## Frequently Asked Questions

**Who meets criteria for a “referring provider”**

Medical Providers (ex: PCPs, urgent care providers, ED providers) caring for an eligible patient. Preference for providers in the SFDPH system, eventually will expand to take referrals from surrounding hospital systems in San Francisco (ex. St. Francis etc.) if no other specialty service is available. Requires provider referral, patients cannot contact us directly.

**Who can be seen at FHC Bridge Clinic?**

Non-hospitalized patient in San Francisco (city and county) with a substance use disorder. Target is SFHN patients, although if no other specialty services, can see patients with any insurance. Exceptions can be made for patients recently living in SF and now in a neighboring location.

**What are examples of appropriate referrals?**

1. Patient needs a buprenorphine prescriber, or has been started but needs closer follow up than referring provider’s health system can provide otherwise
2. Non-urgent follow up for patients currently clinically stable but might require closer follow up than can be provided by PCP

**What are examples of referrals that should go directly to the ED?**

1. Patient is at high risk for potentially fatal withdrawal syndromes (alcohol, benzodiazepine, GBL/GHB)
2. Patient is at high risk for acute intoxication or overdose, as well as acute suicidality.

**When are telehealth visits available?**

Monday through Friday, 8-5pm

**When are in person visits available**

Usual FHC Bridge Clinic Hours, Monday, Wednesday, Friday from 1-4pm

**Criteria for “telehealth”**

Can include telephone only (per DEA as of 3/31/2020: [https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf](https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf)) if using video only the following are acceptable: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype


**What is required for 42CFR part 2?**

In an emergency (such as COVID), exceptions are made to 42 CFR part 2


Guidelines cannot replace personalized evaluation and management decisions based on individual patient factors.