

# Patient Intake Information



## **Evergreen Treatment Services**

**MOLLY CARNEY, PH.D., M.B.A.  
EXECUTIVE DIRECTOR**

Welcome to Evergreen Treatment Services.  
We hope this treatment experience will be positive for you.  
Good luck with your recovery.

# EVERGREEN TREATMENT SERVICES

**MISSION:** TRANSFORMING THE LIVES OF INDIVIDUALS AND THEIR COMMUNITIES THROUGH INNOVATIVE AND EFFECTIVE ADDICTION AND SOCIAL SERVICES

**VISION:** WE STRIVE TO BE A LEADER IN ADDICTION AND SOCIAL SERVICES.

## WHO WE ARE:

- Competent and compassionate care providers
- Professionals who value and respect each individual's contribution in creating a healthy and engaging work environment
- Partners with the community

## WHAT WE DO:

- Offer person-centered addiction and social services using research-based interventions and technologies
- Educate the community and advocate for and with the people we serve
- Train and mentor professionals in the community to promote understanding of addiction, treatment, and social services

## HOW WE GROW:

- Sustainably
- Responsibly
- Strategically
- Creatively
- Mindfully

**VALUES:** WE ENDEAVOR TO UPHOLD THESE VALUES IN ALL WE DO.

**COLLABORATION:** We work together toward common goals.

**COMPASSION:** We provide respectful, person-centered care.

**DIVERSITY:** We welcome and value differences.

**EMPOWERMENT:** We promote growth and autonomy.

**HOLISTIC:** We cultivate wellness and balance.

**INNOVATION:** We initiate and embrace change.

**INTEGRITY:** We are ethical and professional.

## Confidentiality Patient Notice

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**GENERAL INFORMATION:** Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Under these laws, Evergreen Treatment Services may not say to a person outside Evergreen Treatment Services that you attend the program, nor may Evergreen Treatment Services disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Generally, you must sign a written consent before Evergreen Treatment Services can share information for any purpose. Written consent (with some exceptions) may be revoked either verbally or in writing. Under certain circumstances, federal law permits Evergreen Treatment Services to disclose information without your written permission:

1. **MEDICAL EMERGENCY:** To help in the event of an emergency medical situation.
2. **COURT ORDER:** As required by the document.
3. **CHILD ABUSE OR NEGLECT:** ETS is required to report to Child Protective Services any situation in reasonable cause is suspected in an incident of child abuse or neglect, including sexual abuse (RCW 26.44).
4. **THREATS OF HARM:** Threats to harm self or someone else.
5. **CRIME RELATED TO ETS:** ETS will disclose information to law enforcement about a crime or threat against our property or personnel.
6. **RESEARCH & AUDIT:** For research, audit or evaluations.
7. **QUALIFIED SERVICE ORGANIZATION AGREEMENT:** When ETS has a formal agreement with an organization / business associate.

**YOUR RIGHTS:** Under HIPAA you have the right to inspect and copy your own health information maintained by Evergreen Treatment Services, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Evergreen Treatment Services records, and to request and receive an accounting of disclosures of your health related information made by Evergreen Treatment Services during the six years prior to your request. You also have the right to receive a paper copy of this notice.

**EVERGREEN TREATMENT SERVICES DUTIES:** Evergreen Treatment Services is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Evergreen Treatment Services is required by law to abide by the terms of this notice. Evergreen Treatment Services reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

**COMPLAINTS AND REPORTING VIOLATIONS:** You may complain to Evergreen Treatment Services and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

## Consent to Treatment with an Approved Narcotic Drug

I hereby authorize and give voluntary consent to the above named Program Medical Director(s) and/or any appropriately authorized assistants he/she may select, to administer or prescribe Opioid pharmacotherapy including methadone, buprenorphine, or buprenorphine/naloxone as an element in the treatment for my dependence on heroin or other opioid drugs. The procedures to treat my condition have been explained to me, and I understand that it will involve my taking the prescribed narcotic drug at the schedule determined by the Program Medical Director(s), or his/her designee, which will help control my dependence on heroin or other opioid drugs.

It has been explained to me that methadone, buprenorphine, or buprenorphine/naloxone are narcotic drugs, which can be harmful if taken without medical supervision. I further understand that opioid treatment medications are addictive medications and may, like other drugs used in medical practice, produce adverse results. The alternative methods of treatment, the possible risks involved, and the possibilities of complications have been explained to me, but I still desire to receive methadone, buprenorphine, or buprenorphine/naloxone due to the risk of my return to heroin or other opioid drugs.

The goal of medication assisted treatment is total rehabilitation of the patient. I realize that for some patients, medication assisted treatment may continue for relatively long or indefinite periods of time. I understand that I may withdraw from this treatment program and discontinue the use of the drug at any time, and I shall be afforded detoxification under medical supervision. I also understand that during the course of treatment, certain conditions may make it necessary to use additional or different procedures than those explained to me. I understand that these alternate procedures shall be used when in the Program Medical Directors' professional judgement, it is considered advisable.

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I certify that no guarantee or assurance has been made as to the results that may be obtained from medication assisted opioid addiction treatment. With full knowledge of the potential benefits and possible risks involved, I consent to medication assisted treatment, since I realize that I would otherwise continue to be dependent on heroin or other opioid drugs.

By signing this form, I agree that I shall inform any doctor who may treat me for any medical or psychiatric problem that I am enrolled in an opioid treatment program, since the use of other drugs in conjunction with opioid medications prescribed by the treatment program may cause me harm. I agree that I will authorize and maintain valid Releases of Confidential Information for the clinic to freely communicate with my other health care providers about pertinent aspects of my opioid treatment.

## Consent to Treatment with an Approved Narcotic Drug: Female Patients of Childbearing Age Only

To the best of my knowledge,  I am  I am not pregnant at this time. Besides the possible risks involved with the long-term use of methadone, buprenorphine, or buprenorphine/naloxone, I further understand that, like heroin or other narcotic drugs, information on its effects on pregnant women and on their unborn children cannot guarantee that it will not produce significant or serious side effects.

It has been explained to me, and I understand, that methadone, buprenorphine, or buprenorphine/naloxone is transmitted to the unborn child and will cause physical dependence. Thus, if I am pregnant and suddenly stop taking methadone, buprenorphine, or buprenorphine/naloxone, the unborn child or I may show signs of withdrawal which may adversely affect my pregnancy or the child. I shall use no other drugs without approval of the Medical Director(s) or his authorized assistant(s), since these drugs, particularly as they might interact with methadone, buprenorphine, or buprenorphine/naloxone, may harm me or my unborn child. I will inform any other physician who sees the child after birth, of my current or past participation in a medication assisted treatment program in order that s/he may properly care for my child and me.

I understand that for a brief period following the birth, the child may show temporary irritability or other ill effects due to my use of methadone, buprenorphine, or buprenorphine/naloxone. It is essential for the child's physician to know of my participation in a medication assisted treatment program so that s/he may provide appropriate medical treatment for the child.

**All the above possible effects of methadone, buprenorphine, or buprenorphine/naloxone have been explained to me, and I understand that studies conducted on the long-term use of the drug do not assure complete safety to my child. With full knowledge of this, I consent to its use and promise to inform the Medical Director(s) or one of his/her assistant(s) immediately if I become pregnant or if there is a change in my pregnancy status.**

## EVERGREEN TREATMENT SERVICES

### **Opioid Treatment Payment Contract (Page 1 of 3)**

Updated 5/1/16

**Regardless of current, former, and potential future funding sources, all patients are ultimately responsible for the payment of their treatment fees for services received during treatment.**

**Treatment Fees:** Evergreen Treatment Services (“ETS”) charges a daily bundled rate of \$17.75 per day for all opioid treatment services rendered (excluding our acupuncture treatments). This rate converts to \$124.25 per week and \$532.50 (for months with 30 days) and \$550.25 (for months with 31 days). We have agreements and contracts with many public and private funding sources and also accept cash paying patients. Our basic financial terms and conditions are outlined below based on the general categories of funding types we accept. To learn more about your specific funding and potential treatment costs, please see our Patient Account Representatives for additional information.

**Patients Paying Cash for Treatment:** To ensure that our cash paying patients can continue to afford to pay for our treatment we are offering a generous 15% Prompt Payment Discount to patients that keep their account in good standing and pay their treatment fees on time. **After deducting the 15% discount from our new daily rate, our daily treatment fees reduce to \$15.09 per day.**

Although our fees are based on a daily bundled rate for treatment services, we bill our treatment fees at the end of the week to cash patients. The bill is based on the week starting on Sunday and extending through the following Saturday. Payment for this weekly treatment fee is due by the following Friday in order to qualify for the 15% Prompt Payment Discount. Therefore, a payment of \$105.61 must be paid by the following Friday before the close of business. Payment for treatment fees received after this deadline will not receive the Prompt Payment Discount and the full weekly change of \$125.25 will be required.

An initial deposit of \$250.00 is required and will be applied against future treatment fees and approximates the first two weeks of service (based on the Prompt Payment Discounted rate). This payment must be received upon completion of the intake paperwork and before scheduling your medical intake appointment.

ETS accepts the following forms of payment: 1) cash, 2) money order, 3) personal check, or 4) credit/debit cards. **ETS strongly encourages you to keep your account paid within terms to avoid being charged the non-discounted weekly rate. This is most easily accomplished by paying for your treatment fees by the Friday of each week.** The non-discounted rate **will not** be re-applied retroactively to any previous payment(s) made within terms.

In addition to not receiving the benefit of the Prompt Payment Discount, patients that allow their accounts to become past due risk being placed on a Financial Dose Reduction (Taper) until your account is brought current. If you are placed on a Financial Taper, you will not be eligible for our discounted treatment fees until your entire account balance is brought current and the Financial Taper is removed. No transfer to another opioid treatment program will be facilitated during any on-going Financial or Administrative Taper.

**Patients with Public Funding (Funding Provided by the Federal Government, the State of Washington, King County, City of Seattle or other Community Program):** Providing ETS has available capacity, we accept most forms of public funding for eligible individuals. ETS has arrangements or contracts to provide services to individuals currently eligible for Apple Health (DSHS) Medicaid/ABP, and Medicaid/CNP.

**Currently, ALL MEDICARE Plans/policies DO NOT cover any Methadone Treatment Fees**

## Opioid Treatment Payment Contract (Page 2 of 3)

### Patients with Insurance Coverage:

#### Group Health Patients

If you are **currently** covered by any Group Health Cooperative Insurance plan: They require you to receive a valid referral authorization for treatment from Group Health before being admitted to treatment. Once you have your referral, ETS will as a service to our patients, bill your Group Health insurance plan directly for your treatment services. You will only be required to pay for any deductibles, co-payments and co-insurance amounts required by under your specific Group health plan benefits.

In addition to those specific contractual items, any other fees not covered by your specific Group Health insurance plan will be your responsibility to pay. All patient payments required are due at time of service and must be paid within 30 days of billing (typically done every two weeks) unless other payment agreements are made.

Unfortunately, we are not able to provide the prompt pay discount for any of these payments. **Ultimately, you are responsible for settling any disputes over fees that are not paid for or covered by your Group Health plan.**

#### All other Private Insurance Patients

ETS provides, (as a patient benefit), billing services to all insurance providers. The details of your specific insurance coverage will depend on the specific plan that you have and other variables that are impossible to summarize here. Therefore, upon acceptance into our Opiate Treatment Program, patients must supply a copy of their insurance card and sign an ETS release of information to enable us to verify the specifics of your coverage, deductibles, co-payments and co-insurance amounts. Receipt of your insurance information and the billing of your treatment fees on your behalf is not a guarantee that any part or portion of your treatment will be covered by your insurance provider. Ultimately, you are responsible for any charges, deductibles, co-payments, and co-insurance amounts not paid for by your insurance company.

Please visit our Patient Account Representative in the Finance Office if you need help understanding your insurance plan's benefits or to learn the specifics of your coverages and how they relate to our treatment fees.

## Late Cancellation and Missed Appointments Policy

**We appreciate your consideration in arriving for all your scheduled appointment on time.**

*PLEASE UNDERSTAND THAT, IF YOU ARE 10 MINUTES (OR MORE) LATE FOR A SCHEDULED APPOINTMENT, IT IS CONSIDERED A MISSED APPOINTMENT & **YOU WILL NOT BE SEEN.***

**Failed or Missed Medical Intake Appointments:** Patients who are **not currently eligible for Medicaid** who fail or miss their medical or transfer intake appointment, will be charged a \$60 missed appointment fee. This \$60.00 fee must be paid *in full* before you will be able to schedule your next medical intake appointment. Patients who fail or miss multiple medical intake appointments may be subject to wait thirty (30) days to reapply for treatment.

Missed appointments and appointments cancelled less than 24 hours in advance affect our ability to provide you and our other patients quality care and limit the availability of appointments for everyone. **Therefore, we reserve the right to charge patients a fee for a late appointment cancellation or missed appointment. These fees will depend upon the type of appointment cancelled/missed. A pattern of missed appointments may also result in our no longer being able to continue you in treatment.**

## Opioid Treatment Payment Contract (Page 3 of 3) Acupuncture Fees

Our Acupuncture fees vary depends on your funding type, and in no circumstance is the acupuncture fee part of our bundled daily rate for opiate treatment.

- **Patients Paying Cash:**

\$20 per month for attending acupuncture groups between 1 – 2 days per week;

\$35 per month for unlimited monthly acupuncture.

- **Apple Health \*\* (DSHS) Medicaid/ABP and Medicaid/CNP:** No additional cost to you for acupuncture.

\*\* If you are on a Spend Down with Apple Health, you are not eligible for the acupuncture benefit. You may be required to pay out of pocket for acupuncture services while on Spend Down. Once you have met your Spend Down and still have maintained your eligibility with Apple Health, your acupuncture treatment will be once again covered. If you have made cash/out of pocket payments while on Spend Down and your eligibility for benefits is made retroactive back thru your Spend Down period, you will be entitled to a refund for payments made. Please check with our Patient Accounts staff if you have questions regarding your Apple Health – Medicaid eligibility for acupuncture.

- **Other Public Funding (including Medicare):** Does not cover the cost of acupuncture. You would be charged as a private pay (cash) patient if you elect to receive acupuncture services.

- **Private Insurance Patients:** If you have private insurance, employer based insurance or an insurance policy purchased through the Affordable Care Act or on your own, your insurance provider may cover your acupuncture fees, depending on your policy. ETS can submit billings to your insurance provider, with the understanding that not all insurance providers/plan cover acupuncture fees. You would be charged as a private pay (cash) patient for any uncovered acupuncture fees.

🕒 **FIVE FREE TREATMENTS!** To help introduce you to the acupuncture process and the therapeutic benefits, you are eligible for **five free treatments** so that you can experience it prior to signing up. Just let the acupuncturist know you are a new patient and you will receive five free acupuncture treatments.



# Prescription Monitoring Program (PMP) Intake Notice

## Falsification of Intake Information

I understand that I am to provide accurate and honest information. Falsification of intake information (including failure to disclose treatment history, medical care, prescribed medications or funding status) may result in denial of admission to Evergreen Treatment Services or immediate discharge from treatment. I further understand that I may not be eligible to reapply for a minimum of one year.

## Washington State Prescription Monitoring Program

Evergreen Treatment Services (ETS) utilizes the Washington State Prescription Monitoring Program (PMP) to ensure safe and effective outpatient addiction treatment. In addition to verifying what prescriptions you've received prior to admission to treatment here ETS will be able to monitor your prescriptions while you receive medication assisted opioid treatment here.

## What is Prescription Review?

Prescription Review is a secure online database that will be used across Washington State to improve public health. All practitioners are able to review their patient's prescribed medication history before they prescribe or dispense drugs. All clinics and provider offices will be connected to this centralized system. It will allow them to communicate with one another and look for duplicate prescribing, possible misuse, drug interactions, and other potential concerns.

**Patient data from ETS is not submitted to this system so that your participation in methadone, buprenorphine, or buprenorphine/naloxone treatment, AS LONG AS THAT MEDICATION IS DISPENSED BY EVERGREEN TREATMENT SERVICES, is not available information to other medical providers outside of ETS. If you receive prescriptions for buprenorphine or buprenorphine/naloxone and fill them at a pharmacy, that information will be submitted to and included in the PMP.**

## Who can access the data?

Physicians, pharmacists, dentists, physician assistants, nurse practitioners, and other licensed clinicians and professionals authorized by the Washington State Department of Health. The system is secure to make sure confidential information is protected.

## Is this new?

It's a fairly new program for Washington, but not new for the country. Most states already have this program, including our neighbors in Idaho and Oregon.

## What drugs are covered?

At this time, this program only covers controlled substances (drugs that could potentially be dangerous and addictive). This includes benzodiazepines, stimulants, and pain relievers.

## What is ETS going to do with Prescription Review?

At the time of your intake medical exam the ETS medical provider will look up current controlled substances prescribed to you in the secure on-line database information. This inquiry is done for your safety since we will be prescribing a controlled substance to you that could potentially create a life threatening interaction if ETS medical staff are not aware of all medications you are taking. To repeat, ETS staff are not going to be putting any patient information into this database.

If we find out that you are being prescribed controlled substances that you have not told us about during your intake process, your treatment status will be reviewed by the medical and intake staff. This includes prescriptions for methadone, buprenorphine, or buprenorphine/naloxone. Further action about your admission will be determined after that review. **Please understand that your admission process may be held up or denied if we obtain information you have not disclosed to us.**

## What should you do now?

**Be truthful with the intake worker about your use of all drugs during the intake process.** It is by not telling us about all your current drug use that your admission to treatment may be in jeopardy.

## Prevent Multiple Registrations Release

I authorize the exchange of information between EVERGREEN TREATMENT SERVICES and

- Island Crossing Counseling Services
- Therapeutic Health Services - Summit, Seneca, Shoreline/Midvale, Eastside and Everett branches
- CRC Health Group, Inc./WCHS, Inc. (Canyon Park Treatment Solutions - formerly Lynnwood Clinic, Renton Clinic, Tacoma Treatment Solutions, Vancouver Treatment Solutions and Spokane Treatment Solutions)
- Treatment Services - Tacoma Pierce County Health Department (Unit 1 & Unit 2)
- Veterans Administration - Addictions Treatment Centers / Seattle and American Lake
- Evergreen Treatment Services – Seattle Clinic, South Sound Clinic, and Grays Harbor Clinic
- Columbia River Mental Health Services – NorthStar Clinic (Vancouver)
- Central Washington Comprehensive Mental Health – Opiate Substitution Treatment (Yakima)
- Spokane Regional Health District – Treatment Services – Opioid Treatment Program
- Lummi OTP (Bellingham)

The following information may be disclosed: My name, aliases, social security number, date of birth, physical description and dates of most recent treatment episode, if applicable.

The purpose or need for such disclosure is to prevent multiple program enrollment and/or falsification of intake information.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act (45 CFR §160 & 164) and cannot be disclosed without my written consent unless otherwise provided for by the regulations. Further disclosure is prohibited unless expressly permitted by my written consent. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: Upon discharge from treatment at Evergreen Treatment Services.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, prevention of multiple program enrollment or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

## TARGET – Consent to Release

I authorize Evergreen Treatment Services to disclose to Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery the following information: All information on TARGET form, plus type of treatment, dates of services, discharge type, exit referral and financial information. The purpose or need for such disclosure is to report to state monitoring systems and facilitate billing state funding services.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act (45 CFR §160 & 164) and cannot be disclosed without my written consent unless otherwise provided for by the regulations. Further disclosure is prohibited unless expressly permitted by my written consent. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: 90 days after discharge from treatment at Evergreen Treatment Services.

# Washington State Department of Health

## Patient Disclosure Handout on

### Unprofessional Conduct

Counselors are subject to discipline by the Department of Health (DOH). Cause for disciplinary action for unprofessional conduct is found in RCW 18.130.180 and includes the following:

1. The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of counseling, whether the act constitutes a crime or not;
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. All advertising which is false, fraudulent, or misleading;
4. Incompetence, negligence or malpractice which results in injury to a patient or creates an unreasonable risk that a patient can be harmed.
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority;
6. The possession, use, prescription for use, or distribution of controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or the violation of any drug law;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;
10. Aiding or abetting an unlicensed person to practice when a license is required;
11. Violations of rules established by any health agency;
12. Practice beyond the scope of practice as defined by law or rule;
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession.
18. The procuring, or aiding or abetting in procuring, a criminal abortion;
19. The offering, undertaking or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine;
20. The willful betrayal of a practitioner-patient privilege as recognized by law;
21. Violation of the rebating laws, which includes payment for referral of patients;
22. Interference with an investigation or disciplinary proceeding;
23. Current misuse of alcohol, controlled substances, or prescription drugs;
24. Abuse of a patient or sexual contact with a patient.
25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented.

Anyone having questions or wishing to file a complaint should write or call:

Washington State Department of Health  
Health Systems Quality Assurance  
Post Office Box 47865  
Olympia, Washington 98504-7865  
(360) 236-4700

## Patient Rights

In accordance with section 388-877-0600 of the Washington Administrative Code (WAC), each patient of this program is hereby informed that you have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability, except for bona fide program criteria;
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in the event of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on premises;
5. Be free of sexual harassment
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. Receive a copy of agency complaint and grievance procedures upon request and to lodge a complaint or grievance with the agency, or Regional Support Network (RSN), if applicable, if you believe your rights have been violated; and
10. File a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

For a further description of agency policies, a copy of the ETS Orientation Booklet is available at the reception desk of each unit or by request to your assigned counselor.

## Admission – 30 Day Treatment Plan (Page 1 of 2)

PROBLEM: I have untreated opioid and other substance addiction.

**\* SHORT TERM GOAL 1: Stabilize on prescribed methadone, buprenorphine, or buprenorphine/naloxone.**

<b>OBJECTIVE</b>
I will attend the clinic daily for dosing and take the methadone, buprenorphine, or buprenorphine/naloxone once daily as prescribed, including my Sunday and Holiday doses as directed.
I will keep scheduled medical intake assessment and dose evaluation appointments with my ETS medical provider.
I will inform any medical provider or prescriber of other medications that I am participating in medication assisted opioid treatment and sign releases of information to allow ongoing coordination of care.
I will register all prescription medications in the dispensary within three (3) working days of issue date. I will follow the ETS medical provider's decision regarding continued use of the prescribed medication.
I will refrain from drinking alcohol.

<b>INTERVENTION</b>
ETS will dispense methadone, buprenorphine, or buprenorphine/naloxone daily with a take-home dose for Sundays and other dispensary closure days.
ETS medical providers will work with me to stabilize medication level to address my opioid withdrawal and cravings.
ETS staff will facilitate the signing of releases and the coordination of care.
ETS medical staff will evaluate medication interaction and safety issues and inform me promptly about their decision regarding the registered medication.
ETS staff will monitor misuse of alcohol and take appropriate action.

**\* SHORT TERM GOAL 2: I will work toward psychosocial stability.**

<b>OBJECTIVE</b>
I will attend and actively participate in all individual counseling sessions and available treatment services.
I will complete a treatment plan with my assigned counselor.
I will complete the agency's required Orientation and Blood Borne Pathogens/ Communicable Diseases/ Family Planning Education groups.

<b>INTERVENTION</b>
ETS will assign me a primary chemical dependency counselor within one week of my admission to treatment. My counselor will also provide education about the agency's services and procedures as well as resources and referrals for additional services as needed.
My counselor will contact me as soon as possible to schedule weekly counseling sessions and collaborate with me on my treatment plan.
I will be scheduled for the required Orientation and Blood Borne Pathogens/ Communicable Diseases/ Family Planning Education groups.

## Admission – 30 Day Treatment Plan (Page 2 of 2)

**\* SHORT TERM GOAL : Learn skills to reduce use of illicit substances.**

<b>OBJECTIVE</b>
I will identify my individual triggers to use illicit substances such as: _____
I will identify my current coping strategies that are effective in managing my triggers and more effectively utilize the following coping strategies such as: _____

<b>INTERVENTION</b>
Clinical staff will be available to help identify additional triggers to use during weekly counseling.
Clinical staff will be available to suggest additional coping strategies and techniques utilizing evidence based interventions. Clinical staff will provide verbal encouragement for the patient's efforts in this area.

**BRIEF RISK INTERVENTION:**

HIV, HCV and STI Brief Risk Intervention completed.

\*Discussed patient's HIV, HCV and STI risk factors.

\*Discussed strategies for reducing HIV, HCV and STI risk factors.

\*Discussed HIV, HCV and STI resources and referrals.

This treatment plan is in effect until I have developed and completed an individualized Initial Treatment Plan with my assigned counselor. The target date for achieving short-term goals and objectives is within my first 30 days in treatment.

## Preliminary Opioid Treatment Contract & Patient Code of Conduct

These are a few basic rules and expectations about conduct at or near Evergreen Treatment Services properties. Evergreen Treatment Services strives to provide a safe and healthy environment for our patients and our business neighbors; therefore we hold all patients accountable and responsible for helping us enforce these standards. With your help, Evergreen Treatment Services can continue to project a professional image to patients and to the community, thereby ensuring that Evergreen Treatment Services can continue to offer services.

You are expected to read, sign, and abide by this Preliminary Treatment Contract and Patient Code of Conduct. All program rules, including those covered in this document, will be explained to you in more detail during Orientation. Once admitted to treatment, you will meet with your assigned Counselor weekly during your first 90 days in treatment. Should you have any questions regarding these or other program regulations, please contact your counselor or another Evergreen Treatment Services team member for assistance.

The following behaviors are unacceptable and will not be tolerated. Violation of these rules may result in progressive administrative actions including a written warning, attendance at a mandatory Treatment Team, administrative taper or immediate treatment termination. A patient who has been placed on an administrative (involuntary) taper will be notified in writing of this action the day the taper will start. The patient has the right to appeal this decision to the Treatment Team or the Treatment Manager. Your Counselor can assist you in the appeal process. Violations of the Preliminary Treatment Contract and the Patient Code of Conduct will be considered in any future requests for readmission

1. Actions which will result in **immediate treatment termination** (no taper, no more doses, no more access to program premises, no appeal, no readmission):
  - a) Threats of or actual physical violence against any program staff member or patient including demanding or threatening behavior
  - b) Destruction of agency, staff or other patient property including damage to any ETS property (including sidewalks, trees and other plants near our buildings)
  - c) Theft of ANY item(s) from ANYONE associated with our services
  - d) Use of obscene or disrespectful language regarding race, sexual and/or gender orientation or appearance
  - e) Bringing a weapon into the building, to the mobile van or surrounding premises
2. Actions which may result in **immediate discharge or an involuntary medication taper, and a minimum of 1 year** before you may apply for readmission:
  - a) Holding, passing or selling drugs or alcohol at or near ETS (includes sidewalk and parking area)
    - i) Includes any actions that could be interpreted as “drug dealing”. **Do NOT give anything to anyone** and **do NOT take** anything from anyone (including cigarettes, lighters, money, random papers, phones, phone numbers, etc.)
    - ii) Open possession, consumption and/or distribution of ANY alcoholic beverages
  - b) Diversion of methadone, buprenorphine, or buprenorphine/naloxone dose (no giving away or selling of doses, they are intended for use only by the patient on the date indicated on the carry bottle)
  - c) Receiving methadone, buprenorphine, or buprenorphine/naloxone at another program or prescriber (double dosing)
  - d) Falsification of intake information
3. Actions which may result in **an involuntary 21 day medication taper and a minimum of 30 days** before you may apply for readmission
  - a) Evidence of continued use of drugs and/or alcohol
  - b) Unacceptable conduct at or near ETS properties (including business neighbors):
    - i) Smoking or use of tobacco or tobacco-related products including marijuana and e-cigarettes
    - ii) Loitering
    - iii) Causing unreasonable disturbance
    - iv) Jaywalking, disrupting traffic flow or double parking
    - v) Dressing in an inappropriate manner, such as wearing pajamas, low cut shirts or low hanging pants, not wearing shoes, or otherwise specified by staff.
    - vi) Leaving children or pets unattended at any time while at the clinic.
    - vii) ANY other behavior(s) that could jeopardize the safety of ETS affiliates, its community relations, business reputation, and safety standards, as specified by staff.

**I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO ABIDE BY ETS RULES.**



## Fact Sheet for New Patients

Welcome to Evergreen Treatment Services. We hope this treatment experience will be positive for you. Here are a few facts that will help you during the first few days of your treatment. You will receive a more formal orientation to the program later. If at any time your dose is too high, let the Dispensary Nurse know immediately.

**YOU CAN ONLY DOSE AT YOUR ASSIGNED CLINIC, UNIT & TIME**

### DISPENSARY HOURS:

#### SEATTLE CLINIC

**Unit 1: 1700 Airport Way South, (206) 223-3644**  
Monday – Saturday 5:30AM – 3:00 PM

**Effective 5/16/16:** 5:30AM – 9:00AM  
9:45AM – 1:00PM

**Unit 2: 1740 Airport Way South, (206) 223-3644**  
Monday – Saturday 5:30AM – 3:00 PM

**Effective 5/16/16:** 5:30AM – 9:45AM  
10:30AM – 1:00PM

**Unit 3 (van): (206) 624-6482**  
Monday – Saturday 6:00 – 8:45AM & 9:15AM – 11:00AM

**Effective 5/16/16:** 6:00AM – 8:45AM  
9:15AM – 12:15PM

#### SOUTH SOUND CLINIC: 6700 Martin Way East, Suite 117, Olympia, (360) 413-6910

Monday – Saturday 5:30AM – 6:00AM for **Workers ONLY**  
6:00AM – 12:30PM

**No methadone will be dispensed after 12:30 PM.**

#### GRAYS HARBOR CLINIC: 804 Levee Street, Hoquiam, WA 98550, (360) 209-6339

Monday – Saturday 6:00AM – 9:00AM & 9:30AM – 11:00AM

**No methadone will be dispensed after 11:00 AM.**

**MISSED DOSES:** If you have four or more consecutive missed doses, you must see a medical provider to resume dosing. If you miss **eleven consecutive doses**, you will be **discharged** from the program. You may not be eligible to reapply for admission for a minimum of 30 days following discharge and if eligible must go through the intake procedure again to be readmitted.

**SPILLED DOSES:** You must handle your dose with care. Accidental spillage will be replaced; spillage resulting from carelessness will not be replaced.

**TAKE-HOMES:** The agency is closed on Sundays. Therefore, on Saturday you will be given a take-home bottle with your Sunday medication. It is your responsibility to check this bottle for your proper name and date, and to see that the cap of the bottle is secure. Take-home medication will **NEVER** be replaced.

**PPD TEST:** One of the nurses in the dispensary will give you a Tuberculosis Skin test (PPD). This is a small, usually painless skin test. If the test site should become red, swollen, itchy, or cause you any discomfort, you should show it to the nurse in the dispensary on your next visit. The nurse will give instructions for follow-up care.

**ALCOHOL TESTS:** Random alcohol breath tests are done in the dispensary; you will be expected to participate, if asked. *Use of mouthwash or inhalers just prior to dosing is discouraged.*

If you appear for medication dispensing with a blood alcohol level above .04 mg.% but less than or equal to .08 mg.% you will not be given the daily dose of medication immediately. Based on the nurse's clinical judgment, you may be given the opportunity to return, for reevaluation by observation and repeat Breathalyzer. If the repeat Breathalyzer is less than or equal to .04 mg.%, you may have up to your scheduled dose for that day. If your repeat Breathalyzer is greater than .04 mg.%, you will not be dosed but will be instructed to return for dosing the next dosing day. You would only be charged with one positive Breathalyzer per day, even if you return for repeat testing on that day.

If you have a Breathalyzer reading greater than .08 mg.% when you first appear for dosing, you will not receive your methadone dose on that day and will not be given an opportunity to return for retesting that day. Please understand if your dose is withheld due to a positive Breathalyzer (reading above .04 mg.%) you will not receive any take-home doses.

**URINE TESTS:** Urine collection for drug screens is done randomly. A patient's failure or refusal to provide a urine sample upon request, for whatever reason, will result in the recording of a positive urine. However, patients will be given their dose that day. Patients will be expected to make a good faith effort to provide a urine sample prior to dosing. Any patient who fails to leave a urine sample at ETS for **three (3) consecutive months** will be administratively tapered and discharged from the program. There will be **no appeal** of this administrative taper. There will be **no appeal** of this administrative taper. No urine specimens are collected within 5 minutes of the dispensary break or dispensary closing.

**NAUSEA/VOMITING:** If you feel like vomiting, tell the nurse before you are medicated. The nurse will then time you and request that you vomit in front of the nurse in the dispensary. A time limit of 15 minutes is allowed for the methadone to be absorbed into your body's system. If you vomit before 15 minutes, a portion of your dose may be replaced.

**CHILDREN:** Children are not allowed in the dispensary except by special request. Only children less than one year of age who are in a secured carrier are allowed in the UA bathrooms. Children may not be left with the reception or any other ETS staff while the parent is providing the urine sample. It is preferred that children remain home or be supervised by an adult acquaintance of the patient during the patient's time in the clinic.

**Tobacco Products Policy:** In compliance with contracts that fund patient care, ETS is a **no smoking** facility. This means that **no tobacco or tobacco-related products are to be used or be visible** on our campus. This policy may extend the no-smoking perimeter based on requirements associated with our building lease(s). Thank you for your cooperation with this Washington State Law, and program policy.

**Animals are PROHIBITED on ETS premises; this does not apply to Service Animals**

Service animals are welcome here and must be leashed.

- Service animals are **trained** dogs that provide services to a person with disabilities
- Service animals are **working** dogs, NOT pets

Pets and the following behaviors are **NOT** welcome inside our clinics:

1. Unprovoked barking, pacing, leash pulling
2. Dogs that make unsolicited contact with patients or other dogs
3. Dogs that cause destruction of our property
4. Dogs that act out of control
5. Dogs that are not "house broken"
6. **Pets** whose sole purpose is to provide comfort or emotional support
7. ANY dogs that are **NOT TRAINED** to be a service animal

Please address any questions to ETS Security personnel.

## MEDICATION SIDE EFFECTS AND ADJUSTMENT PERIOD

The most frequently observed side effects of methadone and buprenorphine based medications include constipation, light-headedness, dizziness, sedation, nausea, vomiting and sweating. There is usually a gradual, yet progressive disappearance of side effects over a period of several weeks. Constipation and sweating often persist. Death can result if you receive too much medication or use other drugs, particularly other central nervous system depressants, such as alcohol, barbiturates, benzodiazepines, or other opioids, in addition to your prescribed medication dose. The first dose of buprenorphine may worsen or precipitate your withdrawal symptoms if you are not in moderately severe withdrawal at the time of dosing. If this occurs it will usually resolve within up to several hours. If this occurs, it can be managed by your medical provider.

Newly admitted and readmitted patients will be allowed sixty days to adjust to or stabilize on their dose. Transfer patients may have no stabilization period. Dose evaluations during the stabilization period can happen one of two ways, either by drop-in 2-4 hours after you dose or by appointment every 5-7 days. Your medical provider will give you more information during your initial intake.

## JAIL & OFF-SITE DISPENSING

For patients confined to the hospital, methadone or buprenorphine based medication can normally be dispensed after arrangements are made with the private physician. Whenever possible, the arrangements with the patient's physician should be made prior to the time of need. You must bring a completed copy of the Hospital Information Request Form with you upon your return for dispensing. Keep a copy of this form in your wallet for emergencies.

## SEATTLE CLINIC – Methadone patients

When you are incarcerated in the King County Correctional Facility in downtown Seattle or the Regional Justice Center Jail in Kent and contact ETS dispensary by 8:00 AM, you will continue to receive your current methadone dose. If you are incarcerated in the Snohomish County Jail, you should talk to an officer and call the jail dosing number (for Therapeutic Health Services – Everett) that is programmed into the jail phone and leave a message on the line. Therapeutic Health Services - Everett will then contact ETS to verify the dosing information and arrange for next-day methadone dosing. If you are on an administrative or financial taper, you will stay on that taper. You will receive doses in jail seven days per week. Once incarcerated, you **must** call ETS Dispensary Staff (or in the case of Snohomish County Jail, THS-Everett) to set up jail dosing. ETS will accept a collect call. **YOU MUST CALL BEFORE 8:00 AM.** Once released from jail, you must return for dosing at ETS within 48 hours after release. If you return later than that, you will need to be seen by ETS staff to be assessed.

Phone Numbers to call:

Unit 1 & 2: (206) 223-3644

Unit 3: (206) 624-6482

If you are on buprenorphine or incarcerated in a facility where methadone dosing is not provided, please contact ETS upon your release. With verification of incarceration, ETS staff may be able to reinstate you on the program.

## GRAYS HARBOR CLINIC

If you are incarcerated in the Grays Harbor County Correctional Facility in Montesano or the Hoquiam City Jail; please inform the staff that you are a patient of Evergreen Treatment Services. You will need to sign a release of information then will continue to receive your current medication dose for 9 days. On day 10 you will begin a taper off the medication according to policy. If you are on an administrative or financial taper you will continue on that taper. You will receive doses daily except Sunday and holidays. Once released from jail, you must return for dosing at ETS within 24 hours after release. If you return later than that, you will need to be seen by ETS staff to be assessed.

If you are incarcerated in a facility where methadone dosing is not provided, please contact ETS upon your release. With verification of incarceration, ETS staff may be able to reinstate you on the program.

## SOUTH SOUND CLINIC

If you are incarcerated, please contact ETS upon your release. With verification of incarceration, ETS staff may be able to reinstate you on the program.

## Intake Summary

This is to verify that the staff has oriented me to the treatment program and expectations. I recognize that I must comply with the rules and regulations in order to continue participating in treatment with Evergreen Treatment Services.

I understand that unless otherwise determined by a medical provider during the medical intake appointment, my estimated length of medication assisted treatment is:

180 Day Detoxification

I acknowledge that I have received the following information:

1. Description of the program hours and services (Fact Sheet).
2. Orientation to the building (Kiosks, Dispensary, Acupuncture –Seattle only).
3. Patient rights, grievance, and appeal procedures (Patient Rights).
4. Confidentiality / HIPAA information (Confidentiality Patient Notice).
5. Behaviors that may lead to immediate discharge or involuntary taper (Preliminary Medication Assisted Treatment Contract and Patient Code of Conduct).
6. 10 minute grace period and missed appointment fees (Cancellation and Missed Appointments Policy).
7. Expectations regarding individual counseling session attendance and mandatory groups.
8. DOH - Counselors document.

## Assessment Summary

Thank you for choosing Evergreen Treatment Services for your initial step toward recovery.

Your assessment has revealed the following:

You do not meet the DSM-5 criteria for Opioid Use Disorder.

You meet the DSM-5 criteria for Opioid Use Disorder.

We recommend the following level of care:

OTS (Opioid Treatment Services)

Other: \_\_\_\_\_

Evergreen Treatment Services provides treatment for OTS (Opioid Treatment Services).

Other treatment agencies providing the recommended level of care include:

Therapeutic Health Services, multiple locations, 206-323-0930

CRC, multiple locations, 425-687-7082

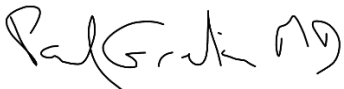
Tacoma Pierce County Treatment Services, Tacoma, WA, 253-798-6576

Other: \_\_\_\_\_

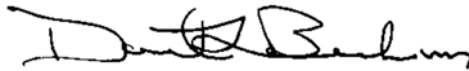
Dear Prospective Patient,

Your Intake Counselor has informed you that a necessary step before beginning our medication assisted opioid treatment program is passing a physical examination we refer to as a Medical Intake. This examination is done to measure how much withdrawal you are in, and therefore the approximate starting dose you need. We ask you to be sick from withdrawal, not half sick from withdrawal or almost sick from withdrawal, when you report for this examination. Therefore, we suggest that you abstain from **all** drug and alcohol use for at least 24 hours before your appointment. If you fail the examination (due to lack of withdrawal symptoms, inappropriateness for dosing, appearing intoxicated on another substance or a positive breathalyzer for alcohol) you will be informed by the Medical Provider and will need to schedule another appointment to repeat this examination. **If you fail this Intake or miss it (no show or come 10 minutes or more late), you must pay \$60.00 cash to reschedule** (except Medicaid/ABP and Medicaid/CNP covered patients).

**So please don't use any alcohol or other drugs for at least 24 hours or longer if it takes longer for withdrawal symptoms to occur. Don't stop taking any currently prescribed medications.** By not using any drugs for at least 24 hours, you can then most likely start on the program following your examination appointment. Also **we expect you to bring all currently prescribed medications to this Medical Intake appointment.**



Paul Grekin, M.D.  
ETS Seattle Clinic  
Medical Director



David Beck, M.D.  
ETS Grays Harbor Clinic  
ETS South Sound Clinic  
Medical Director

# KCBHO Consent for Substance Use Disorder Client Lookup

King County Behavioral Health Organization

The Chinook Building  
401 Fifth Ave, Suite 400  
Seattle, WA 98104  
FAX: 206-205-1634

I, \_\_\_\_\_ authorize the King County Behavioral Health Organization (KCBHO) to make available to the substance use disorder programs and mental health programs participating in the King County Behavioral Health Organization Network and state contracted Medicaid Managed Care Organizations (MCOs) that provide your physical health care (your provider will provide a list of the KC BHO programs and current MCOs) for the purpose of coordinating my substance use disorder, mental health treatment and physical health care the following information: Name and other identifying information (such as DOB, gender, race), ProviderOne ID, disabilities, diagnosis, case manager name and contact information, where and when I was enrolled and received substance use disorder and/or mental health treatment services within the KCBHO network.

By signing this form, I understand:

- When I am asked to fill out this consent, I am entitled to a copy.
- I have the right to revoke this consent at any time. Any revocation will not affect any actions that have already been taken based on the original authorization. Without my express revocation, this consent will expire upon the completion of treatment and exit from the KCBHO network; unless I am under the supervision of the Washington State Department of Corrections at the time of exit from KCBHO, then this authorization will expire at the end of the term of supervision.
- My substance use disorder records are protected by federal regulations that prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by my consent or as otherwise permitted by 42 CFR Part 2.
- I will not be denied services funded by the KCBHO network if I refuse to sign this form.

All disclosures and redisclosures must be accompanied by the following notice: "This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

Check if client chooses not to sign this form:

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Patient

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Date

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Witness

## DOH – Seattle Clinic Counselors

All counselors are required to meet the minimum education, training and experience requirements of a qualified counselor as defined by the Division of Behavioral Health and Recovery (D.B.H.R.), State of Washington, WAC 388-877B-0410.

### COUNSELING STAFF

Santa Anigo, CDP (CP60344365) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Lisa Bancroft, MSW, LICSW, CDP-T (CO6017692) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Shellie Black, LICSW, CDP (CP60327802) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
Michele Bloom, CDP-T (CO60309182) Chemical Dependency Counselor Intern Individual/Group Counseling Cognitive-Behavioral Therapy	Alicia Carr, CDP (CP00000978) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Cristina Coupe, MA, LMHCA, CDP (CO60464606) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
Carol Davidson, MSW, CDP (CP00000471) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Levon Dunn, AA, CDP-T (CO60615774) Chemical Dependency Counselor Intern Individual/Group Counseling Cognitive-Behavioral Therapy	Dominique Fortson-Jordan, BA, CDP (CP60597844) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
J. Katherine Graber, MA, CDP (CP60615324) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Monica Harris, AAS, CDP (CP00006359) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	John Hooser, AA, CDP-T (CO60475190) Chemical Dependency Counselor Intern Individual/Group Counseling Cognitive-Behavioral Therapy
Shundra King, CDP (CP60535562) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Mary LeLoo, BA, CDP (CP60027753) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Diana Leung, BA, CDP-T (CO60397397) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
Shannon Linhoff, CDP (CP60556456) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Lorna MacKenzie, BA, CDP (CP00003127) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Jennifer Marshall, MS, CDP (CP00001793) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
Therese Mayer, MA, CDP (CP00004988) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	April Nayes, LMHC, CDP (CP60188511) <b>Intake Counselor</b> Evidence-Based Assessment	Alicia Ontiveros, CDP (CP00003290) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
K. Michelle Peavy, PhD, CDP-T (CO60309172) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Kelsey Rock, BA, CDP-T (CO60552561) <b>Intake Counselor Intern</b> Evidence-Based Assessment	Monica Russo, MSW, LICSW, CDP (CP00003499) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
Sean Soth, BA, CDP (CP60235869) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Maximilian Sughrua, CDP-T (CO60469995) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy	Judy Talton, CDP (CP00002600) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy
John Williams, LICSW, CDP (CP00001618) Chemical Dependency Counselor Individual/Group Counseling Cognitive-Behavioral Therapy		

Counselors practicing counseling for a fee must be registered or certified with the Department of Health (DOH), Professional Licensing Services, for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment.

#### Disclosure Information:

I acknowledge that I have been given a copy of the Patient Disclosure Information as per WAC 246-810-031 and provided a list of or copy of the acts of unprofessional conduct in RCW 18.130.180 with the name, address, and contact telephone within the Department of Health. My signature below verifies my reading and understanding of the information provided.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



## Mandatory Groups – Seattle Clinic

I, \_\_\_\_\_ understand that I am required to attend two mandatory groups:

1. Orientation Group: The purpose of the Orientation Group is to provide new patients with information regarding agency rules and procedures that affect treatment. The Orientation Group consists of one session, lasting approximately one hour and is offered on Fridays at 11:00 am. All new, readmitted and transfer patients are required to attend. Attendance at this session will be excused only for those patients who have unavoidable and documented schedule conflicts with work, training or education. Patients with such conflicts must make arrangements with their assigned Counselor in order to exempt themselves from the Orientation Group and complete in session with the assigned counselor.

I will have 4 Fridays from the date of admission to complete the Orientation Group. Failure to complete this group within 4 Fridays will result in a taper off the program. There is no appeal of this taper. I will have the opportunity to attend Orientation during the taper in order to stop the taper.

2. Blood Borne Pathogens/Communicable Diseases/Family Planning Education Group: In compliance with Washington State's regulations and out of concern for my health and safety, ETS requires that every patient complete this education group. The class material consists of information about HIV infection, transmission, prevention, skills building, and community resources that can assist individuals with antibody testing, emotional support and education. Information on HCV infection, STIs/STDs and family planning will be included. The group is one session lasting approximately 1 1/2 hours. All new, readmitted and transfer patients are required to attend. There is no other option for meeting this group requirement. The group is available two times per month; I will be notified of the date and time of this required group shortly after your admission.

I will have 4 opportunities to complete the Blood Borne Pathogens/Communicable Diseases/Family Planning Education Group. Failure to complete this group by the fourth opportunity will result in a taper. I will have the opportunity to attend the Blood Borne Pathogens/Communicable Diseases/Family Planning Education Group during the taper in order to stop the taper.

**Failure to complete the groups as specified above will result in my taper off the program.** I will not be eligible to apply for readmission to treatment for a minimum of thirty (30) days after completion of the taper schedule.

**I HAVE READ AND UNDERSTAND THAT ATTENDING THE ORIENTATION and BLOOD BORNE PATHOGENS / COMMUNICABLE DISEASES / FAMILY PLANNING EDUCATION GROUPS IS MANDATORY. FAILURE TO ATTEND BOTH GROUPS WILL RESULT IN AN ADMINISTRATIVE TAPER AS EXPLAINED ABOVE.**

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

# Acupuncture

## ACUPUNCTURE HOURS

Monday through Friday

6:00 a.m. - 11:00 a.m. (the last needles go in at 10:30 a.m.)

11:30 a.m. - 1:00 p.m. (the last needles go in at 12:30 p.m.)

**WHY ACUPUNCTURE?** We encourage you to consider using acupuncture as part of your treatment and recovery program. Acupuncture has shown to be effective in helping people withdraw and detoxify from drugs. The effects of Acupuncture tend to be additive and it is most effective after a series of treatments over a period of time. If you're dealing with cravings and/or using drugs not allowed on this program, consider acupuncture to help you discontinue your use. Acupuncture can be helpful in the detoxification process as well as:

- **RELAXATION, CLEARER MIND**
- **STRESS REDUCTION**
- **DECREASE IN WITHDRAWAL SYMPTOMS**
- **LESS CRAVINGS FOR DRUGS**
- **BETTER SLEEP**
- **PAIN RELIEF**

**QUESTIONS? CURIOUS?** Come in a talk to one of the acupuncturists. All the acupuncturists at Evergreen Treatment Services are Washington State Licensed Acupuncturists and have been specially trained in the area of Chemical Dependency Acupuncture.

🕒 **FIVE FREE TREATMENTS!** To help introduce you to the acupuncture process, you are eligible for **five free treatments** so that you can experience it prior to signing up. Just let the acupuncturist know you are a new patient and you will receive five free acupuncture treatments.



## Evergreen Treatment Services

Transforming the lives of individuals and their communities through innovative and effective addiction and social services

COLLABORATION COMPASSION DIVERSITY EMPOWERMENT HOLISTIC INNOVATION INTEGRITY

### Information and Resources on Abuse

**“Abuse: a pattern of behavior that is used to gain and/or maintain control and power over another person.”**

(Domestic Abuse Project <http://www.domesticabuseproject.com/>)

Abuse is a common experience for individuals who struggle with addiction.

- Trauma, which can result after an experience of abuse, can increase an individual’s risk for substance misuse.
- The rate of Post Traumatic Stress Disorder among patients in substance abuse treatment is 12%-34% (Najavits, 2002).
- Approximately 74% of women in substance abuse treatment have experienced sexual abuse (Kubbs, 2000).

**Because so many addiction treatment patients have undergone some type of abuse, we want you to have information about what emotional, physical, sexual abuse looks like. At the bottom of this sheet are available resources.**

#### **Physical abuse -forceful or violent physical behavior.**

Examples include:

- any kind of injury with a weapon
- hitting, slapping, or punching; throwing an object at another person
- choking
- pushing or restraining

**Sexual abuse** -any **non-consensual** sexual act or behavior. Forcing someone to have sex when they **don’t want to**, are **unable to consent** (because they’re drunk or high or asleep, for example), or **afraid to say no** is all abusive behavior.

Also considered sexual abuse:

- insisting that you dress in a certain way, or making demeaning remarks about how you dress
- making demeaning remarks about your body and/or body parts
- berating you about your sexual history or blaming you for sexual abuse
- insisting on touching you sexually when you do not want to be touched

**Emotional abuse -cruel, unfair comments or otherwise emotionally destructive** behavior towards a partner in order to **gain power or control.**

This might include:

- attacking your self-esteem or insulting you, such as name-calling, put-downs, and ridicule or criticizing your thoughts or feelings,
- forcing you to do degrading things, like making you kneel, or making you beg for money
- being extremely jealous
- telling you that you are “sick” or “crazy” and need therapy

**Psychological abuse -any threat** to do bodily harm to a partner, a family member/friends, pets, or one’s self (suicide). Involves not only hurt and anger, but also fear and degradation. This type of abuse **makes a person feel constantly insecure and helpless.**

It’s abusive if someone:

- makes vague threats, like “You’re going to get it,” or “Next time this will be you!”
- hides, steals, or destroys your possessions
- controls your behavior, like keeping you from seeing friends, following you, or monitoring your phone conversations
- uses money to control you, like taking money from you, or forcing you to ask for money

Seattle Clinic  
1700 Airport Way South  
Seattle, WA 98134-1618  
(206) 223-3644  
Fax: (206) 223-1482



South Sound Clinic  
6700 Martin Way East  
Olympia, WA 98156-5886  
(360) 413-6910  
Fax: (360) 413-9026



Grays Harbor Clinic  
804 Levee Street  
Hoquiam, WA 98550-2527  
(360) 209-6339  
Fax: (360) 532-0731



## Evergreen Treatment Services

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COLLABORATION COMPASSION DIVERSITY EMPOWERMENT HOLISTIC INNOVATION INTEGRITY

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### Resources

If you experienced abuse in the past and wish to talk about it, talk with your counselor; if you're experiencing abuse right now or know other people experiencing abuse you can talk to your counselor at ETS, as well as explore these resources:

- National Domestic Abuse Hotline
  - o 1-800-799-SAFE
- 2-1-1
  - o Dial 2-1-1 for health and human service information and referrals and other assistance.
- Washington State Domestic Violence Hotline (8am-5pm daily)
  - o 800-562-6025;
  - o For a list of programs around Washington: <http://wscadv.org/washington-domestic-violence-programs/>

#### Seattle

- New Beginnings
  - o <http://www.newbegin.org/>
  - o (206) 783-4520, Crisis Line: (206) 522-9472
- YWCA of Seattle/King County
  - o <http://www.ywcaworks.org/page.aspx?pid=446>
  - o Office: (206) 490-4353
  - o Crisis Line: (206) 461-4882

#### Grays Harbor

- Chehalis Confederated Tribe – Domestic Violence Program, Oakville, WA.
  - o Office: (360) 273-5911
  - o Crisis Line: (360) 709-1874
- Domestic Violence Center of Grays Harbor, Hoquiam, WA.
  - o Office: (360) 538-0733
  - o Crisis Line: (800) 818-2194

#### South Sound

- Partners in Prevention Education, Olympia, WA.
  - o Office: (360) 357-4472
  - o <https://youthchangeagents.org/>
- Safeplace, Olympia, WA.
  - o <http://www.safeplaceolympia.org/>
  - o Office: (360) 786-8754
  - o Crisis Line: (360) 754-6300

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#### References

Kubbs, M., ed. (2000). *Women and Addiction in Washington State, A Report to the State Division of Alcoholism and Substance Abuse*. Seattle, WA: Washington State Coalition on Women's Substance Abuse Issues.

Najavits, L. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse*. New York: Guilford Press.

Seattle Clinic  
1700 Airport Way South  
Seattle, WA 98134-1618  
(206) 223-3644  
Fax: (206) 223-1482



South Sound Clinic  
6700 Martin Way East  
Olympia, WA 98156-5886  
(360) 413-6910  
Fax: (360) 413-9026



Grays Harbor Clinic  
804 Levee Street  
Hoquiam, WA 98550-2527  
(360) 209-6339  
Fax: (360) 532-0731



# Evergreen Treatment Services

Transforming the lives of individuals and their communities through innovative and effective addiction and social services

COLLABORATION    COMPASSION    DIVERSITY    EMPOWERMENT    HOLISTIC    INNOVATION    INTEGRITY

## Inpatient Hospitalization and/or Outpatient Procedure Information Request

\_\_\_\_\_ is a patient receiving opioid replacement treatment (i.e. methadone) and s/he receives a dose of \_\_\_\_\_ mg orally per day at the following Evergreen Treatment

Services' location:  Seattle Clinic - Unit \_\_\_\_\_

South Sound Clinic

Grays Harbor Clinic

### We require the following information upon his/her return:

Admission and Discharge Dates (or date of procedure): \_\_\_\_\_

Discharge Diagnosis: \_\_\_\_\_

Was patient's methadone dose replaced while s/he was there?

Yes. Dates and amount of methadone dose: \_\_\_\_\_

No.

Was any methadone given to the patient upon discharge?

Yes. Strength, quantity and directions for taking: \_\_\_\_\_

No.

Name of person providing info: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please have this information faxed to us at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ and have the patient hand carry it back to us, even if the patient leaves Against Medical Advice.

Thank you for your assistance.

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6700 Martin Way East, Suite 117

Olympia, WA 98516-5586

Phone: (360) 413-6910