



Welcome to the Medication Assisted Treatment (MAT) Program. We are honored to support you on your recovery journey. Our goal is to provide compassionate, evidence-based care to help you stabilize, recover, and thrive.

About the MAT Program

Substance Use Disorders (SUDs) are chronic medical conditions that require a comprehensive treatment approach. Our MAT program integrates FDA-approved medications (such as Suboxone or Vivitrol) to reduce withdrawal symptoms and cravings, combined with behavioral therapy and recovery support services. This combined approach has been proven to prevent relapse.

We follow the most recent guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA), the American Society of Addiction Medicine (ASAM), and the Drug Enforcement Administration (DEA) to ensure safe, patient-centered care.

MAT is not a one-size-fits-all program. You will be involved in choosing the treatment path that works best for you. Progression through MAT involves structured tiers based on stabilization and engagement.

Your Treatment Team

Our multidisciplinary team is here to support your individual needs:

- Prescribing Provider: Diagnoses and manages your MAT medications.
- Medical Assistant: Coordinates labs, follow-ups, and ensures access to Naloxone (Narcan).
- Licensed Counselor: Delivers therapy and helps with recovery planning.
- Integrated Case Manager: Supports your social needs such as housing, transportation, and benefits.
- Peer Support Specialist: Offers encouragement and lived experience support throughout recovery.

Getting Started

To begin treatment, you will complete:

- A substance use and mental health assessment
- Lab testing
- Initial therapy and care planning session to address all behavioral health and other social needs (transportation, housing, food, etc.)

Thank you for trusting us with your care. Recovery is possible, and you are not alone. We are with you every step of the way.

Warm regards,

Ponca Health Services
Behavioral Health Department
Phone: 402-738-3165



CONSENT FOR MEDICATION ASSISTED TREATMENT PROGRAM

I, _____, am voluntarily participating in Ponca Health Services, Medication Assisted Treatment (MAT) program. I may discontinue treatment at any time. I understand that doing so may increase risk of relapse or overdose, and that alternative treatment options can be discussed with my provider.

By agreeing to participate in the MAT Program I agree to the following:

- ☐ I agree to avoid alcohol, illicit drugs, or unauthorized prescription medications.
- ☐ I agree to notify my treatment team of any changes in health or medications.
- ☐ I agree to participate in regular medical visits, counseling, and urine drug screenings.
- ☐ I agree to take medications as prescribed and attend all scheduled appointments, which may occur in person or via telehealth, as appropriate.
- ☐ I agree to participate in outpatient therapy services and outpatient support services as outlined by my program.
- ☐ I agree to regular urinary drug screenings to support clinical decision-making and track my progress. I understand that UDS results are used to inform my care, not to punish or discharge me from services
- ☐ I understand that relapse will not result in discharge but will prompt a reassessment to better support your recovery.
- ☐ I understand I have the right to dignity, privacy, and a non-judgmental care environment. All my personal health information, individually identifiable health information, and substance use disorder information are protected under Ponca Tribe of Nebraska Code § 18-2-5, HIPAA, and/or 42 U.S.C. § 290dd-2 and its implementing regulations at 42 C.F.R. Part 2.

I have been provided with the following educational resources regarding my participation in the MAT program

- ☐ Ponca Health Services MAT Treatment Tiers
- ☐ MAT Medications Fact Sheet
- ☐ Narcan Quick Start Guide

I have had the opportunity to ask questions and discuss the benefits of MAT. I understand the goals and expectations for the program and agree to participate voluntarily.

Patient Signature

Date

Provider Signature

Date



Fred LeRoy Health & Wellness Center • 2602 J Street • Omaha NE 68107

MEDICATION ASSISTED TREATMENT PRIMARY CARE COMMUNICATION FORM

Physician's Name: _____ Telephone Number: _____

Clinic: _____ Fax Number: _____

Dear _____,

Your patient, _____, has identified you as a medical prescriber assisting with his/her care. This letter is to inform you that this mutual patient has entered into the Medication Assisted Treatment program for Opiate use at Ponca Health Services

Please note that part of the conditions of this program is that the patient refrain from obtaining prescriptions for controlled medications through other prescribers.

We are committed to our patient's successful completion of this program and know that you are as well.

Please call if further information would be helpful.

Jennifer Harrison, APRN

Address: 2602 J. St. Omaha, NE 68107

Telephone Number: (402) 738.3165 Fax (402) 939.0471

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2) and other confidentiality laws. The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65. In addition to the federal rules, Ponca Tribe of Nebraska Code § 18-2-5 prohibits you from making any further disclosure of information in this record unless further disclosure is expressly authorized by Ponca Health Services or otherwise required or permitted by applicable law.
