on a patient's strengths and preferences. We encourage all patients to vocalize those preferences to their clinician.
5. We strive to provide excellent patient services and we value your input. You may submit your concerns and/or suggestions at any time to the Program Coordinator or other AIC team members.
6. 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 services.
7. Our purpose is to provide rapid access to treatment by qualified professionals in an easy to access location that is connected to a large continuum of care.

Service Delivery Staff

Our qualified team consists of medical and clinical staff to ensure all patients' needs are met. These include a Medical Director, Nurse Practitioners, Licensed Practical Nurses, Licensed and Master's Level Clinicians, and Medical Assistants.

Types of Services

Medication Assisted Treatment (MAT)

When properly implemented, MAT is a proven treatment that works in conjunction with counseling and medical oversight.

Rapid Assessment of Patients

Patients will be seen within 24 hours of contacting the program.

Medication Evaluation

Patients will meet with medical professionals to discuss current medications and dosage to assess best treatments moving forward.

Medication Management

Ongoing prescribing of MAT, psychiatric and other addiction related medication to assist patients with a whole health approach at recovery.

Therapy

Patients are expected to meet with their counselors at least monthly for a minimum of thirty (30) minutes per session (more if clinically indicated). During these counseling sessions, short and long-term goals should be established and reviewed. Progress in treatment will also be addressed, as well as

situations that impact the patients' recovery/treatment program or the patient's ability to reach their goals.

Group Counseling

Patients are expected to attend groups according to their treatment level. Patients are expected to participate and contribute to the group process. Attendance is mandatory at group sessions. Group facilitators cannot excuse a patient from attending a group. Any excused absence must be approved by the primary counselor.

Scheduled Appointments

Patients are required to attend all scheduled appointments, i.e. counseling sessions, group sessions and medical appointments, as requested by program staff. If a patient misses more than three (3) scheduled appointments within a ninety day (90) – day period of time, or has two (2) consecutive absences, the patient will be flagged for non-compliance and possible suspension of MAT and/or program participation will be considered.

Overall Hours of Program Operation

Program is staffed Monday-Friday 6:00am-2:00pm and Saturday 6:00am-12pm, and Sunday 6:00am-9:00am.

Medication is dispensed Monday-Saturday 6:00am-12:00pm, Sunday 6:00am-9:00am.

Orientation Materials

Upon admission to AIC all patients will receive the following orientation materials:

- Patient Handbook
- Confidentiality /HIPAA Policy

Treatment Options

The following are the treatment options at Addiction Immediate Care:

- Medication Assisted Treatment
- Rapid Assessment
- Medication Management
- Therapy/Counseling

Payment Options

AIC accepts the following forms of payment for services:

- Insurance reimbursement
- Self-Pay (cash, credit card)

- Sliding Scale agreements may be reached dependent on income

Delinquent Accounts

An important aspect of your recovery is to accept the financial responsibility of paying your account in a timely manner. We cannot allow patients to maintain outstanding balances. Non-payment of fees will result in loss of take-home privileges, or other possible administrative action.

Fee Policy

A majority of insurances are accepted. Co-pays will be collected at time of service. A sliding scale payment option will be made available for those patients without insurance. All patients will have access to the hospital's financial services team to aid with obtaining insurance if desired. **Patients may call our hospital financial counselors at 508-765-3180 to enroll in health insurance.** The only third party funding received by Addiction Immediate Care is from insurance companies.

Eligibility for Services and Needs Assessment

Eligibility is based on a full biosocial assessment with a clinician followed by a full assessment with a medical provider.

Medication and treatment needs will be recommended based on the results of those assessments and initial lab findings.

Admission to Program Requirements

The intake process to AIC consists of a clinical evaluation, a medical assessment and a physical exam. As part of the physical exam, blood is collected for lab testing, and any other tests that are deemed necessary. A urine sample is required of all patients at the time of admission to verify drug use. The evaluating physician determines if an individual is a candidate for MAT.

The following information will be collected at intake prior to the patient:

- Basic demographics
- Insurance information (if applicable)
- Copy of patient's government issued photo ID
- Reason for referral/presenting problem
- Intake assessment which includes history and current substance use and mental health, medical history including current medications, social history (employment, education, family)
- Previous medication trials and outcomes if applicable

The Nature of Opiate Addiction

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 endogenous 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 to the cardio-pulmonary and central nervous systems. Opiate addiction and dependency requires appropriate medical care and treatment. Medication assisted treatment in conjunction with therapy is an effective tool to assist with opiate addiction. AIC is proud to be involved in your treatment and recovery as you embark on the road to regain and rebuild your life.

Risks and Benefits of Medication Assisted Treatment

Addiction Immediate Care (AIC) will be utilizing the following medications: Methadone, Buprenorphine and Naltrexone/Vivitrol.

Below is a chart that outlines in a high level overview the benefits and risks of the different treatment modalities/options.

	<i>Buprenorphine</i>	<i>Methadone</i>	<i>Naltrexone/Vivitrol</i>
Appropriate Patients	Typically for patients with an OUD who are physiologically dependent on opioids	Typically for patients with an OUD who are physiologically dependent on opioids and who meet federal or state (whichever is stricter) criteria for OTP admission	Typically for patients with an OUD who have abstained from short-acting opioids for at least 7-10 days and long-acting opioids for at least 10-14 days
Administration	Daily oral administration	Daily oral administration	Either daily oral administration or a monthly long-acting injection
Benefit	High retention of patients in treatment that select this medication Reduces illicit opioid use effectively	Most commonly and most studied OUD medication in the world High retention of patients in treatment that	High retention of patients in treatment that select this medication Reduces illicit opioid use effectively and is known to increase retention in treatment while decreasing

		select this medication	opioid cravings
		Reduces illicit opioid use effectively	
Side Effects	Drowsiness, dizziness, constipation, or headache may occur	Constipation Lightheadedness or dizziness Sleepiness or drowsiness Nausea or vomiting Impaired cognition or confusion Forgetfulness Impaired balance or coordination	Nausea, headache, dizziness, anxiety, tiredness, and trouble sleeping may occur In a small number of people, mild opiate withdrawal symptoms may occur, including abdominal cramps, restlessness, bone/joint pain, muscle aches, and runny nose
Drug Interactions	Some products that may interact with this drug include: naltrexone, certain pain medications	Use of alcohol and/or benzodiazepines while taking Methadone may lead to respiratory depression and death	Some products that may interact with this drug include: dextromethorphan, diarrhea medication, disulfiram, opioid pain or cough relievers
Risks	Taking this medication after recent use of opioids induces precipitated withdrawal Unintentional pediatric exposure can be life threatening/fatal Patients will develop physical dependence to this medication May have sedating effects	It is NEVER safe to use alcohol or unapproved benzodiazepines when taking Methadone as it will stop breathing resulting in coma or death Accidental ingestion can be fatal to non OUD patients – specifically children Not advisable for those with acute asthma and those	Taking Naltrexone after recent use of opioids induces precipitated withdrawal Utilizing an opioid on top of Naltrexone can lead to a potentially fatal overdose Not highly researched for use during pregnancy Injection site reactions can occur Not recommended for those patients with

	<p>Pregnant patients should speak with their providers about risks of this medication to babies</p>	<p>with intestinal issues such as paralytic ileus</p> <p>Methadone treatment has been associated with cardiac issues</p> <p>Patients will develop physical dependence to this medication</p> <p>Pregnant patients should speak with their providers about risks of this medication to babies</p>	<p>kidney impairment</p>
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Restrictive Criteria for Receipt of Specific Services

It is up to the medical provider’s discretion to restrict certain services if they feel that there is a medical need.

Scheduling Restrictions

Scheduling restrictions may apply based on insurance coverage, availability of staff, severe weather and payment of outstanding balances, patient availability, and hours of operation.

Aftercare and Follow Up

Prior to discharge from AIC patients will work closely with their treatment team to develop an aftercare plan. Aftercare plans may include:

- Community-based self-help such as AA and NA
- Encouragement to obtain a sponsor and work on self-discovery, personal change and growth
- Safety planning
- Relapse prevention planning
- Developing a recovery support network in addition to sponsor
- Developing post discharge contact plan in conjunction with patient desire

Family Support Options

All interested parties will be given information on social and educational materials for family support services by their clinician. This includes, but is not limited to:

- Family addiction support group – see clinician for details
- Learn to Cope – learn2cope.org
- Al-Anon – al-anon.org
- Family Therapy – see clinician for details
- Alcoholics Anonymous – AAWorcester.org for AA meeting directory
- Narcotics Anonymous – NA.org

Pregnancy/Parenthood

All pregnant patients, as well as new parents, will have the following materials available to them as well as additional applicable education on the following topics:

- Parenting skills
- Reproductive health
- Neonatal care
- A list of providers that can provide neonatal care, if desired
- Parenting support groups
- Child care services

Take-Home Medications

The following criteria must be met in order to be considered for take-home medication doses:

1. Absence of recent abuse of drugs including alcohol
2. Patient must have consistent program participation
3. Absence of serious behavioral problems at the clinic
4. Absence of recent criminal activity
5. Stability of patient's home environment and social relationships
6. Length of time that the patient has participated in comprehensive maintenance treatment
7. Assurance that the take-home medication is safely stored and empty take-home bottles returned to the clinic at the patient's next scheduled clinic/window dose
8. Whether the benefit derived by the patient from decreasing program contact outweighs the potential risks of medication diversion

If the patient is deemed as a take-home candidate the following guidelines will be adhered to for take home dose quantity and frequency.

Months in treatment	Take home dose eligibility
0-2	Patients are not eligible for take-home doses.
3	Patients may be eligible for 1 take home dose per week. Patients must have 3 months of negative UAs.
4-6	Patients may receive two (2) take-home doses provided patients have negative urines corresponding to months of treatment.
7-9	Patients can receive three (3) take-home doses provided patients have negative urines corresponding to months of treatment.
10+	Patients may receive six (6) take-home doses provided patients have negative urines corresponding to months of treatment.
18+ months of treatment	Patients may receive up to thirteen (13) take-home doses every two weeks after eighteen months (18) of continuous treatment, negative UAs, and a stable methadone dose.

**An annual patient take-home agreement form completed and in the patient's record.*

Revocation of Take-Home Medication

Take-home privileges may be revoked or suspended if the patient does not maintain the behaviors which supported the take home privileges. Suspension or revocations of take-home privileges are NOT subject to appeal with the Department of Public Health. Revocations or suspensions may be appealed to the Clinic Director by written request to schedule an appointment within 72 hours.

Locked Storage Containers

All patients that are prescribed Methadone as their medication are required within 72 hours of initiation to bring in a locked storage container to AIC. The container will be reviewed and approved by dosing staff and are to be saved in the event of severe weather or emergency closings.

Treatment Phases

AIC is committed to assisting patients with their recovery. All patients entering treatment will develop goals for a patient centered plan (PCP) in order to determine the necessary length of treatment for each individual.

Patients entering treatment will receive a clinical assessment that takes into account the natural history of addiction as altered by time and treatment. Therefore, treatment tasks are determined in relation to the patient's stage as they enter the program.

1. Initial treatment: This phase of treatment is more intensive with more frequent medical and counseling assessments/interventions and may last from 3-7 days.
2. Early stabilization: This phase includes the induction phase and can last up to 6 months.
3. Long-term treatment
4. Medically supervised withdrawal (taper)
5. Immediate emergency treatment

General Medical Care

Routine medical care is not a part of your treatment. Please see your primary care provider for your general medical care. To find a primary care provider or specialty physician currently accepting patients within Harrington Hospital, please call 508-765-3145.

Hospitalization

If you require hospitalization, your daily dose of MAT may be provided to you by the hospital. Notify the hospital personnel that you are an AIC patient and sign a consent form to release information so AIC can confirm your enrollment and daily dose. If you have take-homes, you need to alert the medical staff. You are not authorized to self-administer take-home medication while under the care of the hospital.

Psychiatric Care

If you need to see the AIC Medical Director, please coordinate the appointment with your counselor. When you make an appointment, that time is reserved for you so it is important to keep that appointment or call at least 24 hours in advance to change it. If you are seeing a private psychiatrist or primary care doctor, you must sign consent to release information to AIC and the Medical Director will need to approve all medications.

Infection Control

Patients that have an infectious illness (i.e. productive cough, fever of 100 or above, a wound, skin discharge, etc.) should ask to be evaluated by a nurse. All patients are encouraged to wash their hands after using the bathroom facilities and to practice "Universal Precautions." Patients should wear gloves should they come in contact with blood or bodily fluids. Patients are to be mindful of items that carry the red biohazard labels. The labels are placed on canisters and devices that have potentially infectious materials. Patients should never attempt to open such devices or place any objects within those devices.

Methadone

Dosing Rules

When you arrive at the clinic, you must check-in at the kiosk, via the Engage app on your personal device or at the reception window to scan your ID card/biometrics. Do not bring any water bottles, beverages or any other portable containers into the dispensing area. Children, family or other guests are not permitted in the clinic unless medically necessary.

After taking your dose, you must speak with the dosing person prior to leaving the dispensing area to assure that all medication has been swallowed. After your dose, you must promptly leave the premises. All patients should be fit for dosing. This includes, but is not limited to, zero intoxication from alcohol or other drugs. You may be asked to take a breathalyzer or give a urine sample at any time, or on any day of the month, including Saturday and Sunday. Failure to do so jeopardizes your enrollment in AIC programs.

You may not leave the facility after you have been requested to submit a urine specimen. In the event that you leave the facility before giving your sample, you will not be administered your dose for that day.

Vomiting Your Dose

Due to federal and/or state regulations, we may not be able to replace a vomited dose. If you are nauseated, consult with the nursing staff, and do not leave the lobby. Doses vomited outside the clinic, or at home, cannot be replaced. Please notify medical staff if this occurs. If you vomit your medication at the clinic in the presence of a staff member, a partial or full dose may be replaced with the Medical Director's approval.

Missed Doses

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

If you have take-homes and do not present to the clinic for dosing on your scheduled pick-up day, you will be contacted by the clinical and medical team, receive a withdrawal assessment, be required to submit a urine drug screen, and the Medical Director will be consulted regarding your continued take-home eligibility.

Late Dosing

You must check in at the clinic at least 15 minutes before dosing hours end. Should an emergency situation arise, you need to call the clinic. Calling the clinic does not guarantee you will be dosed, but consideration may be given to your situation. On rare occasions, the clinic will dose patients up to 30 minutes after normal dosing hours end. Documentation of your circumstances will be necessary for approval of your request by the Medical Director.

Situations that will be considered for late dosing are:

1. Mechanical malfunction of an automobile
2. A medical emergency or appointment
3. Law enforcement related delay (i.e. traffic ticket)

**Proof of these various situations can be requested by clinic staff*

Guest Dosing

AIC does allow for guest dosing. Please consult with AIC staff around the clinic's policy.

Procedures Regulating Access to Patient Records

Patient specific information is confidential and shall be made available only in conformity with all applicable state and federal laws and regulations regarding the confidentiality of patient records, including but not limited to, 42 CFR Part 2, and 45 CFR Parts 160 and 164 (HIPAA Privacy and security rules) if applicable. Patient records will also be made available upon patient request with all applicable releases signed.

Program Fundamental Rules

AIC has a responsibility to provide a safe workplace and therapeutic environment for staff, patients, visitors, and other consumers. There are certain situations which pose a threat to the safety and well-being of individuals within the clinic. Violation of any of the following fundamental rules will result in IMMEDIATE DISCHARGE from AIC. In the event a violation occurs, staff will take immediate action towards discharge and to secure the safety of staff and other patients. **There is no appeal for any Fundamental Rule violation that results in immediate discharge.**

Violent Acts

Any violent act or aggressive behavior toward another person or that results in the destruction of property (hitting, kicking, punching, throwing things, grabbing, slapping, pushing, physically threatening someone, etc.) may also result in notification of law enforcement.

Weapons

Weapons of any kind (knives, firearms, or any other objects for which the intended purpose is to cause bodily harm) are not permitted on the premises at any time, under any circumstance.

Drug Dealing

Any suspicion or observation of drug dealing on the premises, including the diverting or selling of Methadone and any other medications is prohibited. Drug dealing violations may also result in notification of law enforcement.

Unacceptable Behaviors

The following behaviors are unacceptable and all violations will result in consequences, up to and including, discharge from the clinic.

Communicating a Threat

Verbal threats, blatant or implied, communicated to staff or other patients.

Prohibited Acts

Crimes committed on the premises, including but not limited to, stealing, vandalism, breaking and entering, Medicaid Fraud, etc. Any crime committed will be reported to law enforcement.

Harassment

Harassment of any kind will not be tolerated. If a patient feels that he or she is being harassed, they should inform their counselor concerning the situation.

Over the Counter Drugs

Distributing or sharing any medication with others is prohibited. All medications should be in their original container.

Confidentiality

Treatment is a private matter and what is said in group is not to be discussed with anyone you see in the group or in the AIC clinic. Due to confidentiality concerns, cell phone use is not permitted while in the clinic.

Under the Influence

Participation in treatment services while under the influence of drugs or alcohol is not permitted. Law enforcement will be notified in the event someone leaves the premises under the influence and is driving a motor vehicle.

Passing of Items

The passing or exchanging of ANY items (money, cigarettes, etc.) on AIC property is prohibited.

Lock Boxes

The sharing of lock boxes is not permitted.

Appearance

Any clothing that advertises substance abuse or other offensive, vulgar, or abusive content or clothing that reveals the back, chest, stomach, or undergarments is not AIC appropriate dress.

Loitering Policy

Loitering is defined as remaining on the premises for more than 15 minutes without a scheduled appointment or legitimate reason for being on the premises. The premises include the clinic, landscaped areas and parking lot. AIC patients will schedule their appointments in such a way that they

do not require long wait times in between appointments. If this is unavoidable, patients will be expected to leave the premises and return at their scheduled appointment times.

Tobacco

AIC is a tobacco-free environment. We recognize that the use of tobacco products adversely affects the health of its consumers. We also recognize that Nicotine is a chemical with highly addictive properties. The use of tobacco on AIC property is prohibited. AIC staff will be happy to provide you education on smoking cessation if you are interested in quitting.

AIC Closing Procedures for Severe Weather, Holiday and Facility Issues

In the event that AIC is closed for severe weather, holiday or facility issues all patients will be notified as quickly as possible with a minimum lead time of one day prior to clinic closing. Patients will be notified by written notification at the AIC clinic, email notifications to all patients via patient portal, as well as verbal notification at the dosing window. Those that are scheduled to dose will also receive a phone call from AIC staff one day prior to closing.

AIC is prepared for all disasters including a pandemic.

Policies Practices & Procedures for Disabled Patients

No patient will be refused services based on age, gender, race/ethnicity, religion, bariatric status, sexual orientation, disability or socioeconomic status. Addiction Immediate Care is ADA compliant and has accommodations for every age and disability.

Access assistance or alternative settings will be provided to those with complex medical needs who cannot be accommodated in the clinic setting. All patients must be able to enter the clinic or alternative setting to receive treatment by AIC.

Complaints and Grievances

Any complaints or grievances against AIC will be addressed within 2 business days. All verbal complaints should be referred to the Quality department at Harrington Memorial Hospital (508)765-3046 (select option 2). Written complaints or grievances may also be mailed to Harrington Memorial Hospital at 100 South Street, Southbridge MA, 01550. The Bureau of Substance Addiction Services may also be contacted at (617)624-5171.

Involuntary Termination

Patients who receive written notice of involuntary termination and would like to appeal must do so in writing within 2 business days of receiving the written notice at the AIC clinic. Written requests for a hearing may be left at the reception desk or at the dosing window. All received responses will be

reviewed daily and patients will be scheduled for a hearing within 10 business days. In the event the patient would like to request an appeal to a hearing outcome the outcome form may be directly faxed to BSAS at 617-624-5395.

Handbook

The Handbook is available as a paper copy which can be provided to you by the program. An electronic version of the handbook is available at www.harringtonhospital.org/aic

Handbook Acknowledgement

Acknowledgement of receipt of Patient Handbook.

I have been offered and received a hardcopy or electronic version of the Patient Handbook.

I agree to abide by and follow the requirements of the program as outlined within the Patient Handbook and consent to be treated at Harrington's Addiction Immediate Care clinic.

Patient Name	Date of Birth
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Signature of Patient	Date/Time
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Witness	Date/Time
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Thank you again for choosing AIC to help you with your recovery process.