



OTOP

OPIATE TREATMENT OUTPATIENT PROGRAM

Patient Handbook

Ward 93

(628) 206-8412

995 Potrero Ave, San Francisco, Building 90, 3rd Floor

Monday - Friday

6:45am - 11:00am & 12:30pm - 2:00pm

Saturday, Sunday & Holidays

7:30am - 11:00am &
12:30pm - 2:00pm

Bayview Van Site

(415) 920-9008

1676 Newcomb Ave., San Francisco

Monday - Friday

7:00am - 9:00am & 10:30am - 12:30pm

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OTOP PATIENT HANDBOOK

Welcome to Zuckerberg San Francisco General's Opiate Treatment Outpatient Program (OTOP).

Congratulations on taking the initial step toward recovery and entering treatment for opioid use disorder (OUD). For more than 50 years, OTOP has helped thousands of people with OUDs get their lives back together. It is important that you understand the way the program operates so that you may take full advantage of the benefits of the program.

Please review your handbook carefully and clarify any questions you may have with your counselor at the time of orientation. This handbook has been prepared to help you use the program most effectively.

During the first few weeks in the program, your counselor will work with you on a Treatment Plan. These goals are realized with your active participation. The staff will work with you closely on utilizing your strengths and addressing your needs in order to achieve the best treatment outcomes. We encourage you to give us feedback on how we may be of more assistance.

The information contained in this handbook covers the topics you need to be aware of, as well as general rules and guidelines of the program. It also addresses a variety of questions raised by patients both old and new. The bottom line that you have the right to know about your treatment and responsibilities in the program.

The staff at OTOP is committed to the highest level of professional standards. All staff is trained and knowledgeable in current scientifically based medical procedures for the treatment of opiate use disorder and the symptoms in addition to general medical and psychiatric issues.

OTOP welcomes patients with dual disorders (substance use and mental health). This program does not discriminate by race, religion, gender, ethnicity, age, disabilities, sexual orientation or economic status.

PROGRAM PROFILE

OTOP provides treatment services for residents of San Francisco with OUD. Medication is used in conjunction with counseling and referral services as part of comprehensive rehabilitation treatment.

OTOP, a program of ZSFG and the UCSF Department of Psychiatry, is a public, non-profit program supported by federal, state, and local funds. OTOP is licensed and regulated by a variety of state and federal agencies. OTOP is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and meets national opioid treatment standards.

The treatment team at OTOP is multidisciplinary and consists of substance use counselors, nurses, nurse practitioners, social workers, and physicians. You will be assigned a counselor who will meet with you regularly. You will be encouraged to have a regular primary medical care provider. If you do not have a primary care provider, we will help you find one. Comprehensive medical and psychiatric services are available to HIV+ patients at OTOP.

The emphasis of our program goes beyond the "drug problem," to total health recovery. Substance use is addressed in the larger context of your environment and social situation. It is also addressed over time at a pace that is appropriate for you. This collaborative process involves developing treatment goals and periodically

reviewing your progress in the program. OTOP is committed to reducing harms associated with drug use and meeting you where you are.

ABOUT OPIOID AGONIST TREATMENT

Misunderstanding of methadone and buprenorphine maintenance treatment still exists with medical providers, recovery programs and with the public in general. The staff at OTOP is prepared to assist you to navigate the problems associated with stigma, both by educating the public and by contacting medical providers to coordinate your treatment. Please don't hesitate to talk with your counselor if you need help or if a misunderstanding regarding your treatment has occurred. However, methadone and buprenorphine are powerful medications, and there are specific safety measures for getting started on them.

The National Institute on Drug Abuse (NIDA) states that OUD should be understood as a "brain disease". Methadone and buprenorphine therapy are highly individual, and some people may be able to recover normal brain and social functioning within a few months to a few years. Other individuals will require longer term treatment, and some may find this treatment necessary for the rest of their lives.

THE MEDICATIONS AND THEIR EFFECTS

Methadone and buprenorphine are effective medical treatments for OUD. They are both long-acting opioids which can be effective in suppressing opioid withdrawal and cravings. Since they are long acting, they do not usually produce a "rush" or the euphoric feelings that heroin or other opioids produce. However, methadone and buprenorphine, like heroin, create physical dependence, so if not taken daily can cause withdrawal symptoms.

Methadone can produce minor and temporary side effects such as a rash, excessive sweating, and insomnia, and longer lasting effects including constipation or low testosterone. Please advise your OTOP counselor should you experience any of these side effects. There are some effective treatments that we can offer.

Buprenorphine can cause minor and temporary side effects such as a rash or headache and is less likely than methadone to cause constipation or low testosterone. In addition, the *first* dose of buprenorphine should be taken when you are in some withdrawal. If the first dose is taken too soon after last use, buprenorphine can cause instant withdrawal. If that happens, we will offer treatment with medications to relieve those symptoms.

Stopping Treatment: You may discontinue use of methadone or buprenorphine at any time. Upon request, you will be provided medical advice and a taper under medical supervision. There is a high risk of relapse to heroin or other opioids when medication is discontinued. Relapse to opioids increases risk of adverse events including death. Therefore, do not discontinue methadone or buprenorphine without consulting your counselor. If you want to stop treatment, it is important that you do so slowly and only with the help of a care provider.

Misuse: Because methadone and buprenorphine are opioids (like morphine or heroin) there is a risk for misuse of the medications. If you take more methadone than is prescribed for you, you could become sleepy, putting yourself at increased risk of an accident if you drive or operate machinery or you could overdose, putting yourself at increased risk of death from your heart or breathing stopping. The overdose risk is much lower with buprenorphine, unless someone does not have a tolerance to opioids or are using other sedating substances.

Accidental Exposure: Accidental consumption of even one dose by someone other than you could be fatal, especially to a child.

Cardiac (Heart) Arrhythmia: Methadone can increase the risk of an abnormal heartbeat pattern (an arrhythmia) called "torsade de pointes," which can make the heart stop working and cause death. This is rare. Cocaine can increase the risk significantly. Other medical conditions and medications may also increase the risk.

Your medical provider will evaluate your level of risk for a heart problem related to methadone. You may be asked to obtain an EKG (heart rhythm test) to see if you are at higher risk for an abnormal heart rhythm. If methadone is increasing your risk, your medical provider may suggest ways to reduce the risk, but there is no proven way to prevent this problem. If the risk is very high, you may need to consider changing to a different medication. Buprenorphine does not appear to increase the risk of this arrhythmia.

Endocrine (Hormones and Sexual Function):

Male: Methadone, and all opioids, may decrease testosterone (male hormone) levels. If your testosterone level is too low, you may lose interest in sex, have difficulty having an erection or may be less likely to make a female partner pregnant. If your testosterone level is low for a long time, you may feel depressed, have less energy and be at risk of decreased bone density.

Buprenorphine does not appear to affect testosterone levels as much as opioids like heroin, morphine, and methadone.

Female: Methadone, and all opioids, may affect female hormones. Methadone may make your periods irregular and may make you less interested in sex. Even if your periods are irregular or you do not have periods, you may still become pregnant, so you should use birth control if you do not want to become pregnant.

Buprenorphine does not appear to affect female hormone levels as much as opioids like heroin, morphine, and methadone.

Respiratory Depression: Methadone, like all opioids, slows the breathing rate. If you take too much methadone, you could stop breathing or your heart could stop (overdose.) Overdose is more likely if you take methadone in combination with other sedating medications, alcohol or street drugs. You should not drink alcohol or use any street drugs while taking methadone. When your methadone dose has been stabilized, you will be at lower risk of overdose.

Buprenorphine is much less likely to cause overdose compared to methadone, and you will be at a stable dose much more quickly. If you regularly drink or take sedating medications, it may be a safer option for you.

It is very important to tell all medical providers treating you, including emergency, dental and hospital providers, that you are taking methadone or buprenorphine, so that they can avoid dangerous drug combinations.

*****It is recommended that you obtain naloxone (Narcan) for yourself, or people close to you to use in the event of an overdose. We can help you obtain naloxone (Narcan) at your request.**

Other Common Adverse Effects that are more common with methadone: constipation, sweating, lightheadedness, dizziness, sedation, nausea, and vomiting.

Other Common Adverse Effects that are more common with buprenorphine: some patients may experience an uncomfortable increase in energy or mood.

PREGNANCY AND FAMILY PLANNING

OTOP wants to support you in meeting your family planning (e.g., pregnancy, contraception, postpartum, abortion) goals. Please let a medical provider know if you have questions or want to talk about any aspect of family planning. If we don't provide a service here, we can help you to access it.

If you are pregnant or considering getting pregnant, OTOP is ready to help you. Women are encouraged to discuss plans for pregnancy as early as possible with their counselor. Women who become pregnant should let their counselor or other OTOP staffs know immediately.

Multiple studies have shown that children born to mothers taking methadone or buprenorphine are healthier

and less premature than those born to mothers who are using heroin. Children born to women taking buprenorphine are less likely to experience Neonatal Abstinence Syndrome requiring treatment in the hospital after birth. Pregnant women taking methadone appear to be more likely to stay in treatment than pregnant women taking buprenorphine. OTOP provides ongoing methadone and buprenorphine treatment for pregnant patients and can work closely with other programs and prenatal providers with your consent to help support your treatment goals and a healthy pregnancy. Through our Switch Program, OTOP works to create a cooperative therapeutic community for pregnant and postpartum patients. All pregnant women will be referred to an obstetrician or family practitioner if one has not already been identified. We assist pregnant women in obtaining prenatal counseling, which includes nutritional counseling, parenting classes, and family planning. Weekly drug tests are required (state requirement). If you wish to terminate your pregnancy, OTOP staff can help you to obtain abortion services.

FOR FEMALES of CHILDBEARING AGE

Methadone and Buprenorphine are not Harmful during Pregnancy: There is no evidence that methadone or buprenorphine cause birth defects or problems with learning. Babies born to mothers using any full agonist opioid, including methadone, have increased risk of SIDS (crib death), but it is unclear whether babies born to mothers taking buprenorphine have this same risk. Methadone and buprenorphine must be taken every day to avoid symptoms of withdrawal between doses. Symptoms of withdrawal during pregnancy increase the risk of miscarriage, low birth weight or premature delivery. If you are experiencing symptoms of withdrawal, your baby is also experiencing withdrawal. The safest thing for you, your pregnancy and your baby is to have your dose adjusted so that you feel well all day and night. If you are pregnant or become pregnant, you should tell your medical provider right away, so that you can receive appropriate care and referrals. Early and regular prenatal care is very important for the health and safety of you and your baby.

Withdrawal and My Baby: After birth, your baby may experience symptoms of withdrawal. Between 50 and 80% of babies born to mothers in methadone treatment experience physical withdrawal from methadone after birth. This number is somewhat lower for babies born to mothers in treatment with buprenorphine. Symptoms of withdrawal may include increased irritability, difficulty feeding and sleeping, vomiting, diarrhea, weight loss and seizures. If your baby has symptoms of withdrawal, he or she must be evaluated by a doctor and may require treatment in the hospital. Failure to treat withdrawal could result in death. Treatment is very effective and will stop the symptoms of withdrawal, but your baby may need to receive medication and be monitored in the hospital for several weeks after birth. Never give any of your methadone or buprenorphine to your baby.

Breastfeeding: Being on methadone or buprenorphine does not make breast-feeding unsafe for your baby and breast-feeding may help reduce withdrawal symptoms in your baby. You will be able to breastfeed on methadone or buprenorphine unless you are using other drugs or medications that make breastfeeding unsafe or your baby or you have another medical condition that makes breastfeeding unsafe.

TREATMENT AGREEMENT

Treatment with medications for opioid use disorder (MOUD) including methadone or buprenorphine is voluntary. The use of these medications in conjunction with counseling, care coordination and referral services is part of comprehensive treatment.

- **I will meet with my counselor as required in accordance with program guidelines.** Development of treatment plan goals is a collaborative process between my counselor and myself aimed at identifying my strengths I can use to accomplish my goals.
- **Clinic Hours:**
 - Weekdays: 6:45 am – 11:00 am and 12:30 pm – 2:00 pm
 - Weekends and Holidays: 7:30 am - 11:00 am and 12:30 pm – 2:00 pm

Unfortunately, exceptions to these dosing hours are not possible. I understand I need to arrive at least 30 minutes before clinic closing if I need to meet with medical or counseling staff.

- **I understand I will be discharged from the program due to lack of attendance if I miss more than 30 consecutive days.**
- **State & Federal guidelines require obtaining random urine specimens for drug screening.** Failure to submit a urine specimen on the day it is requested may result in termination of treatment. Female urine analyses taken at intake will include testing for pregnancy.
- **A physician or nurse practitioner will evaluate me at the initiation of treatment and periodically, as needed throughout treatment.** The Department of Justice of the State of California maintains a database for all prescriptions for controlled substances filled by pharmacies in California called CURES. Licensed OTOP medical staff check this database as part of the initial assessment and at other times during treatment in accordance with State & Federal guidelines.
- **Patients are assessed for sedation and signs of drug or alcohol use prior to dosing.** If a mental status assessment and/or a breathalyzer test is required, I understand that I must cooperate, or I may not receive a methadone/buprenorphine dose for that day. Doses may be adjusted based on assessment.
- Annual medical screenings including RPR and TB testing are required for continuation in the program.
- **I will inform my counselor if I am taking any prescription medications and provide current prescription information to maintain Take-Home eligibility if applicable.** If for any reason, I must bring prescription medications to the clinic, I will keep them in my custody.
- **Acts or threats of violence, carrying a weapon, and/or use of abusive derogatory language in the clinic or on the hospital grounds may result in immediate termination of treatment.**
- **The use, purchase or sale of drugs (including alcohol) in the clinic or on the hospital grounds will result in immediate termination of treatment.** Any exchange of money, goods or drugs (prescribed or illicit) will be treated as a sale and may result in immediate termination of treatment. Please conduct any business or personal transactions off hospital grounds.
- Fair hearing procedures in the event of involuntary termination are available on request.
- **I understand that privacy of all patients in the program must be respected.** Information concerning any patient or their presence is confidential and should not be shared with anyone outside the clinic.
- **I cannot concurrently receive medication from more than one Opiate Treatment Program.** Enrollment in two such programs will result in immediate discharge from treatment.

PATIENT BILL OF RIGHTS

1. **Non-discrimination:** You have the right not to be discriminated against on the basis of sex, sexual orientation, race, color, creed, religion, national origin, or ability to pay. The procedure for filing a complaint regarding discrimination is detailed in your client handbook.
2. **Confidentiality/Privacy:** The clinic follows all federal and state guidelines (HIPAA and 42 CFR, Part 2) governing the privacy and confidentiality of clients with Substance Use Disorders. We respect your right to have all conversations with your provider behind a closed door.
3. **Humane Withdrawal Procedures:** You will not be abruptly cut off from your methadone/buprenorphine dose. A procedure for gradual withdrawal is available. The program will not detoxify you in less than 15 DAYS EXCEPT WHEN THE PROGRAM DIRECTOR BELIEVES THAT YOUR CONTINUED PRESENCE CONSTITUTES A THREATENING SITUATION TO STAFF OR OTHER CLIENTS.
4. **Humane Treatment:** You have the right to be treated with honesty, dignity and respect from all staff, volunteers or other agency representatives and to be free from neglect, exploitation, coercion, retaliation, humiliation, as well as physical, psychological, verbal or emotional abuse from staff and patients. You have the right not to be threatened with refusal of services.
5. **Quality Care:** You have the right to receive safe, ethical, evidence-based care provided by qualified treatment providers. You will collaborate with your counselor to create an individualized, outcome-driven treatment plan. If OTOP, cannot meet a treatment need, you will be referred to another qualified provider.

You can view the DHCS webpage listing facilities on probation or with revoked/suspended licenses:

<https://www.dhcs.ca.gov/provgovpart/SUD-LCR/Pages/SUS-REV-NOV.aspx>

6. **Seclusion and Restraints:** OTOP does not use seclusion or restraints.
7. **Research Participation:** Any client participating in a research project must give a written consent to do so. You must have full knowledge of the reason for the study and any subsequent side effects in advance. You may withdraw from the study at any time.
8. **Complaint/Grievance Process:** Grievance is defined as an expression of dissatisfaction about any matter other than an Action (Action is defined as a reduction, denial, or termination of a requested service). If you have a complaint regarding your treatment at OTOP, you should attempt to resolve the problem with your counselor. If the complaint is not resolved to your satisfaction, you may contact the Program Director. If you still feel like the complaint has not been resolved at that level, you may file a grievance with SFDPH using the Grievance Forms located in the patient waiting room. Grievance Forms can be mailed to Grievance/Appeal Office 1380 Howard Street, 2nd Floor, San Francisco, CA 94103 or call (628) 754-9299.
9. **Advocacy:** If you believe that your rights as a client have been violated and you are not satisfied with the results of the complaint/grievance process outlined above, you may contact Patients' Rights Advocacy Services at (415) 552-8100. Clients living with HIV can contact the HIV Consumer Rights Advocacy Project at (415) 701-1200 ext. 322.
10. **Fair Hearing:** You have the right to a hearing in all involuntary terminations, EXCEPT WHEN THE PROGRAM DIRECTOR BELIEVES THAT YOUR CONTINUED PRESENCE CONSTITUTES A THREATENING SITUATION TO STAFF OR OTHER CLIENTS. A detailed explanation of the hearing procedure is listed in the client handbook.
11. **Access to Medical Files:** You have the right to review your medical file at the clinic upon request to the OTOP director in advance.
12. **Informed Consent:** You have the right to receive clear and understandable information about the risks and benefits of the services you are receiving at OTOP. This includes service delivery, expected outcomes, release of information, information on all available services and information about your providers.
13. **Accommodations:** You have the right to safe, healthful, and comfortable accommodations. Clients with special needs have a right to reasonable access under ADA requirements.

ATTENDANCE AND CLINIC HOURS

You are required to attend the clinic every day of the week during your initial treatment period.

Missed days increase the risk of relapse, withdrawal and overdose. Multiple absences may lead to your dose being lowered or in extreme cases, discharge from the program. For patients in the Methadone Maintenance program, fourteen consecutive no-shows will result in discharge from OTOP.

Be aware that it may take up to 40 minutes to receive your dose, especially if you need to meet with your counselor or other medical staff or provide a urine sample for drug screening. We close the doors promptly at 2:00 p.m. for dosing at Ward 93 and 12:30 pm at Bayview so please plan your arrival at the clinic such that you can receive your dose before dispensing hours end. The schedule of regular clinic dispensing hours for Ward 93 patients is as follows:

DISPENSING LOCATIONS/ HOURS:	
<u>Zuckerberg San Francisco General Hospital, Ward 93</u> Monday – Friday: 6:45 AM – 11:00 AM, 12:30 PM – 2:00 PM Saturday, Sunday & Holidays 7:30 AM – 11:00 AM, 12:30 PM – 2:00 PM	<u>Bayview Van Site</u> Metropolitan Baptist Church 1676 Newcomb St. (Newcomb @ Newhall) Monday – Friday: Hours: 7:00 AM – 9:00 AM then 10:30AM – 12:30PM

BAYVIEW VAN DISPENSING HOURS:

The Bayview van runs Monday through Friday and is closed on weekends and holidays. Patients who need to dose on weekends and holidays receive treatment at Ward 93. Though the methadone van dosing sites are a satellite of Ward 93, we cannot allow van patients to dose at Ward 93 except under pre-approved circumstances. If you miss dosing during the operating hours of the mobile methadone vans, you will not be allowed to dose at Ward 93. If you have appointments at ZSFG or have been asked to come to Ward 93 by a provider, you may pre-arrange with your counselor to receive a dose on that day.

DISPENSARY DOSING RULES

1. Check in at the front desk and be seated in the waiting room until your name is called.
2. Finish cell phone calls before going to the window.
3. State full name and Date of Birth
4. Remove sunglasses when at the window.
5. No food or open containers allowed at the window.
6. If alcohol intoxication is suspected, you may be breathalyzed. Your dose may be adjusted or withheld based on medical provider guidance to ensure your safety.
7. Patients should request that jail or hospital staff contact OTOP @ 628-206-3959 in the event of incarceration or hospitalization to in order to accurately and safely continue their medication dosing.
8. Patients may not talk to other patients in the lobby while at the dosing window.
9. Patients may not turn back to dispensing nurse when at the dispensing window.

Patients on Methadone

1. Do not leave the window until your transaction is complete, only one time at the window per day.
2. Drink your dose in front of the dispensing nurse.
3. Speak to the nurse after you swallow your methadone dose.
4. Throw away your cup in the trashcan near by the dosing window.

Patients on Buprenorphine/Naloxone

1. This medication is sublingual.
2. Place tablet or crushed medication under the tongue for dissolving. Client is to be reminded: "DO NOT SWALLOW MEDICATION"
3. Throw away your container in the trash can near by the dosing window.
4. If Buprenorphine is in tablet form, the client is to report back to the nurse in 5 minutes. If the medication is crushed and placed under the tongue, the client may leave.

HOSPITALIZATION

If you become hospitalized while you are in treatment, please call the clinic to ensure that you are properly dosed during your hospital stay. It is important to tell your doctor you are on methadone or buprenorphine and the name of the clinic so your dose can be verified. Please ensure that a Hospitalization Release of Information was signed during your first day of in-take or during your annual exam, if this was not completed, please speak to your counselor. Please bring a copy of your discharge paperwork to OTOP after you are discharged from the hospital. This will assist in expediting your dosing after hospitalization and informing the medical providers at OTOP of the details of your hospitalization.

JAIL/INCARCERATION

If you are held in custody, contact the clinic as soon as possible. In certain jails, you may receive your methadone or buprenorphine dose. For jails that allow courtesy dosing, the sooner we know where you are, the sooner we can arrange dosing for you. Please ensure that a Jail Release of Information was signed during your

first day of in-take or during your annual exam, if this was not completed, please speak to your counselor. Although detoxification is not recommended by OTOP, the length and decisions regarding detoxification are determined by the rules of the institution.

If you are held in custody in another county, we will attempt to ensure that you are dosed, but please be aware that policies will vary from county to county.

If you are held in custody under a different name than you provided to the clinic, there is a strong possibility that you will not be dosed. We encourage you to notify your counselor of all aliases so this will not happen.

MULTIPLE REGISTRATIONS

It is a serious offense to receive narcotic replacement therapy from multiple programs. You are required to notify us if you are registered in another program or if you have received methadone/buprenorphine in a hospital or clinic. If you attempt to receive narcotic replacement therapy from more than one program, your treatment at OTOP will be terminated immediately.

INSURANCE COVERAGE

OTOP accepts several insurance plans including San Francisco Medi-Cal, Medicare, Healthy San Francisco, Healthy Workers and VA Benefits. Unfortunately, we cannot accept out-of-county Medi-Cal, private pay or other commercial health plans. If you do not have one of the covered plans or have out-of-county Medi-Cal, please speak to your counselor who can provide a referral. In-person eligibility support is also provided by:

Behavioral Health Access Center at 1380 Howard St, 1st Floor, Monday – Friday, 9am – 4pm

CONFIDENTIALITY

Federal laws protect your right to privacy concerning your participation and treatment in the program. OTOP staff work as a team and share information to coordinate your treatment. Your identity and other personal information are confidential. It is the program's policy to not disclose information connecting you with this program without your written consent. Exceptions may be required in cases of medical, psychiatric, and legal emergencies. You will be requested to sign a Release of Information (ROI) to obtain previous medical treatment received at facilities other than ZSFG upon acceptance to the program.

To provide effective and safe drug treatment and to avoid potentially lethal drug interactions, you will be asked to sign a Release of Information, allowing OTOP to share and receive medical information from any of your health services providers, particularly any prescriber of controlled substances. Because care coordination is necessary for OTOP to provide safe and effective care, the OTOP Medical Director may decide that OTOP can no longer safely provide ongoing care to a patient who refuses to sign a Release of Information. In these cases, every attempt will be made to resolve the situation and retain you in treatment. If it becomes necessary for medical reasons to discharge you, you are entitled to a fair hearing, and an appropriate taper and referrals will be provided. We encourage you to sign a Release of Information with your parole or probation officer if applicable. Our experience shows that this can be very helpful to you.

We also ask that you respect the privacy of other OTOP patients. Per ZSFG Policy (16.06): photographing, videotaping and audio recording by patients, clients, residents, visitors and staff is prohibited anywhere, including inside facilities unless prior administrative approval is granted.

HARM REDUCTION PHILOSOPHY

Harm Reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals, their family and community. Harm reduction methods and treatment goals are free of judgement or blame and directly involve the client in setting their own goals.

MEDICAL SERVICES

If you do not already have a primary care provider, OTOP encourages you to establish care with one and will provide referrals, if needed.

You are required to have an annual review at Ward 93, which includes testing for syphilis, tuberculosis and opt-out testing for Hepatitis C and HIV. If you do not complete the annual review, we are required to taper you off the program. If you are HIV negative or are unsure of your HIV status, we encourage and will assist you in testing for HIV on a regular basis. (The current recommendation is every three months for those engaging in high-risk behavior). HIV testing is done at Ward 93 on admission, annually, and more often at your request.

PERSON-CENTERED COUNSELING SERVICES

Many individuals benefit from receiving counseling in addition to MOUD (Medications for Opioid Use Disorder). Patients are assigned a primary counselor who will provide you with tools to support your treatment goals. While state and federal regulations mandate that you meet with your counselor each month, OTOP is committed to providing counseling services in a person-centered manner. Please discuss with your counselor how to best meet your needs around the timing of the counseling sessions.

SUPPORT GROUPS

Support groups can be a huge help at every stage in the treatment process. OTOP may provide a variety of support groups for patients. Your counselor can help you choose a group that would best suit your particular needs and interest and help link you to a variety of support groups in the community.

TELEHEALTH/TELEPHONE SERVICES

While most services are provided in-person, OTOP is approved to provide counseling over the telephone or in some cases through telehealth (video). Telehealth is typically available when you are onsite via iPads located in private rooms. Telephone counseling is available during normal business hours Monday – Friday (excluding holidays). If you run into any technical issues while receiving telephone counseling, please contact OTOP's front desk at (628) 206-8412 and ask to speak to your counselor, Charge Nurse, or the counselor of the day to address any immediate service needs. If you need to reach someone outside of OTOP's business hours, you will need to wait until OTOP re-opens. For emergencies, call 911 or go to your nearest emergency room. Assistive technologies such as close-captioning and interpreter services are available upon request. Please keep the following in mind regarding Telehealth/Telephone services:

- Telehealth/Telephone services fall under the same laws that protect your confidentiality in treatment. The same exceptions to confidentiality outlined in the Notice of Privacy Practices also apply to Telehealth/Telephone services.
- There are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of the provider, that your sessions could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons.
- Miscommunication between you and the provider may occur via Telehealth/Telephone counseling.
- There is a risk of being overheard by individuals in your vicinity therefore you are responsible for using a location that is private and free from distractions or intrusions.

- In some instances, Telehealth/Telephone may not be as effective or provide the same results as in-person counseling. If your provider believes you would be better served by in-person counseling, they will discuss this with you.
- Recording of Telehealth /Telephone sessions is not allowed.
- Providers are unable to provide counseling via text message.
- You have the right to receive in-person services at your request. Your consent to receive services via Telehealth/Telephone is voluntary and can be withdrawn at any time without affecting your care at OTOP.

FAMILY INVOLVEMENT

Patients are encouraged to have their families/partners involved in their treatment. The family has a central role to play in the treatment of any health problem, including substance use disorder. Since family dynamic in drug and alcohol addiction is incredibly powerful, positive family involvement can also help lead you toward a journey of recovery and self-discovery.

While we encourage you to allow us to interact with your family, OTOP staff will not share your information with your family or others unless you have given us written permission except in an emergency.

SERVICE ANIMALS

OTOP follows the San Francisco Department of Public Health's Service and Support Animal policy. OTOP welcomes service and support animals, however animals must:

- Be under your control AND be on a short leash or in a carrier
- Be house-trained
- **Not** be disruptive or aggressive
- **Not** be on the furniture
- **Not** be fed or watered indoors



You are responsible for your animal's behavior! If your service/support animal is known to be aggressive or shows aggression towards any patients, staff or other service/support animals, you will no longer be allowed to bring your service/support animal into the building.

UNDER THE INFLUENCE

Alcohol and other drugs can be dangerous when used in combination with opiates. If you appear intoxicated, you may be asked to take a Breathalyzer test at the dispensing window. Presence of alcohol on the breath test will be considered equal to a positive urine screen for drugs. If you test positive for alcohol, your dose will be reduced or withheld, and any take home privileges will generally be suspended. If you appear to be under the influence of another substance an OTOP staff member will evaluate you and may adjust your dosing.

OVERDOSE

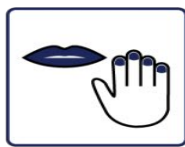
An overdose can happen to you or someone that you care about. It is important to recognize the signs and symptoms (what you feel and what you look like) during an opioid overdose and to know what to do. OTOP provides free Narcan for all interested patients. Please speak to your counselor if you are interested in receiving Narcan. Narcan is also available for free at the 1380 Howard Pharmacy.



Not moving and
can't be woken



Slow or not
breathing



Blue lips and nails



Choking, gurgling
sounds or snoring



Cold or clammy
skin



Tiny pupils

SIGNS OF AN OPIOID OVERDOSE

Follow the **SAVE ME** Protocol when responding to an opioid overdose



If the person must be left
unattended at any time, put them
in the recovery position



STIMULATE

Unresponsive?
Call 911



AIRWAY

Check and open



VENTILATE

1 breath every
5 seconds



EVALUATE

Breathing?



MEDICATION

1 dose of
naloxone



**EVALUATE
& SUPPORT**

Wait 5 minutes.
Another dose?

TAKE-HOME DOSES

Take-home doses of methadone or buprenorphine may be permitted in certain situations within the limits of State and Federal regulations. The number of take-home doses is determined by several factors: the length of time in the program, your drug-free time and your involvement in socially productive activities such as employment, school, volunteer work, etc. Because of differences in federal regulations, it is possible to receive more take homes more quickly on buprenorphine than methadone, however buprenorphine patients must still meet multiple criteria before receiving take home medication. These rules are determined by law with the intention of protecting you and the general public. We understand that coming to the clinic daily or frequently can be challenging.

With the initiation of take-home doses, patients must provide their counselor with a valid contact number. Providing a valid contact number is an essential condition to receive take home medications for medical safety reasons and in the case that a call back should become necessary. Patients with 6, 13, and 27 take home doses will be reduced to 4 take home doses should counselors or medical staff be unable to contact the patient due to loss of phone service for a period of more than two weeks.

TAKE-HOMES FOR METHADONE:

OTOP is currently following federal regulations (SAMHSA)* regarding eligibility for methadone take-homes and will consider the criteria below to determine individual eligibility:

- Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely;
- Regularity of attendance for supervised medication administration;
- Absence of serious behavioral problems that endanger the patient, the public or others;
- Absence of known recent diversion activity; and
- Whether take home medication can be safely transported and stored; and
- Any other criteria that the medical director or medical practitioner considers relevant to the patient's safety and the public's health.

In addition to the criteria listed above, you must meet these time in treatment standards:

- In treatment 0-14 days, up to 7 unsupervised take-home doses of methadone may be provided to the patient.

- Treatment days 15-30, up to 14 unsupervised take-home doses of methadone may be provided to the patient.
- From 31 days in treatment, up to 28 unsupervised take-home doses of methadone may be provided to the patient.

LOCKED BOXES

Patients with minor children living in or regularly visiting their home must have a locked box in order to receive take home doses of medication. Additionally, patients who have had trouble managing their take homes may be required to have a locked box in order to receive future take home doses of medication.

BOTTLE RETURN

Patients who receive one (1) to six (6) methadone take home doses are required to return all empty bottles to the dispensing nurse on their next day in the clinic. All empty bottles must have the original labels and once reconciled, will be discarded in a bin designated for protected health information. Failure to return empty bottles will result in an immediate reduction of take homes for a minimum of four (4) weeks.

CALL BACKS

To prevent mishandling of methadone/buprenorphine, patients receiving take-homes may be required to bring in all remaining doses of their medication and give a urine specimen for drug screen to ensure their take-homes are being handled responsibly.

OTOP will consider initiating a callback based on any of the following situations:

- A patient is not responsive to telephone check-ins or sessions.
- A patient returns early for medication or appears confused about medication dosing instructions.
- A patient resumes take-home dosing after a previously reported loss or theft of take-home doses.
- There are overt signs of diversion.
- There is a clinical indication for a call back.
- A patient requests callbacks as part of their treatment plan.

INCREASING OR DECREASING THE NUMBER OF TAKE-HOME DOSES

Generally speaking, OTOP considers 4 take-home doses per week to be the starting place for almost all patients who are new to treatment (or established patients still using opioids or benzodiazepines). Patients on 4 take-home schedule will present to clinic on either a Monday-Wednesday-Friday schedule or a Tuesday-Thursday-Friday schedule.

Patients will be reduced to 0 take-home doses for

- Failure to provide a urine sample for drug screening, fail to return take-home bottle
- Failure to return take-home bottle(s)
- Returning to clinic early (on a day for which they already have received a dose)
- Unstable mental health
- Their preference to dose daily

Patients who engage in the Recovery Incentives Program (for stimulant use) are eligible for up to 5 TH per week (either Monday-Thursday or Tuesday-Friday schedule for dosing in clinic). They will be reduced to 0 take-home doses for any of the above listed problems.

Once patients have demonstrated abstinence from opioids and benzodiazepines (as from a urine drug screen) and no unsafe alcohol use AND safe handling and bottle return at 4 (or 5) weekly take-home doses, they are

eligible to increase to 6 take-homes (or, dosing in clinic once per week). They may be reduced to 5 TH for any of the above problems OR for return to use of opioids, benzodiazepines, or unsafe drinking.

Once patients have demonstrated abstinence from opioids and benzodiazepines (as from a urine drug screen), no unsafe alcohol use AND have safely handled take-homes from once weekly dosing for at least a month, they will be eligible to receive up to 13 take-home doses at a time. They may be reduced to 6 TH for any of the above problems OR for return to use of opioids, benzodiazepines, or unsafe drinking, OR for problems with Call-Backs (see below).

Once patients have demonstrated abstinence from opioids, benzodiazepines, AND stimulants (as from a urine drug screen), no unsafe alcohol use, AND they have safely handled take-homes as demonstrated by appropriate response to callback (see below), they will be eligible to receive up to 27 take-home doses at a time. They may be reduced to 13 TH for any of the above problems OR for return to use of opioids, benzodiazepines, unsafe drinking, or stimulants OR for problems with Call-Backs (see below).

*Please note that at any time, OTOP may need to revert to the State take-home guidelines which are much more stringent.

OTHER EXPECTATIONS FOR TAKE-HOME DOSES

You may be considered for take-homes doses on a one-time basis for personal reasons. You must submit a request for take-homes at least 48-hours in advance although the 48-hour notice may be waived in the case of exceptional circumstances such as personal or family crisis. If you must travel out of the program area and are not currently eligible for take home doses, we may attempt to arrange courtesy dosing at another methadone program. Before you finalize your travel plans (buying airline tickets, etc.), you must consult with your counselor about dosing options. If courtesy dosing is desired, you must give your counselor 7-days' notice, as other programs may not have flexibility to accommodate last minute requests.

REVOKING TAKE-HOME DOSES

Take-home doses can be moved back one-step or more or totally revoked for any violation of program rules or any violation of take-home requirements.

LOST OR STOLEN TAKE-HOMES:

- This is a serious matter and must be reported to the OTOP staff immediately
- All stolen take homes must be reported to the police and a copy made for the file at OTOP

HOLIDAY TAKE-HOMES

Patients may be provided an additional one-day supply of methadone/ buprenorphine on the day before a holiday.

OTOP observes the following holidays:

NEW YEARS DAY	MARTIN LUTHER KING DAY	PRESIDENTS' DAY
CESAR CHAVEZ DAY	MEMORIAL DAY	JUNETEENTH
INDEPENDENCE DAY	LABOR DAY	COLUMBUS/INDIGENOUS PEOPLE'S DAY
VETERANS' DAY	THANKSGIVING DAY	CHRISTMAS DAY

Dosing hours for holidays: 7:30 AM – 11:00 AM and 12:30 PM – 2:00 PM

DRUG TESTING POLICY

While in the program you will be required to give urine samples to test for illicit substances, certain prescribed drugs and Creatinine Levels on a random basis. Test results are recorded and kept in your treatment records. This procedure is mandated by law. The test results are used to evaluate your progress in the program and your eligibility for take-home medication doses.

The day on which you will be requested to give a urine sample will vary. **Be prepared to give a sample each day you come into the clinic. Your dose may be delayed in order to obtain a urine sample.**

It is your responsibility to check with the person at the front desk upon arrival at the clinic to determine if you need to give a sample that day. You must fill the urine specimen bottle at least 2/3 full. Bring the urine sample back to the front desk quickly to avoid cooling, as the temperature must be within the normal human physiologic range.

If for any non-medical reason, you cannot give a sample, State Regulations require us to interpret a missed or refused urine test as if it were positive for illicit drugs. No person will be deprived of his or her dose of methadone for failure to provide a urine sample. Because urine testing is a state and federal requirement, refusal to give a urine sample will result in Administrative Counseling and further refusals may result in termination from treatment. Substituting or altering urine is a serious offense that will result in loss of your take-home privilege and may lead to termination from the program.

The laboratory responsible for testing urine is a licensed State-certified facility and has succeeded in passing periodic State-proficiency inspections.

PRESCRIPTION DRUGS

Your physician may prescribe medications for a medical or psychiatric condition. You must inform OTOP counseling staff of all prescription drugs you are using. Certain drugs (HIV, TB, Psych meds and some Antibiotics) are incompatible with methadone and can cause withdrawal and other serious side effects including death. Bring any new prescriptions to the OTOP clinic on your next visit so your counselor can keep an active record of all prescriptions you take. Some prescriptions will result in a positive drug screen, so it is important that OTOP staff is aware of all prescriptions you take. It is also your responsibility to inform any physician or dentist outside of this program that you are taking methadone. OTOP medical staff may in some circumstances need to speak with your other medical providers to coordinate care and avoid potentially dangerous drug interactions. In these cases, refusing consent might create a dangerous treatment outcome, and will result discharge from the OTOP program. We will always provide a humane taper in these circumstances.

PRESCRIPTION DRUG MONITORING PROGRAM

The Department of Justice of the State of California maintains a database which contains all of the prescriptions for controlled substances filled by pharmacies in California. It is sometimes called CURES. This database includes information about opioids like morphine, codeine and oxycodone as well as benzodiazepines like valium, klonopin, and ativan if they have been recently prescribed for you. Licensed OTOP medical staff may be checking this database as part of the initial evaluation of your addiction to opioids or at other times during your treatment as recommended by state and federal substance use treatment authorities. If you have any questions about this, you may ask one of the medical providers or the OTOP Charge Nurse.

SECLUSION AND RESTRAINTS

OTOP is not a psychiatric treatment facility, and as such, does not use seclusion or restraints.

ENDING TREATMENT

At the beginning of treatment, OTOP staff along with the patient will determine treatment goals, and a procedure to follow once the goals have been accomplished, or for whatever reason you leave treatment at OTOP. This plan will be comprehensive, and address your needs as assessed by you and your counselor.

You may decide to end treatment at OTOP at any time. If you continue to struggle with harmful drug use, we may advise against ending treatment. OTOP staff will, however, work to accommodate your request with an “against medical advice” medical taper. If you are considering ending treatment, begin by talking with your counselor or medical provider at OTOP.

It is the goal of OTOP to treat you for as long as you need. However, OTOP will consider discharge should you violate the rules set forth in this handbook.

VOLUNTARY MEDICATION TAPER

OTOP staff work with and support patients in choosing the right time and the right pace to reduce their methadone or buprenorphine dose or taper completely off. Planning ahead with your counselor will help you and help us to serve you better.

Occasionally patients who are still using illicit drugs or have chaotic and unstable lives will want to taper off methadone or buprenorphine. In these situations, a program physician may make the determination that tapering is against medical advice (AMA). Once you have heard the reasoning for this determination and understand the risks associated with tapering, you may still choose to taper. An OTOP nurse practitioner or physician will work with you on a taper schedule to minimize risk of withdrawal and/or relapse.

Pregnant patients generally should not taper off methadone or buprenorphine, as withdrawal from methadone (and other opioids) is believed to be dangerous to the fetus.

INVOLUNTARY TAPER

You may be involuntarily terminated from the program for cause – which includes but is not limited to violation of rules set forth in this handbook. If this should occur, you may have the right to appeal the program's decision. The appeal process is called a "Fair Hearing". A Fair Hearing gives you forty-eight (48) hours (2 workdays) from the time the program issues you written notification of termination to request an appeal of the program's decision. You may make a request orally or in writing.

If you decide not to appeal, your methadone taper will proceed after the 48-hour time limit expires. Although it is not our usual procedure, State Regulations require us to tell you that methadone dosage may be adjusted without your knowledge and at some point, may contain no methadone.

CLINIC POLICY REGARDING PATIENT BEHAVIOR

TOBACCO PRODUCTS

In order to safeguard the health of patients, staff and visitors, ZSFG maintains a tobacco free environment. Use of tobacco products, E-Cigarettes or vapor is not permitted anywhere on the ZSFG or OTOP campus, including the parking lots and sidewalks surrounding the hospital grounds.

ILLEGAL DRUG POSSESSION OR DEALING

For your benefit and safety, ZSFG is a substance-use free zone and unprescribed substances cannot be used on the premises. In cases where unprescribed substances are found, patients will be asked to lock substances away or may turn over substances for destruction via pharmaceutical waste (if available). Patients may also be asked to leave the premises and seek care at another time. Selling, buying, exchanging, diverting, mishandling of methadone/buprenorphine or other drugs including medical marijuana will result in the loss of all earned take-home privileges and possible termination from the program. **Please be advised that because any exchange of goods or money may be misconstrued, any exchange of goods or money is a violation of clinic rules and may result in termination.**

LOITERING

Once you have completed your business at the clinic, you should immediately leave the grounds, including courtyards, bus stops and other public spaces (ZSFG or Mobile Methadone Program Sites) – in other words: “dose and go”. Patient loitering leads to problems with our neighbors at ZSFG and threatens the ability of OTOP to remain open. Therefore, loitering is a serious violation of our clinic policy and repeated loitering may result in termination from the program.

VIOLENCE

All forms of violence or threats of violence both verbal and physical including acts of intimidation harassment and threatening gestures toward a staff member or another patient will result in termination from the program without a Fair Hearing.

WEAPONS

Weapons include any instrument, article, object or substance which, under the circumstances, could reasonably be used to cause physical injury or death, such as firearms, knives, clubs, stun guns or incendiary devices. Possession of a weapon on OTOP premises is prohibited by ZSFG policy. The use or brandishing of any weapon, including items not otherwise deemed weapons, but utilized as such (e.g., canes, writing utensils, body fluids), to threaten or assault anyone on OTOP premises is further prohibited and is cause for termination from treatment and possible reporting to law enforcement.

SEXUAL HARASSMENT/VIOLENCE

Intimidation, unwanted sexual advances, inappropriate touching, making rude or lewd comments or gestures, and other types of harassment (including stalking) against other patients, volunteers or staff is prohibited and may result in termination from treatment.

ACCEPTABLE BEHAVIOR/LANGUAGE

It is the expectation that all patients will be civil and respectful to OTOP staff, volunteers, and other patients. Using abusive language, making demeaning, insulting, or intimidating comments including derogatory remarks related to race, ethnicity, sexual orientation, gender, religion, or physical appearance will not be tolerated.

INVOLUNTARY TERMINATION PROCEDURES

The specific reasons for termination from the program include but are not limited to the following:

1. An act or threat of violence against a patient, staff member, or the program
2. Possession of weapons
3. Refusal of counseling services
4. Harassment of patients or staff based on gender ethnicity or sexual orientation
5. Non-compliance with annual syphilis and TB testing
6. Excessive unexcused absences
7. Illegal acts on the ZSFG grounds
8. Multiple registrations on Ward 93 and another opiate treatment program
9. Diversion of medication (e.g., transferring dose orally to another or selling take-homes)
10. Tampering with urine samples
11. Repeated loitering at ZSFG or the mobile dosing sites

12. Exchange of goods or money on ZSFG grounds or mobile dosing sites
13. Violation of other program rules and regulations as listed in this handbook

FAIR HEARING PROTOCOL

All patients are entitled to a pre-termination Fair Hearing in cases where the clinic has decided to involuntarily terminate a patient from the program. A Patient's right to a Fair Hearing may be waived in cases where continued participation in the program creates a physically threatening situation for staff or other patients. This includes any threats, violence or brandishing of weapons.

1. The patient will receive written notification of his/her pending termination, which shall include the reason for termination.
2. Upon receiving the notification of impending termination, the patient shall be informed of his/her right to a Fair Hearing. The patient has two (2) working days in which to appeal the involuntary termination. The appeal must be in writing or verbally communicated to the Charge Nurse, Program Director or Medical Director.
3. The Fair Hearing will be scheduled within seven (7) working days from the date the patient appeals the clinic decision.
4. The Fair Hearing Panel shall be composed of a minimum of two (2) individuals who are not directly involved in the patient's care and are therefore impartial as hearing officers.
5. The patient shall sign a release of information for the forwarding of his/ her clinical records to the hearing officers in cases where the officers are not employees of OTOP.
6. The patient has the following rights in the fair hearing:
 - a. Representation at the hearing by a person of his/her choosing
 - b. Right to call witnesses on his/her behalf
 - c. Right to examine witnesses presented by the program
7. Program records requested by the patient for his/herself or said representative must be done 48 hours (2 working days) before the scheduled time of the Fair Hearing. This request must be a signed release for confidential information.
8. A decision will be rendered no later than the end of the first working day following the hearing.
9. The members of the Fair Hearing Panel must find that the reason for termination given be the program is a true and adequate reason and that it is the same reason as that given in the notice termination.
10. A permanent record of the hearing, which may be a tape recording, will be retained for at least one year. This permanent record will include a summary of the hearing the formal findings and conclusions of the hearing officers. The patient has the right to request a record of proceedings and/ or decisions.
11. The patient may appeal an adverse decision by means of "writ of mandate", pursuant to the "Code of Civil Procedure", Section 1094.5.
12. Patients on Medi-Cal per Title 22 have the right to request a Fair Hearing per Section 50951, Department of Social Services Sacramento, CA. 1-800-743-8525

COMPLAINT PROCESS

If you have a complaint regarding your treatment on Ward 93, you should attempt to resolve the problem with your counselor. If this is not possible, and you want to escalate your grievance, we encourage you to see a member of the OTOP leadership team. If the grievance is not resolved to your satisfaction at that level, you may contact the Quality Improvement Coordinator at 206-5964 or speak with a member of the Department of Psychiatry Community Advisory Board (CAB) at 206-5962. If you are HIV (+) positive and this process has not been completed to your satisfaction, you may contact the HIV Consumer Rights Advocacy Project at 863-8131.

PATIENT INPUT

OTOP values input from patients and encourages patients to provide input whenever possible. The leadership of OTOP maintains an open-door policy, where patients are free to contribute at any time.

OTOP collects patient input in the following ways:

- Patient suggestions box in OTOP lobby
- Focus Groups
- Patient grievance procedure
- Annual patient satisfaction surveys
- Satisfaction surveys completed by all discharged patients
- OTOP'S Community Advisory Board (CAB)

The mission of OTOP's CAB is to enhance the quality, perception, and compassionate delivery of methadone treatment services for our patients. Our board members include patients, family members, and or other partnering community-based providers who have committed to participate in several meetings a year to offer recommendations in response to the needs of our methadone community.

If you are interested in participating as a board member please speak with your counselor and consider whether you are able to fulfill the following expectations: motivation to improve methadone services, ability to respectfully collaborate with others, arrive on time to at least three meetings a year, and accessibility by phone/email with your CAB Coordinator.

DISCHARGES FROM OTOP

	REASON FOR DISCHARGE	DATE OF DISCHARGE
UNPLANNED DISCHARGE	No Show	31 days after last patient contact and/or ingested scheduled take homes.
	Jail	31 days after release and no patient contact (under OTOP guest dosing). If the patient transferred to a facility where OTOP guest dosing is not done, the patient will be discharged 31 days after the last guest dose. If the patient is admitted to another NTP program, discharge the patient the day before admission to that program.
	Guest Dosing	31st day after last guest dose and no patient contact. If the patient ends up admitted to another NTP program, discharge the patient the day before admission to that program. Must have state exception if not discharged.
	Inpatient Hospitalization	31st after the last dose of MOUD given in the hospital or hospital discharge and no patient contact. If the patient admitted to another NTP program, discharge the patient the day before admission to that program.
	Death	Discharge the patient on the day of death or the day the death is discovered by the program.
	Termination for Safety Concern	Discharge will be effective as soon as patient can be informed. Attempts may be made to transfer patient or set-up guest dosing at another NTP.
PLANNED DISCHARGE	Transfer to another clinic	The last day a patient either dosed at Ward 93 or received a guest dose ordered by Ward 93.
	Successful taper off MOUD	31 days after the last date of contact and/or ingested scheduled take homes
	Long term hospitalization or stay at a SNF	After 6 weeks. May be extended by program or medical director
		After 31 days. May be extended by program or medical director

ADVANCE HEALTHCARE DIRECTIVE

You have the right to an advance directive. An advance directive is written instructions, such as a living will or durable power of attorney for health care, recognized under California law. It usually states how you would like health care provided or says what decisions you would like to be made, if or when you are unable to speak for yourself.

California law defines an advance directive as either an oral or written individual health care instruction, or a power of attorney (a written document giving someone permission to make decisions for you). All Behavioral Health Plans are required to have an advance directive policy in place. This means your county is required to provide you with written information on their advance directive policies and a description of applicable State law, should you request it. If you would like to request it, you should call BHS Consumer Relations at **(415) 255-3442** for more information.

An advance directive is designed to allow a person to have control over one's own treatment, especially when one is unable to provide instructions about one's own care. It is a legal document that allows a person to say, in advance, what one's wishes would be, should one become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

1. Appointment of an agent (a person) for health care; and
2. The individual health care instructions

If you have a complaint about advance directive requirements, you may contact the California Department of Health Care Services, Licensing and Certification Division, **1 (800) 236-9747**.

PREVENTING ILLNESS

Keeping your hands clean is one of the best ways to keep from getting sick and spreading illnesses.

There are hand-sanitizing dispensers throughout the clinic. Please use them liberally, however, do not use just before dosing as it can cause a positive alcohol breathalyzer.

When can I use an alcohol-based hand sanitizer instead of soap and water?

Alcohol-based hand sanitizers kill germs but are not good for cleaning dirty hands. Alcohol-based hand sanitizers can be used:

- ✓ if you're hands are not visibly soiled
- ✓ after sneezing, coughing into your hands or blowing your nose
- ✓ before and after contact with a sick person

How should I use alcohol-based hand sanitizers?

- ✓ Follow the directions on the product label
- ✓ Apply product to the palm of one hand
- ✓ Rub your hands together
- ✓ Do not wipe your hands – let them dry

Can I use hand sanitizers that are not alcohol-based?

Hand sanitizers that do not contain alcohol may be useful. However, there is more known about the effectiveness of soap and water and alcohol-based hand sanitizer than hand sanitizers that do not contain alcohol.

When should I wash my hands with soap and water?

To protect yourself and others against the flu and other germs, wash your hands often. Especially:

- ✓ after sneezing, coughing into your hands or blowing your nose

- ✓ before and after contact with a sick person
- ✓ before you prepare food or eat
- ✓ after using the bathroom
- ✓ after contact with body fluids, such as after changing a diaper
- ✓ when hands are visibly soiled

COVID Protocol

If you have recently tested positive for COVID or have reason to believe you may be positive, please contact the clinic to discuss options to safely receive your methadone/buprenorphine.

EMERGENCY PROCEDURES

The clinic number is **(628) 206-8412** and may be called for non-emergencies during clinic hours: Monday through Friday 6:30 AM - 3:00 PM. On weekends and holidays 7:30 AM – 2:00 PM, call **(628) 206-3959**. When the clinic is closed, a recording will give you an emergency number to call. A missed dose is not considered an emergency. If you need assistance during non-clinic hours, please dial 911 or go to the nearest Emergency Room or Urgent Care.

EMERGENCY (24 hours)/EMS/Fire	911
San Francisco Non-Emergency Information	311
Suicide Crisis Line	988
ZSFG Emergency	(628) 206-8111
Psychiatric Emergency	(628) 206-8125
CA POISON CONTROL	1-800-876-4766
Homeless Outreach Team (HOT)	(628) 652-8000

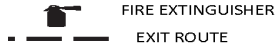
OTOP DISASTER PLAN

In the event of a disaster, it is our goal to minimize disruption of your treatment. OTO has backup plans in place to ensure that you receive your medication. Your dosing may be moved to another location if necessary. If a catastrophic disaster occurs, call the clinic at (628) 206-8412 or call 311 for further instructions. In case of disaster, we will do our best to be here and open if the building is safe.

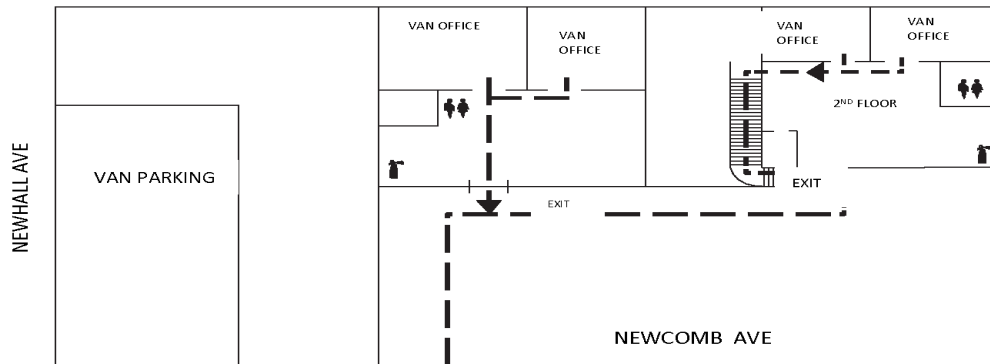
- If the building is not safe to enter, we will post signs directing you where to get your dose (likely on Potrero Avenue in the Van Parking Lot (@ 20th), hospital parking lot near building 80/90 or Hospital Outpatient Pharmacy in Building 5).
- All ZSFG staff are designated disaster workers; someone from the clinic will be here to dose you. The City of San Francisco understands that getting Methadone/Buprenorphine is priority during a disaster.
- We have an emergency supply of Methadone/Buprenorphine in case we cannot access the building.
- We will make every effort to get your current dosing information. We print information to keep here and in the ZSFG pharmacy so if there is a disaster, we know how much medication to give you. There is also a backup to our computer system out of the area.
- It is very important to get your current phone number so we can reach out to you during an emergency.
- Please carry your OTO issued Methadone/Buprenorphine ID card at all times.
- If you have any other questions or concerns, please do not hesitate to ask a staff member.

EMERGENCY EVACUATION ROUTE

1682 NEWCOMB AVE
SAN FRANCISCO, CA 94124

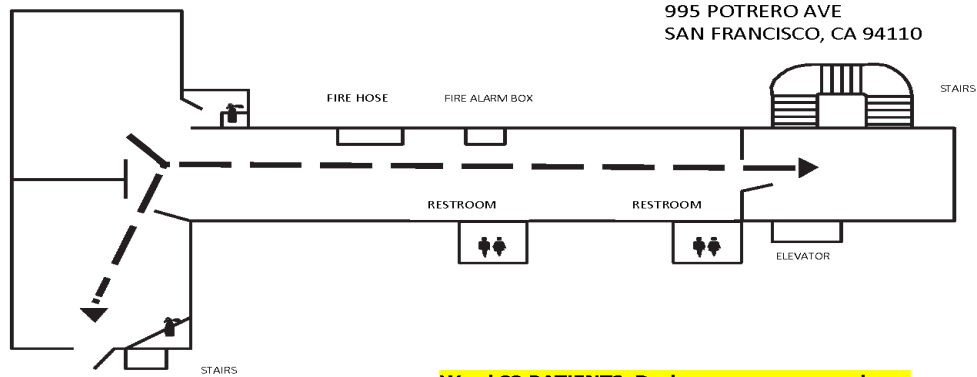


BAYVIEW



WARD 93 & 95

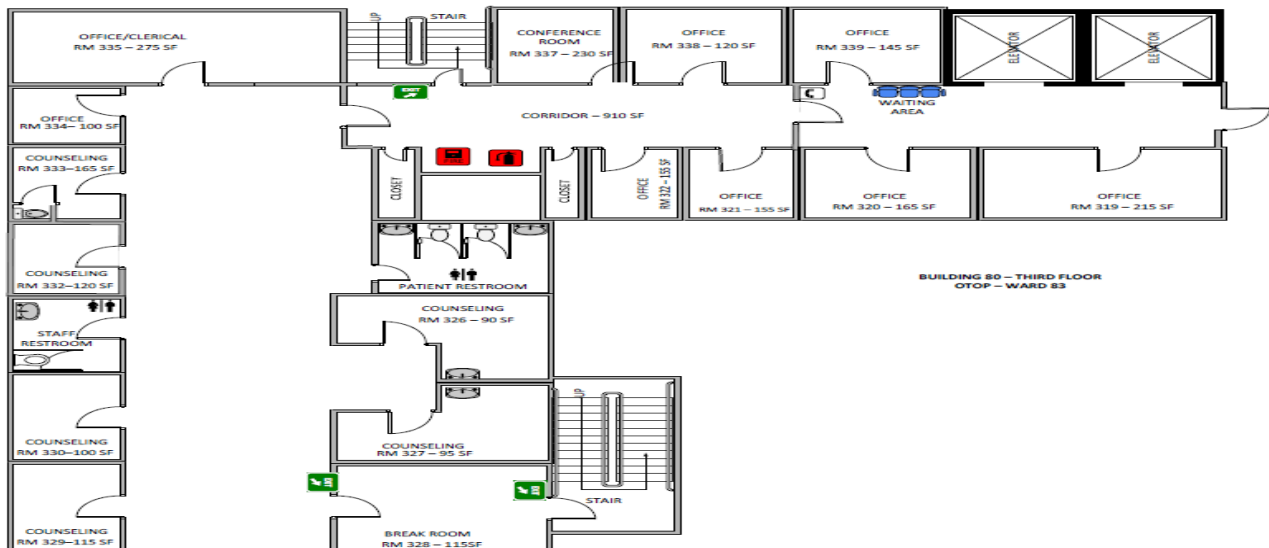
EMERGENCY EVACUATION ROUTES



Ward 93 PATIENTS: During an emergency please use the emergency exits and stairs. **DO NOT** use the elevator. Please meet in the parking lot behind

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Ward 83 Emergency Evacuation Route



PERSONAL PREPAREDNESS

- Identify an out of area contact
- Know your connections – who will you rely on and who will rely on you?
- Establish a meeting place for you and your connections
- Create an emergency kit that includes water, first-aid, canned food, can opener, radio, flashlight, batteries, and medications
- Sign up for Alert SF- Text your zip code to 888-777 or sign up online at alertsfor.org
- Listen to AM Radio Stations: KGO 810, KCBS 740, KNBR 680

California Penal Code 148.4 & SF Police Code 639 state that tampering with or misuse of fire alarm/equipment is a misdemeanor punishable by imprisonment in a county jail for up to one year and/or by a fine up to \$1,000.

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and

- implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

OTOP NOTICE OF PRIVACY PRACTICES

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

The Opiate Treatment Outpatient Program (OTOP) is committed to providing you with quality care. An important part of that commitment is protecting your health information according to applicable law. This notice ("Notice of Privacy Practices") describes your rights and our duties under Federal Law. Protected health information ("PHI") is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of healthcare services; or the past, present or future payment for the provision of healthcare services to you.

Our Duties

We are required by law to maintain the privacy of your PHI; provide you with notice of our legal duties and privacy practices with respect to your PHI; and to notify you following a breach of unsecured PHI related to you. We are required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices is effective as of the date listed on the first page of this Notice of Privacy Practices. This Notice of Privacy Practices will remain in effect until it is revised. We are required to modify this Notice of Privacy Practices when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided upon request.

In addition to the above, we have a duty to respond to your requests (e.g., those corresponding to your rights) in a timely and appropriate manner. We support and value your right to privacy and are committed to maintaining reasonable and appropriate safeguards for your PHI.

Confidentiality of Alcohol and Drug Abuse Records

The confidentiality of alcohol and drug abuse patient records maintained by us is protected by Federal law and regulations. Generally, we may not say to a person outside the treatment center that you are a patient of the treatment center, or disclose any information identifying you as a person with an alcohol or drug use disorder unless:

- (1) You consent in writing (as discussed below in "Authorization to Use or Disclose PHI");
- (2) The disclosure is allowed by a court order (as discussed below in "Uses and Disclosures"); or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation (as discussed below in "Uses and Disclosures").

Violation of the Federal law and regulations by the treatment center is a crime. Suspected violations may be

reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by you either at the treatment center or against any person who works for the treatment center or about any threat to commit such a crime (as discussed below in “Uses and Disclosures”).

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities (as discussed below in “Uses and Disclosures”).

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

Uses and Disclosures

Uses and disclosures of your PHI may be permitted, required, or authorized. The following categories describe various ways that we use and disclose PHI:

Among OTOP Personnel. We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of the provision of treatment within the program. For example, our staff, including doctors, nurses, and clinicians, will use your PHI to provide your treatment care. Your PHI will be used to check for eligibility for insurance coverage. We may use and disclose your PHI in order to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.

Secretary of Health and Human Services. We are required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.

Business Associates. We may disclose your PHI to Business Associates that are contracted by us to perform services on our behalf which may involve receipt, use or disclosure of your PHI. All of our Business Associates must agree to: (i) protect the privacy of your PHI; (ii) use and disclose the information only for the purposes for which the Business Associate was engaged; (iii) be bound by 42 CFR Part 2; and (iv) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

Crimes on premises. We may disclose to law enforcement officers information that is directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.

Reports of suspected child abuse and neglect. We may disclose information required to report under state law incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original patient records, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.

Court order. We may disclose information required by a court order, provided certain regulatory requirements are met.

Emergency situations. We may disclose information to medical personnel for the purpose of treating you in an emergency.

Research. We may use and disclose your information for research if certain requirements are met, such as approval by an Institutional Review Board.

Audit and Evaluation Activities. We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

Reporting of Death. We may disclose your information related to cause of death to a public health authority that is authorized to receive such information.

Authorization to	Other than as stated above, we will not use or disclose your PHI other than with your written
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use or disclose PHI	authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI unless you have signed an authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time to stop future uses or disclosures. We will honor oral revocations upon authenticating your identity until a written revocation is obtained. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
Patient Rights	The following are the rights that you have regarding PHI that we maintain about you. Information regarding how to exercise those rights is also provided. Protecting your PHI is an important part of the services we provide you. We want to ensure that you have access to your PHI when you need it and that you clearly understand your rights as described below.
Right to Notice	You have the right to adequate notice of the uses and disclosures of your PHI, and our duties and responsibilities regarding same, as provided for herein. You may ask us to provide a copy of this notice at any time.
Right of Access to Inspect and Copy	You have the right to access, inspect and obtain a copy of your PHI for as long as we maintain it as required by law. This right may be restricted only in certain limited circumstances as dictated by applicable law. All requests for access to your PHI must be made in writing. Under a limited set of circumstances, we may deny your request.
Right to Amend	If you believe the PHI we have about you is incorrect or incomplete, you have the right to request that we amend your PHI for as long as it is maintained by us. The request must be made in writing and you must provide a reason to support the requested amendment. Under certain circumstances we may deny your request to amend, including but not limited to, when the PHI: 1. was not created by us; 2. is excluded from access and inspection under applicable law; or 3. is accurate and complete. If we deny amendment, we will provide the rationale for denial to you in writing. You may write a statement of disagreement if your request is denied. This statement will be maintained as part of your PHI and will be included with any disclosure. If we accept the amendment, we will work with you to identify other healthcare stakeholders that require notification and provide the notification.
Right to Request an Accounting of Disclosures	We are required to create and maintain an accounting (list) of certain disclosures we make of your PHI. You have the right to request a copy of such an accounting during a time period specified by applicable law prior to the date on which the accounting is requested (up to six years). You must make any request for an accounting in writing. We are not required by law to record certain types of disclosures (such as disclosures made pursuant to an authorization signed by you), and a listing of these disclosures will not be provided.
Right to Request Restrictions	You have the right to request restrictions or limitations on how we use and disclose your PHI for treatment, payment and operations. We are not required to agree to restrictions for treatment, payment and healthcare operations except in limited circumstances as described below. This request must be in writing. If we do agree to the restriction, we will comply with restriction going forward, unless you take affirmative steps to revoke it or we believe, in our professional judgment, that an emergency warrants circumventing the restriction in order to provide the appropriate care or unless the use or disclosure is otherwise permitted by law. In rare circumstances, we reserve the right to terminate a restriction that we have previously agreed to, but only after providing you notice of termination.
Right to Confidential Communications	You have the right to request that we communicate with you about your PHI and health matters by alternative means or alternative locations. Your request must be made in writing and must specify the alternative means or location. We will accommodate all reasonable

	requests consistent with our duty to ensure that your PHI is appropriately protected.
Right to Notification of a Breach	You have the right to be notified in the event that we (or one of our Business Associates) discover a breach involving unsecured PHI.
Right to Voice Concerns	You have the right to file a complaint in writing with us or with the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. Any complaints to us should be made in writing to our Privacy Official at the address listed below We will not retaliate against you for filing a complaint.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (DPH) FULL NOTICE OF PRIVACY RIGHTS

EFFECTIVE DATE: APRIL 1, 2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH (DPH) AND HOW YOU CAN GET YOUR INFORMATION. PLEASE LOOK IT OVER CAREFULLY.

If you have any questions about this Notice, please call the toll-free Privacy Hotline at 1-855-729-6040.

WHO WILL FOLLOW THIS NOTICE:

The San Francisco Department of Public Health (DPH) Notice applies to the following:

- ◆ Anyone who is allowed to enter information into your DPH health record.
- ◆ All departments and units of DPH, DPH affiliates, and DPH contract providers/business associates who are allowed to read, use or give out patients' personal health information.
- ◆ Members of volunteer groups who help you while you are receiving care from DPH.
- ◆ DPH health workers and University of California at San Francisco employees who work with DPH.
- ◆ Persons going to school to be a healthcare worker and their teachers who help give your health care in DPH, for example medical residents, medical students, nursing students, fellows or graduate students.

DPH PLEDGE ABOUT HEALTH INFORMATION:

At the San Francisco Department of Public Health we know that health information about you and your health is personal. We promise to protect your health information. We create a record of care and services you receive at DPH. This record is needed to give you quality health care and to meet California and federal law. This Notice applies to all records of your care kept by DPH.

DPH records and stores patient information on paper and in computers. Health care workers, nurses and doctors share this information with one another in order to care for your health. The law requires DPH to:

- ◆ Keep a record of the care it provides you;
- ◆ Make sure that health information that could be used to identify you is kept private (with certain exceptions);
- ◆ Comply with the Genetic Information Nondiscrimination Act (GINA) to avoid the use or disclosure of genetic information for discrimination or underwriting purposes;
- ◆ Give you this Notice of DPH legal duties and privacy practices;
- ◆ Follow the Notice that is in effect at this time; and
- ◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

In general, you have the following rights regarding health information kept by DPH about you:

- ◆ **Right to Ask to Inspect and Copy.** You have the right to ask to see, read, and obtain a copy of health information used to make decisions about your care. This includes medical and billing records. If you want to look at and obtain a copy of health information used to make decisions about your care, you must send, or deliver during regular business hours, your request in writing to the medical records office at the location your care was given (see the end of this Notice for a list of addresses). If you ask for a copy of the information, DPH may ask you to pay for copying, mailing or getting other supplies needed to respond to your request.
- ◆ **Right to Authorize Sharing of Health Information.** You have the right to ask DPH to send copies of your health information to whomever you wish – your family, close friends, or others involved in your care; other individuals, health care providers. You may ask DPH to stop your requested sharing of your health information at any time. To ask DPH to share your health information with people you designate, you must ask in writing. Send or take your request to the medical records office at the site where your care was given (see the end of this Notice for a list of addresses).
- ◆ **Right to Request Changes.** If you believe that health information stored by DPH about you is not correct or not complete, you have the right to ask DPH to change the information, or to write an addendum to be included in your health record. You have the right to ask DPH to change your health information for as long as the information is kept. To ask for a change, send your request in writing to the medical records office of the site where your care was given (see the end of this Notice for a list of addresses). In addition, you must explain why you want your health information changed. DPH may say “no” to your request if it is not in writing or does not explain why you want the information changed. In addition, DPH may turn down your request if you ask to change information that:
 - Was not created by DPH health workers;
 - Was recorded by a person who is no longer available to make the change;
 - Is not part of the health information kept by or for DPH;
 - Is not part of the information that you would be allowed to look at and copy; or
 - Is found to be correct and complete.

We must tell you why we are not making the change within 60 days of your request. You have the right to submit a written addendum (supplement) not to exceed 250 words regarding any item or statement in your record you believe is incomplete or incorrect. If you tell us in writing that you want the supplement to be added to your medical records, we will attach it to your records.

- ◆ **Right to an Accounting of Disclosures.** As of April 14, 2003, you have the right to be informed about the times that we have shared your health information. This “Accounting of Disclosures” is a list of persons outside DPH whom DPH has shared your health information with for purposes other than to provide your health care, pay for your health care or conduct other activities necessary for its operations. To ask for this list, you must send your request in writing to the medical records office at the site where your care was given (see the end of this Notice for a list of addresses). You can ask DPH to provide you with information about shared information up to six years before you submitted your request. The first list you ask for within a 12-month period will be free. DPH may ask you to pay for additional lists. The costs will be explained to you, and you may choose to cancel or change your request at any time before you are charged anything.
- ◆ **Right to Request Restrictions.** You have the right to ask DPH not to share your health information for treatment, payment, or operations. DPH and/or its doctors do not have to agree to your request particularly if it would harm your care. To ask for restrictions, you must send your request in writing to the medical record office at the site where your care was given (see the end of this Notice for a list of addresses). If you pay for a service or health care item out-of-pocket in full, you can ask DPH to not share

that information for the purpose of payment or our operations with your health insurer. In this situation, our request will be approved unless a law requires DPH to share that information.

- ◆ **Right to Request Confidential Communications.** You have the right to specify where and how DPH employees may contact you. For example, you can ask DPH staff to contact you only at work or by mail. Let us know in writing, by sending your request to the site where your care is given (see the end of this Notice for a list of addresses). You do not need to give a reason for your request. All reasonable requests will be approved. Your request must tell how and where you wish to be contacted.
- ◆ **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice. You may ask for a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you still have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, ask any DPH health care provider. You may get a copy of this notice at DPH web site, <http://www.sfdph.org/>
- ◆ **Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

HOW DPH MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways we use and share health information. DPH cannot describe every way it uses health information in this Notice. However, most of the ways fit into one of the descriptions provided below. In all cases, DPH health workers, nurses and doctors will use the minimum amount of information necessary to give you care. DPH regularly reviews the uses and sharing that DPH staff, its contract providers and UCSF staff make from DPH records to be sure they are appropriate.

- ◆ **For Treatment.** We use health information about you and share it with other health care professionals who are taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes to arrange for special meals. Different departments of DPH may share information about you to provide things you need, such as medications, lab tests or x-rays. If you need care with another doctor or facility outside DPH, health information about you may be shared with them to plan your continuing care.
- ◆ **For Payment.** Health information about you may be used and shared so that the treatment and services you get at a DPH care site may be billed to and payment collected from you, an insurance company or a third-party claim recovery service. Information may be shared with an eligibility service so that it may look for programs to help patients pay for their care. It may also be necessary to tell your health plan about a treatment you need in order to get prior approval or to determine whether your plan will cover the treatment.
- ◆ **For Operating DPH Health Care Facilities.** Health information about you may be used and shared for DPH operations. DPH may need to use and share this information to run its programs and make sure that all DPH patients receive quality care. For example, DPH may use your health information to review treatment and services and to check on the care you receive from DPH health workers. Collections of information about many DPH patients may be compared with information from other non-DPH health care settings to see whether care and service at DPH can be improved. Information may be shared with DPH doctors, nurses, technicians, and other DPH staff for review and learning purposes.
- ◆ **Appointment Reminders.** DPH may use information it has about you to remind you about an upcoming appointment. Remember, however, that you always have the right to ask DPH to contact you in other ways if you don't want to receive the appointment reminder in the mail, text, or email.

- ◆ **Directory.** Certain limited information about you may be included in patient directories at DPH hospitals where you are being treated. This information may include your name, location in the hospital/clinic, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be shared with people who ask for you by name. Your religious affiliation may be given to a priest, rabbi or minister, even if they don't ask for you by name. This is so your family, friends and clergy can visit you and know how you are doing if you stay in a DPH hospital. If you do not want DPH to share your name and other information, you must inform the office of admissions in the hospital where you are receiving care.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** Health information about you may be shared with a friend or family member who is involved in and/or responsible for your medical care and who needs to know the information to help you. Information may also be given to someone who will help pay for your care. In addition, health information about you may be shared with an organization helping in a disaster relief effort so that your family can be told about your condition, status and location.
- ◆ **Research.** Health information about you may be used and disclosed for research purposes in two ways. First, it may be used by researchers in studies you have been asked to participate in, where you agree to actually take a drug or have a treatment that is being studied for its effectiveness. In these kinds of studies, you will always be asked to consent to your involvement in the study. Second, health information about you may be used and disclosed without identifying you. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition, with no names or other personal information being included. All research projects performed in DPH, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, to ensure that the research poses no more than minimal risk to your privacy. Before health and/or personally identifiable information is used or disclosed for research, the project will have been approved through this research approval process, and the researcher will have signed an oath of confidentiality.
- ◆ **As Required by Law.** Health information about you may be shared when required by federal, state or local law.
- ◆ **To Avert a Serious Threat to Health or Safety.** Health information about you may be used and shared with law enforcement officials when necessary to prevent a serious threat to your health and safety or the health and safety of the public. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS:

Information may be shared without your okay in the following situations if they apply to you:

- ◆ **Organ and Tissue Donation.** If you want to donate an organ, health information may be given to organizations that handle organ donation or organ, eye or tissue transplantation or to an organ donation bank.
- ◆ **Military and Veterans.** If you are a member of the armed forces, health information about you may be shared as required by military command authorities.
- ◆ **Workers' Compensation.** Health information about you may be given for workers' compensation claims processing or similar programs. These programs provide benefits for work-related injuries or illnesses.
- ◆ **Public Health Risks.** State and Federal law may require that DPH share your health information for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;

- To report reactions to medications or problems with health care products;
 - To notify people about recalls of products they may be using;
 - To notify a person who may be catching or spreading a disease or condition; and
 - To notify an authority if it is believed a patient has been the victim of abuse, neglect or domestic violence as required by law.
- ◆ **Health Oversight Activities.** The law may require DPH to share your health information with an agency that reviews DPH health care activities. Review activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, programs paid for by taxpayers and DPH adherence to civil rights laws.
 - ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, health information about you may be shared in response to a court or administrative order. Health information about you may also be shared in response to a subpoena, discovery request or other process by others involved in a dispute, but only if their attorneys have tried to tell you about the order so that you have an opportunity to object within the timelines established by law.
 - ◆ **Law Enforcement.** Health information may be shared with a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - About a death believed to have been the result of criminal conduct;
 - About criminal conduct at a DPH facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of a person who committed a crime.
 - ◆ **Coroners and Medical Examiners.** The law may require DPH to share your health information with a coroner or medical examiner. This may be necessary, for example, to identify a dead person or determine the cause of death.
 - ◆ **Court-appointed Conservators and Public Guardians.** Without asking you, DPH may share your health information with individuals appointed by a court of law to look after your physical and/or mental health and financial well-being.
 - ◆ **National Security and Intelligence Activities.** Without asking you, DPH may share your health information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
 - ◆ **Protective Services for the President and Others.** DPH may share health information about you with authorized federal officials so they may provide protection to the President or foreign heads of state. DPH may share health information with other authorized persons to conduct special investigations.
 - ◆ **Inmates.** If you are an inmate of a jail or prison or under the custody of a law enforcement official, DPH may share your health information with the jail/prison staff or its correctional officers. DPH would have to share this information (1) for the jail/prison to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the jail/prison staff.
 - ◆ **Court-Appointed Treatment.** In cases in which a person has been ordered to obtain treatment from DPH by a criminal court proceeding, the individual will be asked to okay the sharing of information with that court. If the person later retracts the okay, the court must be informed of the individual's subsequent refusal.
 - ◆ **Comply with State Laws.** There are certain state laws that protect some types of health information such as certain behavioral health services and HIV test results. We will obey these laws when they are stricter than this notice.

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE NOT BEEN MAINTAINED while receiving DPH services, you may file a complaint with DPH or with the U.S. Secretary of the Department of Health and Human Services. All

complaints must be sent in writing. Please see the end of this Notice for a list of addresses and phone numbers for the DPH Privacy Office and the Secretary. You will not be penalized in any way for filing a complaint.

CHANGES TO THIS NOTICE

DPH reserves the right to change this Notice and to make the revised or changed Notice effective for health information already recorded about you as well as any information recorded in the future. A copy of the current Notice will be posted in DPH care facilities. The notice will have the effective date on the top of every page.

AUTHORIZATION FORMS TO REQUEST MEDICAL RECORDS (Health Information Services) CAN BE OBTAINED AT THE FOLLOWING DPH LOCATIONS:

San Francisco General Hospital and Trauma Center

Health Information Services,

Main Bldg. 5 Rm. 2B1

1001 Potrero Ave., San Francisco, CA 94110 OR (628) 206-4432

LOCATION WHERE YOU ARE RECEIVING SERVICES

All other privacy concerns and complaints:

DPH Office of Compliance & Privacy Affairs

101 Grove Street, Rm 400,

Francisco, CA 94102

(855) 729-6040 (toll-free)

Where to file a privacy complaint with the federal government

See how to file a health information privacy or security complaint: https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html?language=es	For a faster response, use the online portal. Link to file online a health information privacy or security complaint: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Address to mail a complaint: Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201	

CLIENT NOTICES

All clients receiving behavioral health services can file a complaint according to the informational handout provided to you (BHS 315). This process includes complaints about services provided by an unlicensed or unregistered professional. The following notice is provided as required by law:

NOTICE TO CLIENTS

The Grievance & Appeal Office of Behavioral Health Services receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services at any of our sites, including here. To file a complaint, contact the Grievance & Appeal Office by calling 1-628-754-9299.

In addition, you may be provided behavioral health services by a licensed or registered professional with the Board of Behavioral Sciences. Please be advised that one of the following notices may apply to you and is provided as required by law:

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of licensed educational psychologists. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of clinical social workers. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

NOTICE TO CLIENTS

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Medical Board of California Notice to Clients

Medical doctors are licensed and regulated by the Medical Board of California. To check up on a license or to file a complaint go to www.mbc.ca.gov,
email: licensecheck@mbc.ca.gov,
or call (800) 633-2322.





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