



PATIENT HANDBOOK

OUR MISSION:

To help individuals suffering from the disease of addiction learn how to make better decisions in their lives that will assist them in their path of recovery.

Welcome to SOAR

SOAR is an outpatient substance abuse treatment program specializing in methadone treatment for opiate addiction. Methadone maintenance combined with a comprehensive therapy program is the most successful treatment approach for heroin and/or other opiate addiction. Thousands of methadone patients have resumed meaningful lives while in treatment on methadone.

Here at SOAR, you will find a staff of caring and knowledgeable people dedicated to helping patients achieve a productive life free from the use of illicit drugs. If you are committed to regaining control of your life, SOAR can work for you. We invite you to stay and experience the joy of recovery.

This is a handbook to explain the important parts of your treatment program, what you can expect of us, and what we expect of you. Please read this handbook carefully and keep it throughout your treatment. It will be discussed in orientation groups.

In addition to what we do here, SOAR is actively involved in local community activities and has established strong ties with local leaders. From this has developed a network that has allowed SOAR to help people better in re-entering their communities after leaving treatment. Examples of this are instances where SOAR has been able to assist former patients in obtaining employment and/or safe places to live after treatment was completed. In 2012 we had a number of patients graduate college with at least 2 of them planning to enter the drug and alcohol field in the future. SOAR also goes out into the community and offers to talk at businesses, schools, churches and local community groups.

What this means is that you are coming into a program that cares about both our patients and our local community. Your treatment experience here can and will be a good one as long as you are ready and willing to both listen and follow direction from those who have the experience and knowledge to help you learn how to make better decisions in your life. Can recovery be that simple? Yes, it can!

WHAT TO EXPECT AT SOAR

Eligibility to Participate in Treatment

In order to be eligible for treatment at SOAR, an applicant must:

- Be at least 18 years of age
- Have at least 1 year history of addiction
- Provide documentation of current physiological dependency
- Consent in writing to voluntary participation in methadone treatment
- Submit to physical exam by SOAR Doctor
- Be able to certify pregnancy (if applicable)

In accordance with Federal Regulations, priority for access to treatment will be given to applicants who are pregnant or have tested positive for HIV.

If during the admission process your urine test proves to be positive for methadone, SOAR then has to send out a dual-enrollment form to all of the local methadone programs to make sure that you are not on another medication assisted treatment program. Your signature will be required on a release of information in order for us to be able to send these forms out. If a person refuses to sign, then the admission process is halted at this point and the person can be referred to another level of care. These forms usually take 3 to 5 days to be faxed back during which time the Doctor can begin treatment although it may be on a much lower starting dose than usual. Once enough of the forms come back, you will then be titrated up more quickly until we reach a stable dose for you.

Medical Requirements

Upon completion of admission procedures, a complete medical profile at SOAR is required. This profile included: medical history, physical examination, blood work, a urine sample and a tuberculosis test. Referral for HIV testing is available upon request. A prenatal care referral will be made for all pregnant women seeking treatment at SOAR.

Methadone

You are being prescribed methadone, a narcotic medication and controlled substance, as a part of your treatment at SOAR. We are providing you with a special booklet called "About Methadone" which should answer a lot of questions and concerns about this medication. Please read the booklet carefully. It will also be discussed in orientation groups. Orientation groups are held each week and it is mandatory for all new patients to attend the Orientation Group at SOAR. Your medication is never to be given to another individual as it could cause their death. As with any opiate, withdrawal can occur if you suddenly stop taking it or if you are not at a stable dose. Signs of withdrawal can include nausea, insomnia, chills, aches, vomiting, muscle spasms, abdominal cramps, pilo-erection (hairs on skin standing straight up), diarrhea, dilated pupils and yawning. Signs of an overdose can be difficulty breathing (respiratory depression), being unconscious, eyes rolled in the back of the head, not being able to stand up, excessive nodding, difficulty talking and feeling overly euphoric. Should you feel any of these symptoms you need to go to the nearest hospital to be checked out. There are many common myths about methadone that are just not true. Methadone does not rot your teeth, get into your bones or make you gain weight (you may need to be more active on methadone). If you follow directions while here in treatment, you can expect to safely be tapered off of the methadone with little side effects and/or withdrawal.

Interactions

If you are taking **ANY** medications, it is important to your health that you notify the SOAR doctor at the time of your intake and tell your primary counselor. This includes both prescription and over the counter medications. Patients must inform SOAR of any medications that they are prescribed after admission. SOAR has zero tolerance for illicit Benzo use.

If you are taking any medications while in treatment, you must bring the prescription in to the nurses to have it validated **and you must sign a release** in case we need to speak with the doctor who prescribed the medication.

As with heroin and other narcotics, **it is never safe to drink alcohol when using methadone.** Excessive use of alcohol combined with methadone can cause breathing to stop, resulting in coma or death. Therefore we **will not** provide medication to you if we believe you are under the influence of alcohol. **USING BENZO'S WITH METHADONE CAN RESULT IN YOUR DEATH.**

Patients

SOAR values advocating for and protecting the rights of patients and will adhere to all applicable Federal and State Regulations regarding rights of the patients. We do not discriminate in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap and religion.

You will be informed, in writing, at the time of admission of the following rights in a language you understand. A copy of these rights are being provided to you in this patient handbook. These rights will be discussed during orientation and will be posted at a conspicuous site in the clinic.

As a recipient of services at SOAR, I have the right:

1. To be informed of your rights during admission or orientation to treatment whenever the agency makes a change in your rights and upon verbal or written request.
 - A. A receipt of this information shall be documented by your signature and filed in your clinical record. If you are unwilling or unable to sign it will be recorded.
2. To be provided services in the least restrictive environment. To know the recommended level of care for my treatment and as indicated by my presenting problems and to be provided a referral to alternate treatment services when indicated.
3. To not be discriminated against in the provision of services on the basis of age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, handicap, religion or source of payment. In addition, to exercise my rights without fear of restraint, interference, discrimination and reprisal.
4. To be informed in a language that I understand.
5. To be informed about what to expect in the treatment process, and to refuse any treatment, procedure, or medications, to the extent permitted by law and to be advised of the potential risks and impact on my treatment process.
6. To be informed of the cost of services rendered to me and to my family as soon as the information is available.
7. To receive a copy of the patient handbook, which contains the guidelines for treatment including program rules, services provided, patient rights, etc.
8. To take an active part in the planning of my individualized treatment plan and aftercare activities as well as consider referrals to other services if I am inappropriate or ineligible for treatment at the present level of care. Or, I may refuse treatment or any procedures or specific medication that is unusual, hazardous or experimental.
9. To request a review of my treatment plan at any time during treatment and to obtain the opinion of a qualified outside consultant regarding my treatment at my own expense if I so desire.
10. To know the benefits, risks and side effects of all medications and treatment procedures that may be prescribed and to be appraised of alternative treatment procedures.
11. To have competent, qualified, experienced clinical associates to supervise and carry out my treatment and the opportunity to select a counselor of my choice.

12. To expect confidentiality from the entire associates with respect to my identity, diagnosis, prognosis and treatment.
13. To not be requested to perform services for SOAR, which are not stated as part of my treatment plan. I understand I will not be allowed to perform services in lieu of treatment fees.
14. To obtain copies of all consents that I sign. Either the counselor or the Program Director will honor verbal requests for copies of consents within 24 hours.
15. To protection from harassment by any outside agency or person while on the premises. SOAR will exercise confidentiality laws to the fullest extent.
16. To air grievances and initiate appeals. I have been informed of the patient appeals procedures. I understand that the grievance procedures will be posted in conspicuous places within the clinic. I will receive decisions to my grievances in writing and have the right to appeal the findings to unbiased sources.
17. To inspect my records subject to the following limitations:
 - Patients may request in writing their desire to review records.
 - The Director will respond to all such requests with-in five (5) working days.
 - A clinical associate will supervise the review. Once the patient reviews their record, a note will be entered in PDAP format that the process was completed.
 - Patients will be asked to sign a form that will verify they were allowed the right to inspect their record.
 - The Medical Director, Nurse Practitioner, Physician Assistant or other appropriately credentialed designee as allowed by law, may temporarily remove portions of the record prior to the inspection if he/she determines that the information may be detrimental if presented to the patient. Reasons for removing sections will be documented and kept on file.
 - I have the right to appeal a decision limiting access to the records through the grievance process.
 - I have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information from my records. I will be offered a form to complete if I choose to challenge any of the information.
 - I have the right to submit rebuttal data or memoranda to my own records.
 - I have the right to request copies of my record and within 5 business days be provided with a copy. (fee may be charged)
18. To not be restrained or secluded however in the event my behavior becomes unruly or a threat to the health of other patients or associates, proper authorities may be contacted to remove me from the clinic. I will not be deprived of any civil right solely by reason of treatment.
19. To not be subjected to:
 - Physical abuse, sexual abuse, or harassment and physical punishment
 - Psychological abuse, including humiliating, threatening and, exploitive actions
 - Financial exploitation
20. To receive services in accordance with standards of professional practice appropriate to my needs.
21. To be afforded reasonable opportunity to improve my condition.
22. To receive humane care and protection from harm.
23. To exercise my constitutional, statutory, and civil rights that have been denied or limited by an adjudication or finding of mental incompetence in a guardianship or other civil proceeding. [This does not validate the otherwise viable act of an individual who was: (1) Mentally incompetent at the time of the act; and (2) not judicially declared to be mentally incompetent.]
24. Before being asked to consent to participate in a research project, to be informed of the following:
 - a) The benefits to be expected;
 - b) The potential discomforts and risks;
 - c) Alternative services that might benefit them;
 - d) The procedures to be followed, especially those that are experimental in nature; and
 - e) Their right to refuse to participate in any research project without compromising their access to the agencies services.
 - f) The treatment being proposed.

- g) Elements of the proposed treatment that are considered experimental research or a clinical trial;
- h) Methods of addressing privacy, confidentiality and safety;

Having Input at SOAR

SOAR wants feedback and input from you and your family, so in addition to routine communication with your counselor, the staff and program administrators, you can communicate with us in a number of other ways: The Patient Advocacy Team, patient surveys and questionnaires and patient grievances. SOAR maintains an Internet site.

WWW.SOAR.COM

Patient Grievance

It is the policy of SOAR to afford its patients the opportunity to pursue a resolution to any concerns in a structured format that provides fair and equitable due process. It is SOAR policy to review and respond to grievances submitted by both current and prior patients. You will be informed of the SOAR grievance procedures during orientation to treatment services. In addition, you have received this patient handbook which details the procedure. Laminated signs detailing the grievance process are in plain view throughout the clinic.

As a patient you are encouraged to voice your complaint and/or grievances, if you believe that your rights as a patient have been violated. SOAR encourages the resolution of day to day issues informally between you and your satisfaction, your primary counselor will advise you of the grievance procedure outlined in this written plan.

You, your guardians or your attorney may file a grievance. When you want to file a grievance, if needed you will be given another copy of this handbook.

When you file a grievance you will in no way be subject to reprisal in any form, because you filed a grievance. **NO CLIENT WILL EVER BE PENALIZED OR BE THE OBJECT OF PUNATIVE ACTIONS BECAUSE THEY HAVE FILED A GRIEVANCE.**

During the formal grievance process, you may be provided assistance by a representative of your choice. You will also be entitled to review any material obtained in the process of the grievance, except where it would violate another patient's confidentiality. You have the right to present witnesses with information that is pertinent to the grievance, and are entitled to receive written findings and recommendations.

The burden of proof is on SOAR to demonstrate compliance with policies and standards to ensure your rights.

THE STEPS OF THE GRIEVANCE PROCESS

I. LEVEL ONE- CLINIC LEVEL

- A written grievance will be filed with the Director of the clinic in the event that the patient cannot resolve the issue informally.
- If the grievance is about the director or if there is an allegation of misconduct, the grievance will go directly to level two of the process.
- The Director, or designee, will arrange to meet with you within 2 business days of your filing the grievance to work toward a resolution with the patient.
- The Director will issue a written response to you within 5 working days of the date filed.
- Your record will contain documentation of the grievance, the meeting with the Director, and the outcome of the meeting and a copy will be given to a SOAR Board member for review under compliance and best practices.

II. LEVEL TWO- APPEAL OF INITIAL DECISION TO THE SOAR BOARD OF DIRECTORS

If you are unsatisfied with the findings at the clinic level, you may appeal the decision in writing to the board within 5 days of receiving the decision from the clinic.

- Action taken against you such as a medically supervised withdrawal will be suspended until a final determination of the investigation is made at the corporate level. In the instance of take-home revocation – no reinstatement will be made until final determination of investigation.
- Any grievance against specific employees will be handled in accordance with personnel policies.

Confidentiality

SOAR will comply with all state and Federal regulations, HIPAA 42 CFR PART 2 (June 9, 1987) and all state regulations governing confidentiality. When Federal and state requirements on this subject differ, SOAR will adhere to the stricter of the two regulations.

SOAR will not disclose any information identifying you unless:

1. We are sharing necessary information among our staff;
2. We are giving general information outside the clinic which cannot identify you as an individual;
3. You give us written permission, with the following conditions:
 - Any information released about you to individuals, organizations, employers and/or agencies, including spouse or partners, parents, children, friends, other patients, third party payers and the justice system will be done so only with you Prior Written consent.
 - Federal regulation does not allow for verbal authorization or blanket consents.
 - Forms utilized for the purpose of consent to release of information must be filled out appropriately and completely, and a copy offered to you. You will not be asked to sign a blank release.
 - To release must identify to whom the information is being given, what specific parts of the record must be released, the reason for releasing the information, and the time period the release is valid.
 - You may revoke a release at any time.
4. When there is a medical emergency (this may include providing information about your dose level and dates if you are hospitalized or jailed):
5. When a judge issues a specific written court order which identifies what parts of the record must be released;
6. For research and audit purposes when specific information identifying you cannot be disclosed;
7. We believe you have committed a crime on the clinic premises;
8. You make statements and we suspect there has been child abuse and/or neglect

In the State of Pennsylvania the following applies:

Information released to judges, probation or parole officers, insurance companies and health plans or governmental officials, is for the purpose of determining the advisability of continuing the patient with the program and will be restricted to the following:

- Whether the patient is or is not in treatment.
- The patient's prognosis.
- The nature of the project.

- A brief description of the patient’s progress, a short statement as to whether the patient has relapsed into drug or alcohol abuse and the frequency of such relapse.

SOAR Patient Services

SOAR offers a wide range of support rehabilitation and case management services that are tailored to meet individual needs. Counseling is an important part of recovery. SOAR counselors are dedicated people with the skill and knowledge necessary to help each client define and reach their individual recovery goals.

Nearly all addictions cause damage to relationships with family and friends. SOAR offers individual and group counseling. Please check the patient bulletin board or ask a staff member about the counseling and educational groups offered at the clinic for you and your family.

SOAR works closely with community resources, such as local employment agencies and vocational training centers. A counselor may be able to assist you with a referral for obtaining educational assistance or job placement.

Access to Staff After Hours

Access to SOAR staff is available for emergencies 24 hours a day, 7 days a week.

- Just call the regular number for the clinic during regular business hours.
- After regular business hours SOAR has an answering service that you can leave a message with and the service will contact an on call employee for support. **Return calls after hours will be for emergencies only, all other messages left will receive a return call the following business day.**
- Emergencies typically involve issues of dosing and/or hospitalization which need to be addressed immediately. **Scheduling or rescheduling appointments are not emergency situations.**
- Patients with physical health emergencies need to contact or go to the nearest hospital emergency room.
- Patients with mental health emergencies need to contact or go to the nearest mental health provider. SOAR has a cooperative agreement with Glenbrook Hospital and the number is available from a SOAR Staff member at your request.

Hours of Operation

SOAR Corporation Hours of Operation are as follows:

Northeast Program

- Med Monday through Friday: 5:30 am to 11:00am, 12 noon to 3 pm
- Clinical Hours Monday through Friday: 5:30 am to 3:30pm
- Medication Hours on Saturday, Sunday & Holiday(s): 6 am to 11:00am

Chester Program

- Med Monday through Friday 6 am to 12 noon, closed 10 am to 10:30 am
- Clinical Hours Monday through Friday 6 am to 2 pm
- Medication Hours on Saturday, Sunday and Holiday(s): 6 am to 11 am

SOAR Corp is open 7 days per week.

Successful Completion of Treatment

When you start treatment we spend time to “assess” you, that is, we make a determination of your problems, your strengths and the resources in your life. We then work with you and together prioritize this into a “problem list”. This becomes the basis for your treatment plan where together we lay out what goals you want

to achieve and the steps to make that happen. Success in treatment is reached when you have met the goals and objectives of your treatment plan such as:

- The cessation of life problems identified as related to substance abuse;
- Evidence of the ability to implement and maintain positive behavior changes;
- The identification and appropriate use of other positive support systems or self-help groups;
- The services of SOAR are no longer appropriate for you and arrangements have been made for a transfer or referral for more appropriate treatment resources;
- You have completed aftercare and discharge planning to your satisfaction and in the view of the treatment team.
- The successful completion of a medically supervised withdrawal.

Abrupt termination

Abrupt and impulsive termination of methadone maintenance is dangerous. It can cause severe withdrawal symptoms and will almost certainly cause you to return to drug abuse. If you believe you have a problem or concern which might cause you to leave abruptly, please see your counselor, supervisor or a program administrator as soon as possible for assistance.

Involuntary Termination

Involuntary administrative termination is the withdrawal of treatment services by the staff of SOAR because of one or more of the following reasons:

- You present a danger to yourself, other patients or the staff.
- You have had no contact with the clinic for thirty days or have not dosed for more than seven days (absence without leave).
- You have committed a crime on the SOAR premises such as selling illicit substances, or having such substances in your possession while on our property.
- You have committed violent behaviors or threats to staff or another patient here at SOAR.
- You have been absent from the clinic for 7 days or more.

An involuntary withdrawal generally lasts between 10 and 21 days, depending on clinical and medical conditions. SOAR will attempt to assist you in transferring to another clinic or level of care if at all possible.

SOAR reserves the right to immediately discharge you if, in the Program Director's judgment, that you are a threat to the safety and well being of the program, its patients or staff members.

WHAT SOAR EXPECTS OF YOU

People enter methadone treatment feeling overwhelmed by their dependence on heroin or other opiates. Not everyone who comes to SOAR has the same treatment goals.

Regardless of why you are here, SOAR expects you to want to change something about yourself and your life. We believe we have many services that can help you do that. We believe that "Nothing changes if nothing changes." We are here to help you make the changes that you need in your life and that you told us about at the time of your admission.

Although you are the expert about yourself and your life, we are knowledgeable about drug treatment and how people change. It is only by working together that the changes you need will happen. We expect that whatever your goals for treatment, you'll participate in this process of change. Please understand that treatment is not us telling you what you have to do. Treatment is you working together with your counselor and the rest of the treatment team and coming up with reasonable issues to work on and realistic goals to achieve.

SOAR Rules

SOAR has a number of rules that every patient must follow in order to maintain a safe and workable recovery environment for everyone. Inability to follow the rules may result your inability to continue participation in treatment.

RULES

- 1) **In order to complete a nursing assessment each time you dose, you are not allowed to wear hats or sunglasses, have beverages or children at the dosing window**
- 2) **Weapons of any kind are not allowed within the clinic or on the clinic grounds.**
- 3) **Illicit drugs and alcohol are not allowed within the clinic or on the clinic grounds.**
- 4) **Verbal and physical abuse of patients and staff is not tolerated.**
- 5) **You are expected to respect SOAR property.**
- 6) **Smoking is not allowed within the clinic, only in designated areas outside.**
- 7) **Loitering in or around the clinic or on surrounding properties is not allowed.**
- 8) **You are not allowed to bring recording devices into the clinic.**
- 9) **You are expected to keep all scheduled appointments and make your required monthly hours.**
 - a. **All SOAR clients will attend 1 individual session and 2 groups a week for their entire time in treatment.**
- 10) **You are expected to pay the treatment fee on time, either through self payment or by maintaining insurance or other 3rd party payers.**

Identification

Anyone seeking treatment at SOAR will need a picture ID (acceptable to state authorities), social security card and proof of income or insurance card, which must be presented at the time of admission.

Requesting and Approving Take-Home Status

Take-home medication may be given to you when in the reasonable judgment of the clinical team and medical director you have met the criteria for unsupervised medication. In order to be eligible for take-home medication you must be in compliance with all State and Federal regulations. Continued responsible behavior is required in order to maintain this privilege.

- You must review and sign the “Screening for Take-home Privileges”.
- You will be informed of the length of time it will take for the screening process.
- The treatment team will review the request within two weeks. The team will consider the following in determining granting an extension of take-home privileges:
 - You be absent of drug abuse (narcotic and non-narcotic) including alcohol, as evidenced by consecutive negative drug tests.
 - You must be attending regular clinic visits, including counseling, groups, etc.
 - You must have absence of known recent criminal activity (e.g., drug dealing)
 - There must be stability in your home environment and social relationships. Living with a known addict and/or drug abuser or being employable and choosing not to work or doing something meaningful may be negative factors taken into consideration regarding take home status.
 - How long you’ve been in comprehensive maintenance treatment with absence of illicit drug use.
 - State authorities will define length of time in treatment in order to access take-home privileges.
 - If you are on time-limited treatment protocols, you are not eligible to receive take-home privileges.
 - You must ensure that take-home medication can be safely stored within your home and that your methadone medications will be kept out of reach of children.
 - We will weigh the rehabilitative value of decreasing the frequency of your clinic attendance against potential risks diversion.
 - You must maintain financial stability at the program at all times.

Take-home doses may be granted in emergency cases. These would include medical emergency, acute illness, family crisis, job-related travel, etc. vacation and travel doses which may be granted to reliable patient if the physician deems the request to be reasonable. Take-home requests for vacations must be made at least 14 days prior to the pickup date.

It is illegal to remove methadone from its container for any reason other than to take the medication as legally prescribed. The empty medication bottles must be returned to SOAR upon the next visit. The take-home medication bottles must not be altered or destroyed. At any time while you are on take-home status you may be requested to return to the clinic with your medication supply. This may be done at random for quality assurance purposes or due to suspicion of medication tampering or diversion.

Drug Testing

During treatment at SOAR, you are required to participate in random drug tests. The purpose of drug testing is to provide an objective view of progress toward treatment goals. The drug test results can help determine the direction of counseling and assist in setting reasonable goals for treatment. Drug testing is an important factor for the SOAR medical staff in making decisions about your medication needs and dosage adjustments. SOAR will not discharge you solely for positive drug test results. You may however be discharged for refusing to or failing to participate in drug testing on a continuous basis.

Although the state and federally approved labs are reliable, positive results may be confirmed upon request. There will be a fee for this service.

In order to monitor the providing of a urine sample, and to ensure that there is no tampering with the sample, bathrooms are equipped with cameras. The monitor is viewed by the nursing staff. Additionally, the staff may from time to time physically observe you providing a urine sample.

Payment of Fees

Weekly fees are to be paid every Monday. Financial problems should be immediately brought to the Program Director's attention in order to work out a financial agreement per SOAR policy.

Treatment Agreement

SOAR Corp is a Medication Assisted Treatment program committed to helping individuals overcome the devastating impact of addiction. The management, administrative, clinical, and medical staff are committed to providing the highest level of services to all clients based on their assessed treatment needs.

SOAR Corp offers treatment at different levels of outpatient services as outlined in policy on Counseling Requirements. All clients will be required to sign a Treatment Agreement at the time of admission.

All new admissions will attend 2 individual sessions a week for first 30 days.

All new admission will be required to attend the orientation group 2 times in the first 30 days of treatment.

All new admission will be required to attend the Methadone Safety group for a total of four sessions.

All patients will attend a minimum of 1 individual session and 2 groups per week throughout treatment.

SOAR CORP. RECOVERY CENTER

Client Name: _____ Client ID #: _____

This is to verify that I, _____, have received the SOAR, Corp. Patient Handbook and that the staff has oriented me to the treatment program. I recognize that I must comply with the rules and regulations in order to continue participating in treatment with SOAR, Corp.

I acknowledge that I have received information on the following:

1. Receipt of Patient Handbook
2. Information about methadone
3. Overdose signs
4. Withdrawal symptoms
5. HIV Testing
6. Treatment Agreement
 - a. Orientation Group Requirements
 - b. Methadone Safety Series Requirements
7. That I have been offered the opportunity to ask questions
8. Patient Rights
9. Treatment Goals
10. Discharge Offenses
11. Emergency Procedures
12. Treatment Plans
13. Grievances
14. Hours of Operation

I have been advised to keep this handbook and review it occasionally and to ask my counselor if I have any questions. If I lose this handbook, I have been advised to ask for another one as soon as possible. I understand that this handbook attempts to cover all of SOARs rules and regulations and further understand that new rules can and will be added and that current rules may be modified at times. Whenever this happens, I understand that I will receive a new client handbook that will have all of this new information included.

Your signature on this form acknowledges your receipt and understanding of the above information.

Client received a copy: Accepted/Yes Refused/No Clients Initials: _____

CLIENT

DATE

SOAR STAFF

DATE