

New Hope Behavioral Health Center, Inc.

"Creating New Hope to be Born Again"

Patient Handbook

Important information for new patients and family members



MESA

215 S. Power Rd., Ste. 114
Mesa, AZ 85206
(480) 981 - 1022 Phone
(480) 981 - 1405 Fax

TUCSON

2001 W. Orange Grove Rd., Ste. 204
Tucson, AZ 85704
(520) 297 - 3329 Phone
(520) 297 - 1133 Fax

www.nhbhc.net

Founder and President:

D. Rick Campbell



Creating New Hope to be Born Again

WELCOME

Welcome to New Hope Behavioral Health Center, Inc. It is our desire and prayers to help you in achieving your treatment expectations and goals. As the founder of NHBHC, I, D. Rick Campbell, encourage you to ask any questions you might have and to take full advantage of the services NHBHC is licensed to provide.



What is New Hope Behavioral Health Center, Inc.?

New Hope Behavioral Health Center, Inc. is a for profit, out-patient substance abuse treatment center that provides a full range of out-patient treatment services to residents of Maricopa, Pinal, Pima, and surrounding counties in Arizona. New Hope Behavioral Health Center, Inc. treated its first patient's on July 19, 1987 and since that date; hundreds of people have received some type of service from us.



What services does New Hope Behavioral Health Center provide?

New Hope Behavioral Health Center provides out-patient treatment services to adults, eighteen years of age or older, and their families with opioid addiction disorders. Services vary in type and level of intensity depending on each person's individual needs. Education and prevention services are also available.

If you are experiencing a Mental Health Crisis please contact the following number(s):

Cenpatico Patients -1-866-495-6735

The Maricopa Crisis Line

602-222-9444

1-800-631-1314 (toll-free)

Hearing impaired TTY/TDD 1-800-327-9254

www.crisisnetwork.org

All Other Patients - (480) 990-3720

For emergency situations always call 911

MISSION STATEMENT

New Hope Behavioral Health Center, Inc. uses a unique philosophy that has opened a door and created an opportunity for “New Hope to be Born Again.” We strive for success in the development of innovative solutions for a well-balanced, healthy, and diverse community suffering from drug abuse and addiction from the high-school student to the retired executive.

VISION STATEMENT

New Hope Behavioral Health Center, Inc. is recognized by the faith-based community as the provider and employer of choice for behavioral health care services in the treatment of opioid addiction disorders

VALUES STATEMENT

The Staff of New Hope Behavioral Health Center, Inc. is values committed to the following

- **COMPASSION**
- **SERVICE EXCELLENCE**
- **INTEGRITY**
- **OPTIMAL CARE**
- **CREATIVITY** *(using a faith-based approach)*
- **POSITIVE WORKPLACE**
- **FISCAL MANAGEMENT**
- *And above all...*
- **GRACE UPON GRACE**



Are New Hope Behavioral Health Center, Inc.'s Services Confidential?

All services and written information at New Hope Behavioral Health Center, Inc. are confidential as mandated by federal and state laws, as well as HIPAA regulations. Patient charts, or verbal disclosures, will **NOT** be released without the patient's written consent, except under the following circumstances:

- Information from charts requested through a valid court order or subpoena naming a specific individual.
- Child abuse or adult abuse is identified or suspected.
- The patient is in a state of medical emergency that necessitates disclosure of information to medical personnel, including police if suicide is attempted or planned.
- If the patient threatens to harm someone, the intended victim and the police will be notified.

Please be aware that the clinical staff may listen to information about you volunteered by an outside source; however, information will not be shared with that source unless you have signed a release. This includes parents or others who may provide financial assistance for you.

Additional information regarding confidentiality issues may be obtained from the Administrator/Director by calling (480) 981 - 1022.

Copies of Records—a reasonable fee for the cost of time, materials, equipment and personnel in producing such productions, will be determined by the Administrator of New Hope Behavioral Health Center who is also the "Custodian of Records".

Insurance company's requirements with regards to payment of services received at NHBHC require the clinic to submit services in a numeric code format identifying the services received and the diagnosis supporting services rendered. An insurance company may require supporting documentation in order to consider these charges for payment of services rendered. It is the responsibility of NHBHC to provide requested information to the insurance agency to determine necessity. By enrolling at NHBHC for services and signing the intake paperwork required for treatment allows NHBHC to bill for services rendered to you during your enrollment in the clinic. It is the responsibility of you, the patient, to know your policy provisions and to comply with your insurance requirements. Should your insurance become inactive, you, the patient, will become a private pay patient and all charges during your inactive period will be your responsibility. Some insurance plans have copay or deductible requirements that are the responsibility of the patient. These charges are not waived and will be added to your bill for patient payment. At this time, NHBHC is contracted with AHCCCS (Arizona Health Cost Care Containment System)—Mercy Maricopa Integrated Care, Magellan Health Services, Cenpatico Behavioral Health or any other contracted RBHA. We are not contracted with any other insurance company at this time. You, as a patient, with other insurance may request an itemized bill to submit directly to your individual insurance company for reimbursement. An itemized bill presented to the patient does not guarantee that your insurance company will cover (pay) for services rendered at this clinic.



Duty To Report

New Hope Behavioral Health Center, Inc. is an out-patient Medication Assisted Treatment (MAT) program licensed by Federal and State regulatory agencies, and as such, we must continually meet standards to continue treatment services to our patients. New Hope Behavioral Health Center, Inc. also meets and maintains international treatment standards established by our accrediting agency.

As a prospective patient, you are being given a lot of information prior to receiving treatment here at New Hope. Among many of the rules and regulations we are responsible for is "A Duty to Report."

The staff of New Hope is required, by law, to report to the appropriate authorities **ANY SUSPECTED OR ALLEGED:**

- Abuse of a child or an adult
- Neglect of a child
- Exploitation of a child or an adult

This notification to authorities is done immediately, without hesitation.



What rights do I have to receive services?

Services for treatment at New Hope Behavioral Health Center, Inc. are available without regard to age (unless a minor under 17 years of age), sex, gender identity, sexual orientation, race, creed, color, ancestry, national origin, disability, familial status, or marital status. Individuals who are enrolled in the AHCCCS (Arizona Health Care Cost Containment System) may be assigned to a different service provider. Each individual has the right to request or refuse treatment to the extent provided by the law. The right to treatment is not absolute, and under some circumstances it may be in the best interest of the patient and the agency if the patient is referred elsewhere. A complete copy of New Hope Behavioral Health Center, Inc.'s policy regarding Patient Rights is posted in all waiting room areas and is printed in the back of this handbook.

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What responsibilities do I have as a patient of New Hope?

While receiving treatment services at New Hope Behavioral Health Center, Inc., patients are responsible for:

- Providing information necessary to complete an appropriate clinical, medical, and financial assessment to ensure proper treatment.
- Working with the staff to develop an individual treatment plan and follow the agreed upon course of action.
- Signing releases (when indicated) and other paperwork, contracts, and consents for the continuation of care.
- **“DO NO HARM”** ...An environment that promotes wellness and detours unsafe and unhealthy practices.
- **Treating** other patients and staff in a **respectful** manner.
- **NO Loitering, NO Littering, NO Destroying of public or private property** – This may be grounds for immediate dismissal – **zero tolerance**.
- Notifying a staff member, nurse, counselor of their intention to discontinue treatment services.
- Refraining from bringing alcohol, drugs, or weapons onto or into the agencies properties, as well as loitering on the premises or smoking outside of designated areas – **zero tolerance**.
- Arriving on time for appointments; or if unable to keep appointment, calling 24 hours in advance to cancel/reschedule.
- Providing medical staff with information regarding prescribed medications, over-the-counter (OTC) medications, and all herbal or vitamin preparations the patient is taking on a monthly basis throughout the treatment.
- **For AHCCCS Patients** Maintaining current Treatment Plan, Assessments from your intake facility (i.e. Mountain Health and Wellness, Corazon, Pinal Hispanic Council, Horizons, Terros). These are to be done at the minimum of once every 6 months, but may be done more frequent depending upon each patient need. (If applicable)
- **For ALL (AHCCCS/PRIVATE PAY) Patients** Without proper Treatment Plans and Assessments being maintained with your intake facility, your services at New Hope Behavioral Health Center, Inc. would become your responsibility to pay.
- **For ALL AHCCCS Patients;** it is YOUR responsibility to notify New Hope Behavioral Health, Inc. about eligibility changes (newly enrolled/newly terminated/etc.). When your coverage is terminated it is your responsibility to pay your bill timely. Unpaid balances will affect your phase status/eligibility in NHBHC program.

(Zero tolerance is defined as an activity that has the potential to lead to disrespectful, unsafe, or destructive outcomes. This activity could lead to the immediate dismissal from the clinic and treatment services)



What benefits are available for patients?

When you come for your first appointment, a clinical staff member will work with you to determine the focus of treatment and the appropriateness of New Hope Behavioral Health Center, Inc. to meet your needs, based upon your presenting problem(s), needs, strengths, abilities, skills, interests, and preferences. The assessment of the clinical and medical issues will determine necessity and your ability to meet eligibility requirements, as well as financial requirements to receive treatment services (medication assisted treatment). The first appointment will help guide you and staff to the best types of care and services you require and the available choices that must be made. Realize that not all individuals with an opioid addiction are candidates for out-patient treatment and a referral may be suggested for more appropriate treatment intervention.



Adult Treatment Services may include the following:

- Initial assessment
- Treatment planning
- Relapse prevention
- Transition and discharge planning
- Psychosocial rehabilitation
- Out-patient services
- Individual, group, and family counseling
- Referral resources Health
- Promotion Psychological
- Testing Opioid agonist
- Medication Crisis
- Intervention Recovery
- Groups Laboratory testing
- Case management
- Vocational rehabilitation

Adult therapy services include individual, couples, family, and group counseling. Therapists work from a brief solution-focused model that utilizes patient's strengths, teaches new skills, and promotes change in the patient's life. Group therapy is often the intervention of choice, as it has the potential to yield great personal change for the patient while contributing to their sense of belonging and providing social support and peer advice. Group therapy may be provided at New Hope Behavioral Health Center, Inc. when resources are available or by referral to outside resources. Therapy referrals require a formal procedure prompted by staff to ensure the best treatment for each patient.



How are specific services identified and accessed by the patient?

The counselor will meet with the patient to complete an assessment and jointly develop an individualized service plan that dictates the course of treatment. In the course of the patient centered care any non-compliance of clinic policies, state, and/or federal mandates and the impact on their treatment will be addressed with a counselor.



How will a counselor be assigned to me?

Patients will be automatically assigned a licensed counselor or clinician during the intake process or after admission, by review of the following information:

- The patient's treatment goals and needs
- The most convenient times for you
- Language or other special needs

*** Remember, the staff person who does your intake upon admission may not be assigned as your regular counselor or clinician.*



Will staff respect my cultural and linguistic background?

It is the policy of New Hope Behavioral Health Center, Inc. to provide services that are culturally competent and that are provided in the patient's primary language whenever possible.



How long will I be in treatment?

If you are here for substance abuse treatment, specifically opiate addiction, the length of time in treatment depends on your individual recovery plan, which you and your counselor created together during your first session. In general, counseling and opioid replacement therapy at New Hope Behavioral Health Center, Inc. is solution-focused with an emphasis on strength based treatment and family involvement when indicated.

Transition and discharge from treatment is incorporated into the into the treatment plan and generally occurs following attainment of treatment goals established upon admission and/or fourteen (14) days absent from the clinic (AWOL). Failure to comply with the agreed upon treatment activities may result in an administrative discharge, as allowed by agency policy and signed contracts by the patient (you).

If you have a co-occurring illness (physical and/or mental), ongoing treatment services may be required and/or indicated, which you or your counselor identified together at the beginning of your treatment at NHBHC. Failure to comply with the agreed upon treatment could and may compromise your success in your recovery and treatment with NHBHC. The same consequences hold true in this example as it does in the above paragraph. You, the patient, will always retain the right to stop or end your treatment services with New Hope Behavioral Health Center, Inc. or request to be transferred to another Medication Assisted Treatment (MAT) program (OTP).

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Will my family be involved in my provision of treatment services?

New Hope Behavioral Health Center, Inc. believes that support in the form of “family” (as identified by the patient) and significant others are extremely beneficial for the recovery from, and the prevention of, addiction disorders. The patient’s support system will be encouraged to participate in treatment services if the patient so chooses. The patient will meet with his/her counselor or clinician to determine who is to be included.



How can I give feedback on the quality of treatment services received?

New Hope Behavioral Health Center, Inc. invites you to provide feedback regarding the quality of care using patient satisfaction surveys. Also, in the patient waiting room, a suggestion box is provided for any feedback. You are also welcome and invited to participate in weekly staffing which pertains to helping us improve patient services.



What is the standard of conduct for the staff of New Hope Behavioral Health Center, Inc.?

All staff is expected to conduct themselves in a manner reflecting the highest professional and ethical standards at all times. New Hope Behavioral Health Center, Inc. has established a policy and procedure addressing this topic. To review this article(s), please set a time (appointment) with the Administrator/Director by calling (480) 981-1022.



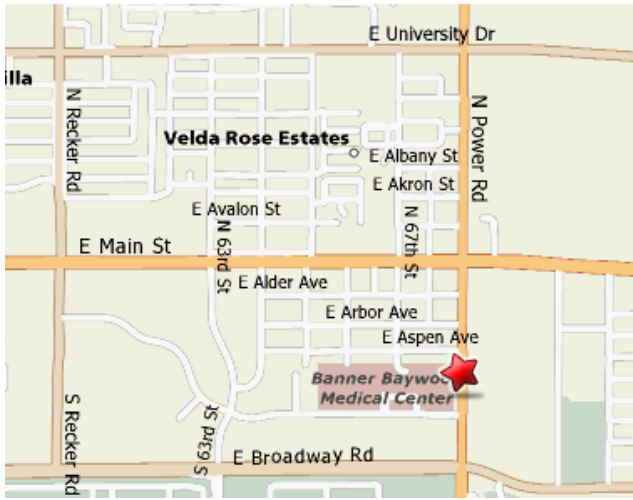
What is the procedure for expressing a grievance or complaint?

New Hope Behavioral Health Center, Inc. has established a policy and procedure for handling patient complaints and grievances, including an appeals process. All patients should receive this information at the time of their admission. If you feel we did not cover, or were not given this information, please call the Administrator/Director at (480) 981-1022 for assistance. Your concerns and complaints will receive special consideration and time to hopefully resolve your concerns and/or complaint. The patient also may choose to not involve New Hope Behavioral Health Center, Inc. in these matters and contact the Arizona Department of Health Services/Office of Behavioral Health Licensure at (602) 364 - 2595, or our accreditation agency at, 1-888-281-6531, CARF International.

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Where do patients receive substance abuse out-patient services provided by New Hope Behavioral Health Center, Inc.?



Mesa

215 S. Power Rd., Suite 114
 Mesa, AZ 85206
 Phone: (480) 981-1022
 Fax: (480) 981-1405
www.nhbhc.net

Hours of Operation:

<i>Medication/Counseling</i>	<i>Administrative</i>
Mon & Fri: 4:30am-11:00am	Mon-Fri: 5:00am- 12:00pm
Tues, Wed, Thurs: 5:00am-11:00am	Sat & Sun: Closed
Sat: 6:30am-8:30am	
Sun: Closed	

****After hours phone #: 480-993-4076****

In Case of an Emergency: Dial 911

Tucson

2001 W. Orange Grove, Suite 204
 Tucson, AZ 85704
 Phone: (520) 297 - 3329
 Fax: (520) 297 - 1133
www.nhbhc.net

Hours of Operation:

<i>Medication/Counseling</i>	<i>Administrative</i>
Mon & Fri: 4:30am-10:30am	Mon-Fri: 5:00am- 11:00pm
Tues, Wed, Thurs: 5:00am-10:30am	Sat & Sun: Closed
Sat: 7:00am-8:00am	
Sun: Closed	

****After hours phone number: 520-820-9878****



***** All Patients' with the privilege of receiving take home medication are required to report the clinic before 10:00 A.M. of the day they are to receive their doses. Patient's that arrive to the clinic at 10:00 A.M. or after will receive their one (1) daily dose and will have to report to the clinic the next day before 10:00 A.M. to receive their take home doses. Additionally, all patients' are to bring back all take home bottles with the medication labels still legible and intact. Non-compliance will result in not receiving take home medication.*****

Who is responsible for the security of my vehicle while it is parked at New Hope Behavioral Health Center, Inc. in the public parking areas?

New Hope Behavioral Health Center, Inc. cannot be, and is not, responsible for damage to, or loss of non-center owned vehicles at any facility or function. It is the responsibility of the owner of the lost, stolen, or damaged vehicle. Parking at New Hope Behavioral Health Center, Inc.'s offices is at the vehicle owner's risk.

**PATIENT GRIEVANCE
PROCEDURE**

- Definition:** Patient grievance is the formal mechanism for the resolution of disagreement that may arise between patients and staff. It assures that any patient with a legitimate grievance is given the opportunity for redress. Step one need be initiated within fourteen (14) days from the time of the incident.
- Policy:** It is the policy of NHBHC that all patients have access to a procedure for submitting any grievances, comments, and suggestions.
- Procedure:**
1. **Step One-** within fourteen (14) days of the grievance a meeting shall occur between the patient and the counselor. It shall be an informal presentation of the grievance with the counselor. If the grievance cannot be resolved, the patient may submit a grievance. If the decision to submit a grievance is reached by the patient, he/she shall be given the form for **Step Two** and the patient portion of this form will be completed by the patient with or without the counselor's assistance (preferably this is to be completed during the meeting). If no grievance is submitted, the counselor is expected to note a complaint and the meeting in the patient's file under "Progress Notes".
 2. **Step Two-**within five (5) days of the **Step One** meeting; a formal grievance hearing needs to be held with the Clinical Director, counselor, and the patient. The patient needs to sign a written notification (Addendum C - Patient Grievance Form) that the matter was sustained, settled, or withdrawn and a copy will be given to the patient. If sustained, proceed to the next step.
 3. **Step Three-**A patient will always retain the right to appeal a grievance action to the State Department of Health (See Addendum C).
 4. NHBHC shall be prohibited from involuntarily discharging, retaliating, or discriminating against any patient who submits a complaint, grievance, assists the OBHL or any other legal authority in a complaint related investigation for any reason such submission or assistance.

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5. Agency grievance policies and procedures shall be explained to the patient, parental guardian, or designated representative at the time of admission. Understanding of the grievance policies and procedures shall be verified by the dated signature of the patient, parent, guardian, or designated representative. These steps are also posted in the patient waiting room for easy access by the patients and their families.
6. The addresses and telephone numbers of agencies needed for grievance are as follows:
 - a. Office of Behavioral Health Licensure
150 N 18th Ave., Suite 410
Phoenix, AZ 85007-3242
(602) 364-2595
 - b. Arizona Department of Health Services
Office of State Methadone Authority
150 N 18th Ave., 2nd Floor, Suite 200
Phoenix, AZ 85007-3242
(602) 364-4607 or
(602) 364-4558
 - c. CARF International
6951 E Southpoint Road
Tucson, AZ 85756
(888) 281-6531
7. The Administrator of New Hope Behavioral Health Center, Inc. conducts annual reviews of all written complaints and or grievances to identify trends, areas for improvement, and actions to be taken by the organization.

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This form is an example of what the patient would be given when wishing to file a grievance

**PATIENT GRIEVANCE
FORM STEP 2**

Patient Name _____ Date _____

1. Date of disagreement or complaint: _____

2. Staff involved:

Name _____ Title Name _____

Title Name _____ Title _____

Please give details of the disagreement or complaint:

3. Meeting with Director or Clinical Director was held on (date) _____

4. Decision: _____ Sustained _____ Withdrawn _____ Settled

5. Actions taken: _____

Patient Signature _____ Date _____

Witness _____ Date _____

***For translation or alternative format requests, call (480-981-1022)
Para recibir éste formulario en español, llame al: (480-981-1022)***

CLIENT RIGHTS

1. To be treated considerately with respect and in a manner that is humane while being provided adequate care from all staff members at NHBHC at all times and under all circumstances.
2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment.
3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities.
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order, by client's consent, or as permitted in this Chapter.
 - c. Is provided in the least restrictive environment that meets the client's treatment needs.
4. Not to be prevented or impeded from exercising the client's civil rights, unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights.
5. To submit grievances considered to agency staff members and complaints to outside entities and other individuals without constraint or retaliation.
6. To have grievances considered by NHBHC in a fair, timely, and impartial manner.
7. To seek, speak to, and be assisted by legal counsel of client's choice, at the client's expense.
8. To receive assistance from a family member designated representative, or other individual in understanding, protecting, or exercising the client's rights.
9. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights.
10. To have the client's information and records kept confidential and released only as permitted under R9-20-211 (A)(3) and (B).
11. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. 36-507(2).
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37.
 - c. For video recordings used for security purposes that are maintained only on a temporary basis.

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12. To review, upon request, the client's own record during the agency's hours of operation or at a time agreed upon by the Clinical Director except as described in R9-20-211(A)(6).
13. To review the following at NHBHC or at the OBHL:
 - a. This Chapter
 - b. The report of the most recent inspection of the premises conducted by the OBHL.
 - c. A plan of correction in effect as required by the OBHL.
 - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency.
 - e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency.
14. To be informed of all fees that the client is required to pay and of NHBHC's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client during a crisis situation.
15. To consent to treatment, unless treatment is ordered by a court of competent jurisdiction, after receiving a verbal explanation of the client's condition and the proposed treatment, including the intended outcome, the nature of the proposed treatment, any procedures involved in the proposed treatment, any risks or side effects from the proposed treatment, and any alternatives to the proposed treatment.
16. To be offered or referred for the treatment specified in the client's treatment plan.
17. To receive a referral to another agency if NHBHC is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan.
18. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health.
19. To be free from abuse, neglect, exploitation, coercion, manipulation retaliation for submitting a complaint to the Department or another entity, discharge or transfer, or threat of discharge or transfer for reasons unrelated to the client's treatment needs, except as established in a fee agreement signed by the client or the client's parent, guardian, custodian or agent; treatment that involves the denial of food, the opportunity to sleep, the opportunity to use the toilet; restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
20. To opt out of faith based interventions while enrolled at New Hope.
21. To have been provided information regarding Advanced Directives.

**Also available in Spanish*

Creating New Hope to be Born Again
Methadose™ Oral
Concentrate
(Methadone hydrochloride oral concentrates USP)

Special-Risk Patients – Methadone should be given with caution, and the initial dose reduced, in certain patients such as the elderly and debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy, or urethral stricture. The usual precautions should be observed and the possibility of respiratory depression requires added vigilance.

Information for
Patients

- Patients should be cautioned that Methadose, like all opioids, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving or operating machinery.
- Patients who are ambulatory should be cautioned that Methadose, like other opioids, may produce orthostatic hypotension.
- Patients should be cautioned that **alcohol** and **other CNS depressants** may produce an additive CNS depression when taken with this product and **should be avoided**.
- Patients should be instructed to seek medical attention immediately if they experience symptoms suggestive of an arrhythmia (such as palpitations, dizziness, lightheadedness, or syncope) when taking Methadose.
 - Patients initiating treatment with Methadose should be reassured that the dose of methadone will “hold” for longer periods of time as treatment progresses. NDA 17-116/S-021 Page 21
- Patients should be instructed to keep Methadose in a secure place out of the reach of children and other household members. Accidental or deliberate ingestion by a child may cause respiratory depression that can result in death.
- Patients should be advised not to change the dose of Methadose without consulting their physician.
- Women of childbearing potential who become or are planning to become pregnant should be advised to consult their physicians regarding the effects of Methadose use during pregnancy.
- If a physically dependent patient abruptly discontinues use of Methadose, an opioid abstinence or withdrawal syndrome may develop. If cessation of therapy is indicated, it may be appropriate to taper the methadone dose, rather than abruptly discontinue it, due to the risk of precipitating withdrawal symptoms. Their physician can provide a dose schedule to accomplish a gradual discontinuation of the medication.
- Patients seeking to discontinue treatment with Methadose for opioid dependence should be apprised of the high risk of relapse to illicit drug use associated with discontinuation of methadone maintenance treatment.
- Patients should be advised that Methadose is a potential drug of abuse. They should protect it from theft, and it should never be taken by anyone other than the individual for whom it was prescribed.

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**Methadose™ Oral
Concentrate**
(methadone hydrochloride oral concentrate USP)
cont'd.

- **Breastfeeding:**
 - Methadone use is usually compatible with breastfeeding. Pregnant mothers using methadone should be counseled about the benefits and risks of breastfeeding while using methadone. Counseling should include the following information:
 - The baby receives a small amount of methadone through breast milk.
 - The baby may experience methadone withdrawal if breastfeeding is discontinued suddenly. Patients discontinuing breastfeeding should develop a plan to wean with the baby's healthcare team.
 - Use of other substances of abuse during breastfeeding will expose the baby to additional risks. Patients who use other substances of abuse should not breastfeed.
 - When starting methadone for the first time or increasing the dose, breastfeeding patients should watch their babies closely for changes in behavior or breathing patterns.

NDA 17-116/S-021; Page 20, 21, 22
http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/017116s0211bl.pdf

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www.nhbhc.net

"Without hope, we have no definition or destination." – Rick Campbell

"Hope is a waking dream." –Aristotle

