



Patient Rights and Responsibilities for Medication Assisted Treatment of Opioid Addiction

As a patient in the medication-assisted treatment (MAT) program, you have the right:

- To receive treatment provided in a fair and impartial manner regardless of your race, sex, age, sexual orientation or religion.
- To receive an individualized plan of care or treatment plan developed according to guidelines established by a nationally recognized authority.
- To receive medications as listed in your individualized plan of care or treatment plan on a schedule that follows federal requirements and approved guidelines and protocols that is the most accommodating and least intrusive and disruptive method of treatment for most patients.
- To participate in an office based medication assisted treatment (OBMAT) program that provides enough competent, qualified and experienced professional staff to implement and supervise your treatment plan.
- To be informed about potential interactions with and adverse reactions to other substances, including alcohol, other prescribed medications, over-the-counter pharmacological agents, other medical procedures and food.
- To be informed about the financial aspects of treatment, including the consequences of nonpayment of required fees.
- To be given a copy of the initial assessment, written acceptance into the program or, in the case of denial of admission, a referral to an appropriate treatment program based upon the results of the initial assessment.
- To confidentiality of your medical records in accordance with federal regulations, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996, as amended.
- To be informed of the extent of confidentiality, including in what situations your information can be released without your consent, including the use of identifying information for the purposes of program evaluation, billing and statutory requirements for reporting abuse.
- To give informed consent prior to being involved in research projects and the right to retain a copy of the informed consent form.

You have the right (Continued):

- To receive full disclosure of information about treatment and medication, including accommodation for those who do not speak English, or who are otherwise unable to read an informed consent form.
- To protection from other patients' disruptive actions or behavior.
- To express that you are not happy with your treatment or to complain about the treatment you receive.
- If you do express that you are unhappy or complain about your treatment, you have the right not to be harmed as a result of your complaint
- If you file a complaint, you have the right to receive a decision in writing with the reason for the decision stated.
- Involuntary discharge is to be used as a last resort. It is the program's responsibility to attempt to accommodate your desire to be referred to a different treatment program if this is appropriate for you.

Process for filing a complaint or grievance:

- Within FamilyCare:
 - You may file a complaint about any staff or any aspect of your treatment by telling any staff member or contacting the program director, Dr. Kathryn Adams, at 304-757-6999 Mailing Address: 97 Great Teays Blvd, Suite 6 Scott Depot, WV 25560.
 - If your complaint involves either of these individuals or you fear you will be treated unfairly if you contact them, you may contact FamilyCare's Chief Executive Officer, Martha Carter, at 304-757-6999 Mailing Address: 97 Great Teays Blvd, Suite 6 Scott Depot, WV 25560.
 - Once received, FamilyCare will attempt to resolve the issue within two weeks. If the grievance is not resolved, you have the right to register a complaint with the Patient Grievance Committee of the Board of Directors within two weeks. The Committee has the responsibility to address your complaint within two weeks and their action is final.
- You may also file a complaint with OHFLAC, which oversees FamilyCare's office-based medication assisted treatment (OBMAT) program. You can reach them at ohflac.wv.gov, by writing to them at 408 Leon Sullivan Way, Charleston, WV 25301 or by calling 304-558-0050.

As a patient in the medication-assisted treatment (MAT) program for opioid use disorder, you have the responsibility to:

- Keep and be on time to all your scheduled appointments. Missing a visit may result in no medication/prescription being given until your next scheduled visit.
- Follow the payment policy outlined by this office.

You have the responsibility to (Continued):

- Behave in a polite manner in this office.
- Keep your medication in a safe and secure place. If it is lost, it will not be replaced.
- Read the Medication Guide that comes with the medication when it is filled and to talk with your provider if you have any questions.
- Take your medication as instructed and not to change the way you take it without first talking with your provider.
- Participate in counseling as part of your recovery program.
- Give urine, blood or saliva samples for drug screening at any time to make sure you are taking your medication as prescribed and nothing else. A missed drug screening is considered a positive, or inappropriate, test.
- Report any relapses or times when you have used illicit or controlled drugs or alcohol against the recommendation of your treatment team. Dishonesty indicates that your self-report is unreliable. Your medical provider must be able to rely on your self-report to prescribe medication to you appropriately.

You have the responsibility NOT to

- Use any drugs or alcohol while taking medication for opioid addiction.
- Receive any medications, either prescribed by another doctor or bought over the counter, without telling your provider.
- Sell, share, or give *any* of your medication to another person.
- Deal, steal, or conduct any illegal or disruptive activities in or near this office.

Failure to follow through with all aspects of the treatment program reduces its effectiveness. Inappropriate drug screens may indicate that treatment is not effective for you or that you are using the medication in illegal ways. Following the rules of the treatment facility and paying your fees makes sure that the facility can continue to meet the needs of other patients as well as yourself. Therefore, if you do not follow through with any of the above responsibilities, this may be grounds for involuntary discharge from the program. When possible while maintaining your safety and providing for the wellbeing of the other patients and staff, efforts will be made to increase your care and monitoring of your medication use rather than discharging you. When this is not possible or is against the clinical judgment of your prescribing provider, discharges may be made immediately. If treatment changes are made, such as increasing the frequency of therapy, but you are still not able to follow through with your responsibilities, this may indicate that this treatment program is not able to meet your needs. If this is the case, you may be discharged and referred to a different treatment program.