



**NEW BRUNSWICK COUNSELING CENTER
BURLINGTON COMPREHENSIVE COUNSELING**

Hope is the one thing
that keeps us going!

NEW BRUNSWICK COUNSELING CENTER & BURLINGTON COMPREHENSIVE COUNSELING

OPIOID TREATMENT PROGRAM DOC CLIENTS HANDBOOK



New Brunswick Counseling Center
320 Suydam Street
New Brunswick, NJ 08901
732-246-4025
732-246-1214 (Fax)

Burlington Comprehensive Counseling
605 High Street
Mt. Holly, NJ 08060
609-267-3610
609-267-9692 (Fax)

www.nbcounselingcenter.org

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Hope is the one thing that keeps us going!

Welcome Message

MISSION STATEMENT

The Mission of Opioid Treatment Program of the New Brunswick Counseling Center (NBCC) and the Burlington Comprehensive Counseling (BCC) is to provide compassionate mental health and substance use treatment to empower individuals to live the life they envision for themselves.

TO ALL PATIENTS: This handbook must be read and understood by all patients. Should you have any questions about the content of the Handbook, please speak to your counselor or a supervisor.

PROGRAM GOALS

The goal of the Centers' Opioid Treatment Program is to provide an individualized enhanced medical service for persons with opioid use disorder. Patients with opioid use disorder have the option to receive: (1) opioid detoxification; (2) methadone or buprenorphine maintenance for varying lengths of time; or (3) if receiving methadone or buprenorphine maintenance, to provide medically supervised withdrawal from maintenance medications. The goal of treatment is to improve your overall physical, mental health and social functioning.

Organization Overview

New Brunswick Counseling Center and Burlington Comprehensive Counseling is a CARF-accredited outpatient substance use and mental health treatment center with two clinics in Burlington and New Brunswick, New Jersey. Since our founding in 1970, our team of dedicated staff has remained committed to delivering courteous treatment to all patients.

MISSION

To provide compassionate mental health and substance use treatment to empower individuals to live the life they envision for themselves.

VISION

Our vision is to contribute to compassionate communities for everyone, where individuals can live a meaningful life and mental health and substance use challenges are addressed in a respectful, holistic, and effective way. We prioritize inclusion and equity in all of our work.





Our Values



01 Person and Family-Centered

Our approach focuses on culturally responsive recovery that centers on the person and their family.

02 Potential

Our inspiration comes from the individuals and families we serve, recognizing their accomplishments and potential for achieving wellness and recovery.

03 Power

Our care is guided by the people, families, and communities we serve, as well as our workforce. They shape our policies and practices.

04 Partnerships

To achieve our mission and work towards our vision, we must establish mutually respectful partnerships and enhance our capabilities while building our capacity.

05 Performance

Our approach involves implementing proven practices, utilizing opportunities, and harnessing technologies to mitigate the effects of mental illness and addiction. Our ultimate goal is to improve the overall health and well-being of the individuals, families, and communities we support.

LOCATIONS, ACTIVITY SCHEDULES AND TELEPHONE NUMBERS

New Brunswick Counseling Center

320 Suydam Street, New Brunswick, NJ 08901

732-246-4025

732-246-1214 (fax)

Regular Office Hours*: Monday-Thursday: 6:00AM-6:00PM
Friday: 6:00AM-1:30PM
Saturday: 6:00AM-9:00 AM (by appointment)
Sunday & Holidays: Closed

Medication Hours: Monday-Friday: 6:00AM-12:00 PM
Saturday: 6:00AM-9:00AM
Sunday & Holidays: Closed

*Includes individual counseling, group sessions, Intensive Outpatient, HIV counseling, admission assessments, intake screenings, case management, and doctors' appointments.

24 Hour patient access #: (732) 246-4025 ext.148

Life Threatening Emergency: 911

Suicide and Crisis Hotline: 988

Burlington Comprehensive Counseling

605 High Street, Mt. Holly, NJ 08060

609-267-3610

609-267-9692 (fax)

Regular Office Hours*: Monday - Thursday: 6:00AM-3:00PM
Friday: 6:00-1:30 PM
Saturday: 6:30AM-10:30AM (by appointment)
Sunday & Holidays: Closed

Medication Hours: Monday - Friday: 6:30AM-11:00AM
Saturday: 6:30AM-10:00AM (by appointment)
Sunday & Holidays: Closed

*Includes individual counseling, group sessions, Intensive Outpatient, HIV counseling, admission assessments, intake screenings, case management, and doctors' appointments.

24 Hour patient access #: (+1) 609-819-5082

Life Threatening Emergency: 911

Suicide and Crisis Hotline: 988

TEAM PROFESSIONALS



MULTIDISCIPLINARY TEAM OF PROVIDERS:

American Board of Addiction Medicine Certified Physicians

Registered Nurses

Clinical Psychologists

Nurse Practitioners

Certified Alcohol and Drug Counselors

Licensed Clinical Social Workers

Licensed Professional Counselors

Licensed Counselors

Counselors in training



CLIENT HANDBOOK INTRODUCTION

This client handbook is based upon the agency's mission of building a caring and positive environment in which patients are treated. The purpose of the handbook is to share with clients the policies, procedures, protocols, and benefits of being in treatment at the agency. While we have tried to include answers to most questions people have about treatment at the agency, you will get more information about the agency from your counselor and other treatment team members during treatment.

The contents of this handbook are given to you for information only, and replace any older versions of the handbook. We routinely update policies and procedures to better serve you and will do our best to keep you informed of any changes.

THIS HANDBOOK CONTAINS NO PROMISES OF ANY KIND AND DOES NOT CREATE A CONTRACT OF, OR FOR, TREATMENT. The handbook is not a contract for a specific length of treatment. You may voluntarily leave treatment for any reason and the agency may end your treatment at any time, or deny you readmission, with cause.

We encourage you to discuss any questions or concerns about the agency policy and procedures, protocols, or benefits with your assigned counselor or any other treatment team member.

Finally, no employee, manager, consultant or officer of the agency; other than the President of The Board of Trustees, the Executive Director, Medical Directors, or Clinical Director, has any authority to offer, or enter into, an agreement contrary to policies described above or following.

Thank you for your support and cooperation. We look forward to your successful treatment based on your personal goals and objectives.

Sandra Lutomski, LCSW, LCADC
Executive Director



SPECIALIZED SERVICES

NBCC and BCC services include individual and group counseling, psychological evaluation, ongoing psychotherapy, methadone or buprenorphine treatment for opioid and other substance use disorders, and drug testing.

Medications for Opioid Use Disorder

- Methadone
- Buprenorphine
- Vivitrol

Levels of Care

OTP Level 1 treatment: 1-8 hours of individual sessions and possibly groups weekly

OTP Level 2 treatment: 9 - 12 hours of individual and group sessions weekly

Women's Services

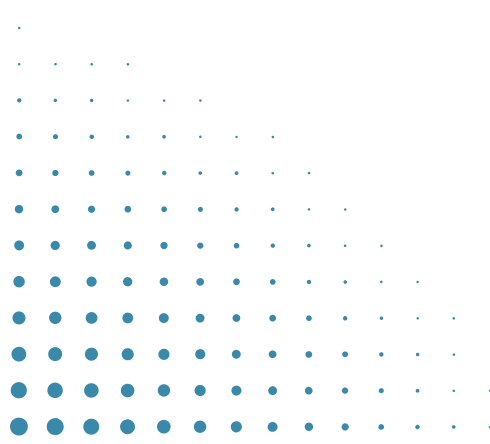
1. Priority Admission for Pregnant Women with Opioid Use Disorder
2. Weekly Counseling Groups
3. Prenatal/High Risk Pregnancy Obstetric Referrals
4. Case Management
5. Psychological Consultation
6. Family Counseling and Therapy Referrals

Co-Occurring Services

Patients presenting co-occurring psychiatric symptoms such as anxiety, depression, mood disorders, etc. may be treated by the clinical team on-site and/or referred off-site as clinically indicated.

Intensive Outpatient Services IOP

For those patients requiring a higher level of care and found able to benefit from intensive outpatient counseling, the agency provides IOP services. IOP is three hours per day and three days per week. The program consists of required weekly individual sessions and additional group sessions with a counselor and weekly urine or oral drug testing.



SPECIALIZED SERVICES

HIV Services

1. HIV Pre-Test Counseling and Education
2. Referrals for HIV Testing
3. Case Management
4. Psychological Consultation

Referral Services

If after evaluation, NBCC/BCC multidisciplinary team determines that a person requires a different level of care or treatment, NBCC/BCC will assist in the referral process. We refer to mental health counseling, medical, social services, inpatient programs, and detoxification programs.

We offer additional Treatment Programs Including

- Substance Use Evaluations
- Substance Use Psychoeducation
- Alcohol and Other Drug Program (AOD) for DUI Referrals
- Individual Counseling for Substance Use Disorders
- Mental Health Evaluations and Counseling
- Bi-lingual Counselors (may be available)
- Adolescent Mental Health and Substance Use Counseling
- Case Management Services





ADDITIONAL SERVICES OFFERED BY NBCC/BCC

Substance Use Disorder (SUD)

If you are concerned about drug and alcohol use in yourself or someone you care about, our staff are licensed alcohol and drug counselors and are available to evaluate and help manage substance use problems. We perform assessments for Recovery Court, DCF, Probation, and use them to develop treatment plans for adolescents and adults.

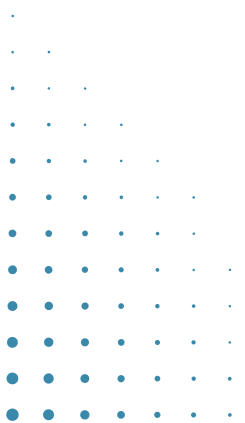
We assess and recognize issues beyond just substance use and as necessary, we provide referrals for other services.

Mental Health Services

Everyone deserves to live a fulfilling life, well balanced life. Give yourself the time, care, and attention you deserve. NBCC offers a comfortable, caring, and safe environment where you'll receive quality individual counseling. Our therapist provides counseling that is tailored to each of our client's psychological, emotional, and spiritual needs. Whether you're struggling with addiction, anger management, depression, grief, low self-esteem, anxiety, PTSD, stress, or crisis management, you can entrust that as you progress in addressing these issues.

Case Management

Here at the New Brunswick Counseling Center, we believe that healing and well-being are influenced by all aspects of a person's environment. Case management involves advocating, supporting, and connecting clients with resources, healthcare providers, and other services in their community. This could involve referrals for anything from financial assistance, medical treatment, support groups, career development and more! We will work with you to navigate what is sometimes a very complicated and overwhelming system. Ask our counselors and staff today about how you can participate in case management services and take another step toward living the life you envision for yourself!



BASIC INFORMATION, RULES AND REGULATIONS FOR OUR OPIOID TREATMENT PROGRAM (OTP)

We provide individualized, evidence-based outpatient treatment. Our treatment approaches include methadone, buprenorphine, or Vivitrol and counseling in a safe, clean, non-threatening environment for people with opioid use disorder.

If you have a medical or psychiatric emergency inform NJDOC nurses immediately!!

Nature of Opioid Use Disorder

Opioid use disorder can be a complex medical and brain disorder. Without treatment, it often lasts many years, can get worse over time, and can be fatal. People with opioid use disorder typically keep using opioids despite the many problems that drug use causes. Treatment can help patients stop using drugs and make the changes necessary to stabilize and improve their lives.

Annual Medical Assessments

We require all patients to have an Annual Assessment by our agency's medical staff. Because your annual health assessment is important for us to provide you with safe treatment, you may be discharged if you don't complete your annual assessment.

Counseling Phase

New patients, except for patients receiving interim maintenance (described below), are assigned a counselor. Your counselor will work with you to develop a treatment plan that meets your needs. The amount of counseling that you receive will match your needs and your progress in treatment. New Jersey regulations have minimum counseling requirements based on your phase in treatment. We want to let you know that some counselors may not yet have New Jersey required certifications and/or credentials. Those counselors will be supervised by a licensed professional. Attending counseling sessions is an important part of your treatment and is required. If you do not attend, you may be discharged from the agency.

Treatment Plan

Together with your counselor, you will work to make your treatment plan. Your plan will help guide your treatment. It may include steps you can take to reduce and stop your opioid or other drug or alcohol use. It may include receiving other services such as mental health, primary care, employment, education, or other services to address your needs. Your plan will be completed within 7 days of your admission to the program. Treatment plans are reviewed on a quarterly or bi-annual basis, depending on your treatment needs. Individuals in IOP will update their plan on a monthly basis.



PROGRAM SERVICES

Comprehensive Individual Planning

When you are admitted to Comprehensive Maintenance Treatment, either directly or through Interim Maintenance, you will make an individual treatment plan with your counselor within the first 30 days (about 4 weeks) of treatment. You will be a full participant in making the goals/objectives for your plan based on your individual needs, strengths, abilities, and preferences. Goals will be written in your own words, and you can receive a copy of the treatment plan at their request.

Individual Counseling

You will have a counselor who is responsible for coordinating your care with the support of NJDOC. Individualized sessions take place to help you to reach your goals and objectives.

Psychosocial Education

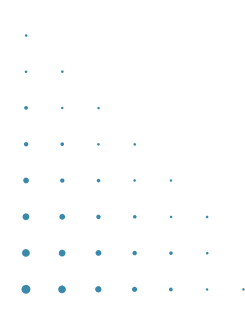
Psychosocial education is available to patients and care providers in individual formats. Psychosocial education is designed to help patients learn about the disease of addiction and to assist with interpersonal relations, role performance, anger management and communication skills.

Progress Reviews & Individual Plan Reformulation

You will have regularly scheduled meetings with your counselor to review your progress in meeting your individual goals and to update your Treatment Plan.

Discharge Planning & Criteria

Your counselor will work with you to plan your discharge and follow-up care. After you have stopped taking methadone you may wish to continue in outpatient treatment at our intensive outpatient or outpatient program or at another program. If you decide to begin a slow reduction of your dose with a goal of stopping treatment and find that you wish to stop the reduction or wish to return to your prior dose, our medical staff will work with you to increase your dose safely and comfortably.



ADDITIONAL GUIDELINES/INFORMATION

Nature of Opioid Use Disorder

Opioid use disorder can be a chronic condition, which means that it can last a long time and it can be challenging to stop using illicit opioids. Research has shown that long-term drug use results in changes in the brain that can remain for a long after a person stops using drugs. For this reason, relapse is always possible. Relapse can happen at any time, even long after detoxification, although it appears that the chances of relapse are sharply lower after three years of stopping illicit drug use. If you do relapse, it does not mean that you have failed because that is often part of the chronic opioid use disorder. However, treatment with methadone or buprenorphine along with counseling can reduce your chances of dying of an opioid overdose and help you reduce or stop using illicit opioids and reduce your chances of relapsing after you have stopped using illicit opioids.

The signs and symptoms of opioid use disorder may include some or all of the following:

- Needing more and more opioids to get high (tolerance)
- Having opioid withdrawal if you cut back or stop opioid use
- Being unable to cut down or quit using illicit opioids
- Spending a lot of time getting drugs, using drugs, and recovering from their effects
- Giving up important friends, family, recreational activities and/or work due to opioid use
- Continuing to use opioids even when it is clear that drugs are causing you to have a problem or making your problems worse

Alcohol use disorder is more complicated than "heavy drinking."

The following are some signs and symptoms of alcohol use disorder

- An ability to tolerate large amounts of alcohol before becoming intoxicated (drunk)
- A feeling of withdrawal, or feeling like you cannot cope without alcohol when you try to quit or cut down use
- Not being able to control yourself and repeatedly drinking more alcohol than you intended
- Spending a large amount of your time drinking
- Giving up or avoiding important social or recreational activities and work due to drinking
- Continuing to drink even when it causes you to have personal or physical problems

ADDITIONAL GUIDELINES/INFORMATION

Signs and Symptoms of Overdose:

Methadone, other **opiates** (including heroin, oxycodone, percocet, codeine medications), **benzodiazepines** (xanax, klonopin, valium) and **other drugs** and **alcohol** can cause a slowing down or stopping of your breathing when taken alone. Taken together, methadone or buprenorphine treatment together with benzodiazepines or alcohol can be even more dangerous. Taking more methadone that you are supposed to take can also be very dangerous. Overdose can cause brain damage or death.

IF YOU FEEL YOUR BREATHING IS TOO SLOW OR YOU HAVE ANY SYMPTOMS OF A MEDICATION OR DRUG OVERDOSE, INFORM NJDOC NURSES!

How you feel if your breathing is too slow or too shallow:

- Light Headed
- Off balance, unable to walk normally
- Not able to think or talk sensibly
- Slurred Speech
- Headache
- Restless/Unable to be still

How you might look if your breathing is too slow or too shallow:

- Pale
- Sweaty/Cold and Clammy
- Blue tinge around mouth and/or under fingernails

While receiving treatment with methadone it is important for you to know that drinking alcohol can increase your risk for becoming drowsy and for overdose death. For this reason, you should not come to the Program under the influence of alcohol. NBCC/BCC staff will assess you for alcohol use during your visit. If you need treatment for alcohol or benzodiazepine use disorder, we may refer you to a detoxification program elsewhere followed by additional outpatient counseling at NBCC/BCC.



ADDITIONAL GUIDELINES/INFORMATION

Admission Qualifications for the Opioid Treatment Program

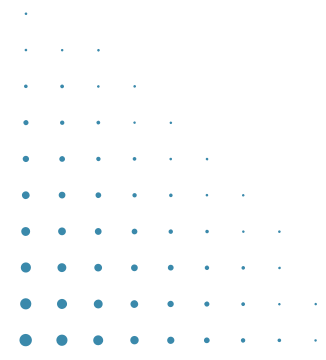
All persons will be considered for treatment regardless of gender, religion, race, sexual preferences, age (18 years of age or older), financial resources, or residence. Methadone maintenance is often a long-term treatment commitment.

The agency will evaluate your past treatment history, legal circumstances, mental health, and drug use history to see if you are eligible for treatment. Individuals who are not being admitted to treatment will be told of the reason and referred to alternative programs.

The New Jersey State Prescription Monitoring Program (PMP) will be reviewed by our medical staff to see if you are receiving prescriptions for any controlled drugs (such as opioids or benzodiazepines) from another provider. If you are receiving controlled drugs from another provider, we will ask you to sign a release of information to permit us to coordinate your care with the prescriber.

Dual Enrollment

Each applicant/patient must agree to be evaluated for dual (multiple agencies) enrollment. Applicants refusing to be evaluated for dual enrollment or determined to be enrolled at more than one agency will not be admitted to or allowed to remain in treatment. The Program will check for dual enrollment through New Jersey's Substance Abuse Monitoring System. Photo identification is required on every visit.



ADDITIONAL GUIDELINES/INFORMATION

Hospitalization

If you require hospitalization, your daily dose of MAT may be provided to you by the hospital. Notify the hospital personnel that you are an NBCC/BCC client and sign a consent form to release information so NBCC/BCC can confirm your enrollment and daily dose.

On Call Number is for Coordination While in the Hospital.

Burlington On Call 609.819.5082

New Brunswick On Call 732.246.4025 X148

PLEASE ALERT NJDOC NURSES OF ANY EMERGENCIES

If you have a Medical or Psychiatric Emergency, Please call 911.

Suicide and Crisis Hotline: 988

Infection Control

Patients that have an infectious illness (i.e. productive cough, fever of 100 or above, a wound, skin discharge, etc.) should ask to be evaluated by a nurse. All patients are encouraged to wash their hands after using the bathroom facilities and to practice "Universal Precautions." Patients should wear gloves should they come in contact with blood or bodily fluids. Patients are to be mindful of items that carry the red biohazard labels. The labels are placed on canisters and devices that have potentially infectious materials. Patients should never attempt to open such devices or place any objects within those devices.

Leaving Treatment

The agency's treatment team will work closely with patients in their plan for continued care and efforts to leave treatment voluntarily. Voluntary Medically Supervised Withdrawals (VOL-MSW) plans and schedules will be individualized to best meet the strengths, needs, abilities, and preferences of the patient(s). At times, our physician will inform you if they think it is inappropriate or ill-advised due to your current drug use or other indicators that may put you at greater risk of overdose. In those cases we will support the patient(s) in their decision to leave treatment; however those plans may be declared "Against-Medical-Advice" (AMA-MSW) and will be completed within a specific period of time.

RISKS AND BENEFITS OF MEDICATION ASSISTED TREATMENT

NBCC and BCC will be utilizing the following medications: Methadone, Buprenorphine, and Naltrexone/Vivitrol. Below is a chart that outlines in a high level overview the benefits and risks of the different treatment modalities/options.

	METHADONE	BUPRENOEPHINE	VIVITROL
Appropriate Patients	Typically for patients with an OUD who are physiologically dependent on opioids and who meet federal or state (whichever is stricter) criteria for OTP admission	Typically for patients with an OUD who are physiologically dependent on opioids	Typically for patients with an OUD who have abstained from short-acting opioids for at least 7-10 days and long-acting opioids for at least 10-14 days
Administration	Daily oral administration	Daily oral administration	Either daily oral administration or a monthly long-acting injection
Drug Interactions	Use of alcohol and/or benzodiazepines while taking Methadone may lead to respiratory depression and death	Some products that may interact with this drug include: naltrexone, certain pain medications	Some products that may interact with this drug include: dextromethorphan, diarrhea medication, disulfiram, opioid pain or cough relievers

RISKS AND BENEFITS OF MEDICATION ASSISTED TREATMENT

	METHADONE	BUPRENOEPHINE	VIVITROL
Benefits	<p>Most commonly and most studied OUD medication in the world</p> <p>High retention of patients in treatment that select this medication</p> <p>Reduces illicit opioid use effectively</p>	<p>High retention of patients in treatment that select this medication</p> <p>Reduces illicit opioid use effectively</p>	<p>High retention of patients in treatment that select this medication</p> <p>Reduces illicit opioid use effectively and is known to increase retention in treatment while decreasing opioid cravings</p>
Side Effects	<p>Constipation</p> <p>Lightheadedness or dizziness</p> <p>Sleepiness or drowsiness</p> <p>Nausea or vomiting</p> <p>Impaired cognition or confusion</p> <p>Forgetfulness</p> <p>Impaired balance or coordination</p>	<p>Drowsiness, dizziness, constipation, or headache may occur</p>	<p>Nausea, headache, dizziness, anxiety, tiredness, and trouble sleeping may occur In a small number of people, mild opiate withdrawal symptoms may occur, including abdominal cramps, restlessness, bone/joint pain, muscle aches, and runny nose</p>

RISKS AND BENEFITS OF MEDICATION ASSISTED TREATMENT

	METHADONE	BUPRENOEPHINE	VIVITROL
Risks	<p>It is NEVER safe to use alcohol or unapproved benzodiazepines when taking Methadone as it will stop breathing resulting in coma or death</p> <p>Accidental ingestion can be fatal to non OUD patients – specifically children</p> <p>Not advisable for those with acute asthma and those with intestinal issues such as paralytic ileus</p> <p>Methadone treatment has been associated with cardiac issues</p> <p>Patients will develop physical dependence to this medication</p> <p>Pregnant patients should speak with their providers about risks of this medication to babies</p>	<p>Taking this medication after recent use of opioids induces precipitated withdrawal</p> <p>Unintentional pediatric exposure can be life threatening/fatal</p> <p>Patients will develop physical dependence to this medication May have sedating effects</p> <p>Pregnant patients should speak with their providers about risks of this medication to babies</p>	<p>Taking Vivitrol after recent use of opioids induces precipitated withdrawal</p> <p>Utilizing an opioid on top of Vivitrol can lead to a potentially fatal overdose</p> <p>Not highly researched for use during pregnancy</p> <p>Injection site reactions can occur</p> <p>Not recommended for those patients with kidney impairment</p>

Halfway Houses:

- 1.COOPERATIVE CARE PARTNERSHIP INC - Rio Grande, NJ (www.coopcarecmc.com)
- 2.EVAS VILLAGE INC - Paterson, NJ (www.evasvillage.org)
- 3.GREATER BERGEN COMMUNITY ACTION LADDER PROJECT - Hackensack, NJ
(www.greaterbergen.org)
- 4.INTEGRITY HOUSE INC. Secaucus Campus - Secaucus NJ (www.integrityhouse.org)
- 5.STRAIGHT AND NARROW INC MEN's PROGRAM - Paterson, NJ (www.ccpaterson.org)
6. HENDRICKS HOUSE INC - Vineland, NJ (www.hendrickshouse.org)
7. CAMBRIDGE RECOVERY - Flanders, NJ (www.cambridgerecoverystates.com)
8. SPRING HOUSE FEMALE HALFWAY HOUSE - Paramus, NJ (www.shelterlistings.org)
- 9.MARKET STREET MISSION LIFE CHANGE RECOVERY PROGRAM - Morristown, NJ
(www.marketstreet.org)
- 10.DAYTOP VILLAGE OF NJ AT CRAWFORD HOUSE - Skillman, NJ (www.daytopnj.org)
- 11.ANGEL HOPE HOUSE - Newark, NJ (www.angelhopehouse.org)
- 12.ANDERSON HOUSE - Whitehouse Station, NJ (www.rehab.com/anderson-house)
- 13.RECOVERY AT THE CROSSROADS LLC - Blackwood, NJ (www.racnj.com)
- 14.ALFRE INC DBA MRS WILSONS - Morristown, NJ (www.mrs-wilsons.org)
- 15.HALEY HOUSE - Blairstown, NJ (www.rehab.com/haley-house)
- 16.GALLOWAY MEN AND WOMEN - Egg Harbor City, NJ
(www.addictiontreatmentdivision.org)
- 17.UNITED PROGRAMRESS INC TRENTON TREATMENT CENTER - Trenton, NJ
(www.rehab-centers.org)
- 18.RESCUE MISSION OF TRENTON - Trenton, NJ (www.rescuemissionoftrenton.org)

RESOURCES

New Jersey Medication Assisted Treatment Clinics

Organization	Phone
Addiction Recovery System (Somers Point)	609-601-8611
American Habitare and Counseling Center	973-799-0508
Burlington Comp Counseling Inc (Mt Holly)	609-267-3610
Camden Treatment Associates (Camden)	856-338-1811
Delaware Valley Medical, Inc (Pennsauken)	856-665-5100 x 218
East Orange Substance Abuse Txt Program	973-266-5200
Habit OPCO (South Amboy)	732-727-2555
Integrity, Inc (Secaucus)	201-583-7100 x 7126
John Brooks Recovery Center (A.C)	609-345-4035
Kaleidoscope (Jersey City)	201-451-5425
The Lennard Clinic II (Newark)	973-596-2850
The Lennard Clinic III (Elizabeth)	908-352-0850
Middletown Medical Clinic (Middletown)	732-706-1300
Monsignor Wall Clinic (Paramus)	201-967-9020
Morris County Aftercare Center (Randolph)	973-927-6641 x 11
New Brunswick Counseling Center (New Brunswick)	732-246-4025

RESOURCES:

New Jersey Medication Assisted Treatment Clinics

New Horizon (Trenton)	609-394-8988 x 00
North East Life Skills (Passaic)	973-777-2962
Ocean Medical Care (Brick)	732-458-2180
Ocean Medical Services, Inc (Toms River)	732-288-9322
Organization for Recovery, Inc (Plainfield)	908-769-4700
Paterson Counseling Center (Paterson)	973-523-8316
Pinnacle Tx dba State Line (Phillipsburg)	908-387-0003
Seabrook House (Seabrook)	1-800-761-7575
Somerset Treatment Services (Somerville)	908-722-1232 x 2
South Jersey Drug Treatment (Bridgeton)	856-455-5441
Spectrum (Jersey City)	201-451-2544
Turning Point (Paterson)	973-239-9400 x 153
Veterans Affairs Med Ctr Subs Abuse Tx Programs	973-676-1000 x 3330
Central Jersey Comp TX (Strathmore)	732-387-6330
South Amboy Health (South Amboy)	732-952-1500
Suburban clink (Union)	908-258-8765
Woodbridge Healthcare Clinic (Iselin)	844-327-2792

BILL OF RIGHTS

This agency formally endorses the recognition and belief in both the rights and responsibilities of clients as the foundation of the relationship between the client and the agency. The agency therefore, adopts the following:

Please note your rights as a consumer of New Brunswick Counseling Center and Burlington Comprehensive Counseling's Services:

1. The right to be informed of these rights, as evidenced by the client's written acknowledgment or by documentation by staff in the clinical record that the client was offered a written copy of these rights and given a written or verbal explanation of these rights in terms the client could understand;
2. The right to be notified of any rules and policies the program has established governing client conduct in the facility;
3. The right to be informed of services available in the program, the names and professional status of the staff providing and/or responsible for the client's care, and fees and related charges, including the payment, fee, deposit, and refund policy of the program and any charges for services not covered by sources of third-party payment or the program's basic rate;
4. The right to be informed if the program has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions, and to refuse to allow their participation in his or her treatment;
5. The right to receive from his or her physicians or clinical practitioner(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks(s) of treatment, and expected result(s), in terms that he or she understands;
 - a. If, in the opinion of the medical director or director of substance abuse counseling, this information would be detrimental to the client's health, or if the client is not capable of understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available;
 - b. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record; and
 - c. All consents to release information shall be signed by client or their parent, guardian or legally authorized representative;
6. The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment;
 - a. A client's refusal of medication or treatment shall be documented in the client's clinical record;
7. The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule and regulation;
8. The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as group, free from restraint, interference, coercion, discrimination, or reprisal;

BILL OF RIGHTS

9. The right to be free from mental and physical abuse, exploitation, and from use of restraints;
 - i. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures, unless the decision is made to terminate the client in N.J.A.C. 10:161B-16.2 accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated;
10. The right to confidential treatment of information about the client;
 - i. Information in the client's clinical record shall not be released to anyone outside the program without the client's written approval to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2, and 290ee-2, and 42 CFR Part 2 §§ 2.1 et seq., and the provisions of the Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR Parts 160 and 164, unless the release of the information is required and permitted by law, a third-party payment contract, a peer review, or the information is needed by DHS for statutorily authorized purposes; and
 - ii. The program may release data about the client for studies containing aggregated statistics only when the client's identity is protected and masked;
11. The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy; i. The client's privacy also shall be respected when program staff are discussing the client with others;
12. The right to exercise civil and religious liberties, including the right to independent personal decisions;
 - i. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;
13. The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing), or ability to pay; or to be deprived of any constitutional, civil, and/or legal rights.
 - i. Programs shall not discriminate against clients taking medications as prescribed;
14. The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or other licensed clinician, or for failure to pay required fees as agreed at time of admission (except as prohibited by sources of third-party payment);
 - i. Transfers and discharges, and the reasons therefore, shall be documented in the client's clinical record; and
 - ii. If a transfer or discharge on a non-emergency basis is planned by the outpatient substance use disorder treatment program, the client and his or her family shall be given at least 10 days advance notice of such transfer or discharge, except as otherwise provided for in N.J.A.C. 10:161B-6.4(c);
15. The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge; and
16. The right to have access to and obtain a copy of his or her clinical record, in accordance with the program's policies and procedures and applicable Federal and State laws and rules.

New Brunswick Counseling Center retains the right to admit and treat only those clients who are appropriate to the agency's mission, capacity, and resources.

New Brunswick Counseling Center is a smoke-free environment

ACKNOWLEDGEMENT

This is to acknowledge that you have received and read the contents of the NBCC/BCC Handbook and the Bill of Rights. You have the right to a paper copy of this handbook. Please let us know if you would like a set. Please note that you will receive an intake packet with intake forms. We request that you complete and submit them before your initial appointment. If you require assistance, please contact our staff, who will assist you to the best of their abilities. You will also have a chance to review anything in this handbook and the forms with your intake counselor.

We thank you for choosing New Brunswick Counseling Center and Burlington Comprehensive Counseling to assist you with your needs. Our dedicated team of qualified professionals will strive to provide compassionate mental health and substance use treatment to empower you to live the life you envision for yourself.