

APPROVAL

State response to request: Approved Denied

State Opioid Treatment Authority

Date

Decision not required

Explanation: _____

Federal response to request: Approved Denied

Public Health Advisor,
Center for Substance Abuse Treatment

Date

Decision not required

Explanation: _____

**The preferred method for submitting this form to CSAT/DPT is online at the SAMHSA OTP Extranet Web site, <http://otp-extranet.samhsa.gov>. For instructions or technical support, contact the OTP Extranet Information Center at [1-866-348-5741](tel:1-866-348-5741) or OTP-Help@jbsinternational.com.*

This exception is contingent upon approval by your State Opioid Treatment Authority (as applicable) and may not be implemented until you receive such approval.

Purpose of Form: This form was created to facilitate the submission and review of patient exceptions under 42 CFR § 8.11(h). This does not preclude other forms of notification.

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0206); 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0206.