



## **Outpatient Drug and Alcohol Counseling Handbook**

### **Clinic Hours**

Monday and Tuesday | 5:30 a.m. – 7:00 p.m.  
Wednesday and Thursday | 5:30 a.m. – 4:00 p.m.  
Friday | 5:30 a.m. – 1:30 p.m.  
Saturday | 6:00 a.m. – 9:00 a.m.  
Sunday | Closed



New Directions Healthcare



NewDirectionsHealthcare.net

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**INTRODUCTION:**

New Directions Healthcare (NDHC) is a fully licensed state and federal substance abuse treatment clinic in Erie, Pennsylvania. New Directions Healthcare purpose is to provide a positive difference every day in the lives of people with an opioid addiction utilizing medication, counseling, and life skills development. Our philosophy is that every substance abuse addiction patient with an opiate addiction deserves the opportunity to take their life in a NEW DIRECTION. New Directions Healthcare is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

New Directions Healthcare provides outpatient drug and alcohol counseling to help individuals solidify their commitments. Outpatient counseling provides individuals continuous care by meeting with a licensed counselor once a week.

New Directions Healthcare also provides all three forms of MAT and drug free treatment therapy. Daily methadone is an extremely effective form of opiate addiction treatment. In addition, New Directions Healthcare offers Buprenorphine (Suboxone/Sublocade), which is a medication used to treat opioid dependency containing buprenorphine and naloxone. The third type of medication is Naltrexone (Vivitrol), a monthly injectable non-opioid medication that helps patients who are opioid dependent in remission but at risk of relapse. Vivitrol is also used to treat alcohol dependency in remission. NDHC also specializes in the care of pregnant opioid dependent patients. All patients of New Directions Healthcare upon admission are given a prescription for intranasal naloxone, instructions for use, and what to do in the event of finding someone who has overdosed.

We work closely with other medical and psychiatric providers in the community to arrange patient referrals and coordinate care. New Directions Healthcare accepts Pa State Medicaid, Medicare, and most major insurances. Our facility has full time Medical Providers on site daily. New Directions Healthcare offers methadone maintenance treatment to individuals 18 years of age or older, who are addicted to opiate drugs or synthetic narcotics for over one year or more. New Directions Healthcare strives to provide an individual-centered environment during treatment that is focused on delivering exceptional quality care and treating individuals with integrity and respect as they work toward their recovery from opiate addiction.

**EMERGENCY:**

In the event of disaster clients are instructed to check local radio stations, television or visit our Facebook page for further information in the event of an emergency. New Directions Healthcare's website [www.newdirectionshealthcare.net](http://www.newdirectionshealthcare.net) will also provide further instructions.

In the event of an emergency clients are instructed to call 911. To speak to New Directions Healthcare personnel outside of business hours dial 814-240-6216 for additional information. Please listen to prompts to speak to a medical provider. Diagrams depicting the location of all exits and the location of fire extinguishers are posted in every room.

**CRITERIA FOR ADMISSION:**

New Directions Healthcare offers treatment to individuals 18 years of age or older. An individual who is enrolled in the program must be medically and mentally stable. Individuals must enter and participate in the program voluntarily.

New Directions Healthcare will not admit any patient who is medically or mentally unstable or at risk for imminent harm to himself/herself or others.

Our clinic will provide services to all people, regardless of age, race, color, ethnicity, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity, or expression.

**PARENTS WITH CHILDREN:**

Parents with childcare issues are permitted to bring their children into the clinic. No children, under any circumstance, are allowed in the dosing rooms. New Directions Healthcare staff are not responsible for children and children are not to be left unattended. **Please do not bring children into individual counseling as the content of counseling is geared toward adults and may not be appropriate for children.** Individuals requesting special accommodations surrounding childcare are asked to make arrangements in advance, with their individual counselor or group facilitator.

**PRESCRIPTIONS:**

Any and all control substance medications prescribed by private physicians must be communicated with New Directions Healthcare medical staff. Individuals are asked to supply a list of the medications they are currently taking. On the day of the Intake, individuals must sign consent forms authorizing New Directions Healthcare staff to confer with medical and/ or psychiatric providers regarding continuity of care.

**ILLNESS OR HOSPITALIZATION:**

Individuals enrolled in services at New Directions Healthcare must report any hospitalization to staff as soon as possible. If hospitalization is anticipated the individual should inform New Directions Healthcare staff in advance. In the event of a medical emergency requiring immediate hospitalization the individual should request that a hospital staff member obtain a ROI and contact New Directions Healthcare to coordinate treatment / continuation of care. In the event of medical emergency New Directions Healthcare medical staff will assist with necessary medical referrals.

**PAYMENT SCHEDULE / FEES:**

- Clinical fees are due weekly and payable in advance in accordance with New Directions Healthcare's payment policy. Government funded, and private insurance plans are accepted upon prior authorization.
- No personal checks are accepted without prior approval. Refunds are not given without prior approval. If a personal check is authorized and returned there will be a \$50.00 fee

for returned checks. Payment may be in the form of cash, debit, money order, or credit card; Visa, MasterCard, or Discover. Money orders must be issued by bank or post office.

- Payments will be considered late after three business days, unless prior arrangements are made in advance with the Facility Director. **Financial responsibility and payment are part of your treatment plan and failure to stay current may result in administrative action.**
- You may request a payment plan in the event of financial hardship or temporary lapse of insurance. Patients that are self-pay will be given a self-pay schedule and if you are late, you will be put on a financial contract until all payments are up to date. Failure to follow through with payments can cause disciplinary action. New Directions Healthcare is always willing to work with patients in difficult financial situations.
- All patients are responsible that their insurance is up to date, or they will be held liable for their payment. New Directions Healthcare will work with your insurance company to obtain payment for services.

#### **CELL PHONES AND ELECTRONIC DEVICES:**

Due to confidentiality cell phone use and the use of electronic devices are prohibited at New Directions Healthcare. **Taking photographs or videos in the lobby, dosing room, medical areas, individual, and/or group sessions is prohibited and will result in termination and/or criminal charges.** Individuals discovered using cell phones / electronic devices will be prompted to put the phone / electronic device away. Cell phones need to be turned off during group counseling but may be utilized to call front desk in case of an emergency.

#### **CONFIDENTIALITY OF INDIVIDUAL'S RECORDS:**

The confidentiality of the individual's records maintained by New Directions Healthcare are protected by the Federal and State Laws. Staff may not inform another person that an individual attends New Directions Healthcare, or disclose any information identifying the individual, unless:

- The individual consents in writing.
- The disclosure is permitted by an order of the court.
- The disclosure is made to medical personnel in the event of a medical emergency to qualified medical personnel.
- The disclosure is made to mental health emergency personnel (for example Crisis Services) in the event of a mental health emergency.
- For research, audit, or program evaluation purposes.
- In the event of suspected child abuse or neglect, Federal and State laws require mandated reporters / all New Directions Healthcare staff to inform appropriate child protect agencies. New Directions Healthcare staff has a legal and ethical obligation to report any suspected child abuse or neglect.

New Directions Healthcare staff will adhere to these regulations. All suspected violations of confidentiality must be reported.

## **COUNSELING:**

Individual counseling is a process through which individuals work one-on-one with a therapist in a safe, caring, and confidential environment to:

- Explore feeling, beliefs, or behaviors.
- Work through challenging or influential memories.
- Identify needed life changes for better quality of life.
- Better understand themselves and others.
- Set personal goals and work towards desired change.

## **Useful information about your counseling experience:**

- Both individual and group counseling are required by both New Directions Healthcare and by State and Federal guidelines.
- The amount of group and individual sessions will be determined by your time in treatment and Pa DDAP regulations, specific needs, and at the discretion of the counselor.
- You will be assigned to a primary counselor but may be seen by other therapists as necessary.
- You are required to keep all scheduled counseling appointments, failure to do so will result in administrative action.
- You have the right to request a change in counselor. To request counselor reassignment, individuals may request a Change of Counselor form from New Directions Healthcare staff.

## **COMPLIANCE:**

To remain compliant with New Directions Healthcare and prevent administrative action; please remember the following:

- You **MUST** keep all scheduled individual therapy sessions. This will ensure you meet your **monthly counseling requirements**.
- You **MUST** sign necessary Releases of Information to ensure continuity of care.
- You **MUST** work toward completing your treatment plan goals and objectives.
- You **MUST** pay all current fees and/or compliant with payment plan.

## **PROGRAM REQUIREMENTS:**

Program activities will include, but are not limited to:

- Comprehensive evaluation of the individual's medical, psychiatric, social, educational, financial, vocational, occupational status.
- Individual counseling / psychotherapy.
- Marital services and couple's counseling.
- Education / Vocational referrals /community resource guide.

**URINE COLLECTION:**

Urine specimens must be provided upon request in accordance with State and Federal Regulations and may be collected under the direct observation of New Directions healthcare staff in person or via tele monitor.

- Patients will be required to have UDS for any suspect for cause.
- Attempts to alter a urine sample may result in involuntary termination of services.
- A urine specimen may be requested at any time during treatment.
- Individuals will be required to sign a consent for camera surveillance of urine drug screens. The red light on and flashing in the bathroom indicates camera surveillance is being utilized.
- Our medical staff may require a direct observation urine drug screen at any time

**SMOKING:**

Smoking and vaping are not permitted inside of the building. The designated smoking area is the bench outside of the clinic to the East of New Directions Healthcare facility. Cigarette butts are to be discarded in proper receptacles.

**SECLUSION & RESTRAINT:**

Staff are prohibited from use of seclusion and / or physical restraint.

**LOITERING:**

Loitering on New Directions Healthcare premises is prohibited. Individuals should enter the facility immediately upon arrival and remain in the waiting area until called. Individuals should exit the facility and leave New Directions Healthcare property immediately upon completion of service. Loitering on or around New Directions Healthcare property can lead to problems with the community. Consistent loitering is grounds for dismissal from the program or transfer to another clinic.

**ARREST:**

Individuals who are arrested are encouraged to contact the clinic as soon as possible. Clients that have two or more no-shows may be discharged.

**ADMINISTRATIVE ACTION:**

Being placed on Administrative Action includes receiving a Letter of Warning, Behavior Contract, Notice of Treatment Termination, opportunity to request/attend a Fair Hearing, and Fair Hearing Summary/Contingency Plan. Reasons to be placed on Administrative Action include:

- NO SHOWs and frequent rescheduling of individual sessions.
- The presence of illicit drugs, alcohol, or prescription medication the individual is not prescribed in drug screens.
- Violence/threats.
- Failure to stay current with clinic fees.

- Failure to work toward achieving goals, objectives in treatment plan.

#### **TREATMENT TERMINATION APPEAL PROCEDURES:**

You have a right to request a Fair Hearing should you be under termination. Please follow this process when requesting a Fair Hearing:

1. **OBTAIN** a Fair Hearing form from a counselor. On this form, indicate why you are appealing your termination and a list the name(s) of people you may want at your hearing. NDHC will complete Releases of Information.
2. **OBTAIN** a Notice of Fair Hearing Schedule (this will give you the date and time of your hearing).
3. **OBTAIN** a Fair Hearing Patient Information form.
4. **COMPLETE** a Patient Appeal form (MUST be complete prior to your hearing. If not, your hearing will be rescheduled ONCE). If necessary, please ask a counselor for help completing this document.
5. **A Fair Hearing Summary** will be completed by primary counselor **(a)** reintegrating the program's treatment expectations to be met monthly **(b)** completion on the Voluntary Reduction or **(c)** completing an Involuntary reduction.

#### **Additional information regarding Fair Hearings:**

- Your treatment will continue uninterrupted pending the outcome / determination of the Fair Hearing.
- Hearings will be held within 10 business days from the Clinic's receipt of individual's request to appeal and the hearing will be conducted by the clinical director and treatment team.

#### **CLIENT LEGAL & HUMAN RIGHTS:**

1. A client receiving care or treatment under section 7 of the act (71 P. S. § 1690.107) shall retain civil rights and liberties except as provided by statute. No client may be deprived of a civil right solely by reason of treatment.
2. The project may not discriminate in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap or religion.
3. Clients have the right to inspect their own records. The project, facility or clinical director may temporarily remove portions of the records prior to the inspection by the client if the director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented in the record.
4. Clients have the right to appeal a decision limiting access to their records to the director.
5. Clients have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information in their records.
6. Clients have the right to submit rebuttal data or memoranda to their own records.



7. Clients have the right to be treated with dignity and respect, as individuals who have personal needs, feelings, preferences, and requirements.
8. Clients have the right to privacy in their treatment. Should you be concerned with your confidentiality in relation to attendees of other programs with the facility, you have the right to request counseling sessions scheduled to avoid contact.
9. Clients have the right to be fully informed of all services available to them and of any charges for those services.
10. Clients have the right to be fully informed of their rights and of all rules and regulations governing their conduct as clients.
11. Clients have the right and the responsibility to participate in the development of their treatment plan.
12. Clients have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment, including withdrawal of consent.
13. Clients have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of this right.
14. Clients have the right to continuity of care. They will not be discharged or transferred, except for therapeutic reasons for personal welfare, or the welfare of others. Should transfer or discharge become necessary, they will be given reasonable advanced notice, unless an emergency exists.
15. Client have the right to voice opinions, recommendations, and grievances in relation to policies and services offered, without fear of restraint, interference, coercion, discrimination, or reprisal.
16. Clients have the right to be free from physical, chemical, and mental abuse.
17. Clients have the right to confidential treatment of their personal and medical records. Information from these sources will not be released without your prior consent, except in: 1) suspected child abuse; 2) crime on premises; 3) Good Cause Court Order; 4) medical emergency.
18. Each client has the right to request the opinion of a consultant at his or her own expense or to request review of the individual treatment plan, as provided in specific procedures.
19. Clients have the right to appeal involuntary termination.
20. Clients have the right to freedom from financial or other exploitation, humiliation, and neglect.

*For more information on Client Rights, go to the President's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry Reference Website at [www.hcqualitycommission.gov](http://www.hcqualitycommission.gov), or call the Office for Civil Rights U.S. Department of Health and Human Services Hotline at (800) 368-1019. For Medical Assistance Provider Compliance Hotline to report fraud and abuse, call 1-866-DPW-TIPS.*

I have reviewed the Client's Legal & Human Rights or they have been explained to me so that I understand them.

**INDIVIDUAL’S RIGHTS:**

All individuals have the right to fair and equal treatment without discrimination. Any individual who feels that they have been discriminated against should report facts to the Facility Director. If results are unsatisfactory, a written report should be presented to the Program Director. Clinic staff will assist any individuals in their request to report these facts. Individuals have the right to be treated in a safe environment. Acts of violence to other individuals in the clinic or to clinic staff will result in termination of services.

I have attended the mandatory orientation group and received the orientation packet which explains, in detail, NDHC’s treatment expectations and requirements to remain in the program. If at any time I become unclear of my expectations, it is my responsibility to seek clarity from the clinical staff.

Print Name: \_\_\_\_\_  
Patient’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Counselor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: 12/2024