



**THE**  
**RECOVERY**  
**CENTER**  
*USA*

# CLIENT HANDBOOK



# TABLE OF CONTENTS

<b>Welcome Letter</b> —————	<b>3</b>	<b>Complaint - Grievance Process</b> ———	<b>10</b>
		<ul style="list-style-type: none"> <li>■ Legal Custody</li> <li>■ Client Advocate</li> <li>■ Responding to a Complaint/ Grievance</li> </ul>	
<b>Intro</b> —————	<b>4</b>		
<b>Description of Services</b> —————	<b>6</b>	<b>Privacy Notice</b> —————	<b>12</b>
<ul style="list-style-type: none"> <li>■ Assessment</li> <li>■ Outpatient</li> <li>■ Outreach</li> <li>■ Aftercare</li> </ul>		<ul style="list-style-type: none"> <li>■ RCOUSA's Duties</li> <li>■ Confidentiality and its Limits</li> <li>■ Privacy Standards of Client Notification - Health Insurance Portability and Accountability Act of 1996 (HIPAA)</li> <li>■ Complaints and Reporting Violations</li> <li>■ Informed Consent to Audio and/or Video Tape</li> </ul>	
<b>Rules of Conduct</b> —————	<b>7</b>		
<ul style="list-style-type: none"> <li>■ Client Responsibilities</li> <li>■ Client Agreement</li> </ul>		<b>Health &amp; Safety</b> —————	<b>15</b>
<b>General Program Rules</b> —————	<b>8</b>	<ul style="list-style-type: none"> <li>■ Universal Precautions</li> </ul>	
<b>Clients' Rights</b> —————	<b>9</b>		
<ul style="list-style-type: none"> <li>■ Right of Individual Dignity</li> <li>■ Right to Treatment</li> <li>■ Right to Express Informed Consent</li> <li>■ Right to Quality Treatment</li> <li>■ Right to Communication, Abuse Reporting, and Visits</li> </ul>			

## Dear Client,

Thank you for choosing The Recovery Center USA, LLC to meet your mental health needs. I am very pleased to welcome you and to let you know that the staff here will do everything we can to make sure your needs are met and your concerns addressed.

You can expect to be treated with respect and dignity by all staff, both administrative and clinical. We strive to provide the highest quality care possible and encourage you to let us know if you are not satisfied with your services or have any concerns or suggestions about your treatment. The mental health center operates within federal, state, and community ethical standards. Our ethical policies and procedures are available should you wish to have a copy. Please let our Client Advocate, or myself, know immediately if you feel we are not upholding our ethical standards.

The information provided to you describes the services Recovery Center of Maryland, LLC offers and explains the rights you have as a client of mental health services.

If you have any questions or concerns, please do not hesitate to speak to your therapist or case manager, a supervisor, or me at any time.

Again, welcome to the Center. I wish you the best on your road to recovery.

Sincerely,

*Dr. Warrick T. Stewart*

Dr. Warrick T. Stewart, Ed.D, CRC, LPC, DAPA

CORPORATE COMPLIANCE  
HOTLINE PHONE NUMBER:

**877•791•1815**

## WELCOME!

You have taken an important step to improve the quality of your life. We are pleased that you chose us to assist you and your family. You will be involved in planning the services that will focus on your unique needs.

You will review your plan with us regularly to see if the services provided are helping you to reach your goals. Your counselor will work with you and medical staff will be involved in your care as needed. A doctor, nurse practitioner, or physician assistant will consult with you to assess whether or not medication(s) will help you. If medication is prescribed then the risks and benefits of medications will be thoroughly explained to you. We look forward to working with you.

## OUR MISSION

To promote and enhance the quality of life for people with mental disabilities by encouraging and empowering them through accessible and responsive services to build skills that develop responsibility in areas of living, learning, working, and socializing. Our mission encompasses our desire to provide a safe and nurturing environment where consumers are respected and supported as they achieve and maintain their highest level of functioning.

## OUR VISION

We envision ourselves as a responsive, sustainable therapeutic resource through cooperative efforts, planning, and sound policy development which has a broad focus on mental health/substance abuse wellness. We are positioned to respond to mental health challenges as well as protect and promote the health and well-being of our consumers.

## CONFIDENTIALITY

*Our staff wants to gain your trust and protect your privacy!*

Our staff will not talk to anyone or send out information about you unless you sign a release of information form to say that it is alright. The form should be very exact about what, why, and how much information needs to be shared.

There are certain times when we will be unable to maintain the confidentiality of your records. Some examples are: if there is a medical emergency; if you are in danger of hurting yourself or others; if your records are court-ordered. Further, we are mandated to report any suspected child/elder/disabled abuse to the Abuse Hotline. And as always, if you have concerns about any issues, please feel free to contact us.

# DESCRIPTION OF SERVICES

## ASSESSMENT

Services that provide assistance in determining the level, types, and frequency of services.

## OUTPATIENT

Therapeutic and support services designed to improve functioning or prevent deterioration of individual and mental health or substance abuse disorders. Services must be face-to-face between the staff member and the client.

- **Admission Criteria:** The individual's medical condition if any is stable enough to participate in OP treatment. The individual demonstrates symptomatology consistent with DSM-V, the individual exhibits symptoms that interfere with the ability to function in at least one life area. There is an expectation that the individual will respond to therapeutic interventions.
- **Discharge Criteria:** Treatment plan goals and objectives have been successfully met. The client no longer desires to participate in therapy, despite documented attempts to motivate or address nonparticipation issues. Consent for treatment has been withdrawn. The individual requires a higher or lower level of care.
- **Philosophy of Program:** The RCOM offers high-quality and
- cost-effective behavioral healthcare services in a welcoming environment throughout the keys including individuals who may exhibit symptoms of a co-occurring nature with both mental health and substance issues.
- **Target Population:** No potential client is denied services based on ethnicity, cultural values, spiritual values, age, gender, sexual identity or ability to pay the target population served.

## OUTREACH

Services include education of the public regarding substance abuse/mental health, education with high-risk groups, case management for non-clients, screening, and referral.

## AFTERCARE

Services provided to individuals who have successfully completed substance abuse treatment in a licensable service component, but who continue to need support. Services may include counseling and support services to maintain recovery.

# RULES OF CONDUCT

Each individual who comes to, or receives services from, The Recovery Center USA, LLC is responsible for promoting and maintaining a safe and respectful environment. Every client, staff member, visitor, and volunteer who comes to the clinic can expect to be treated respectfully and feel safe at all times.

## AS THE CLIENT, YOU ARE RESPONSIBLE FOR:

- **Working with your treatment team** to develop and follow an individualized service plan suited to your needs.
- Paying an established **fee**.
- Respecting the privacy of others.
- Being **on time** for your appointments.
- Giving **24 hours notification** when you are unable to keep your appointment.
- **Treating all persons with courtesy** and respect and all facilities with care.

## AS A CLIENT I AGREE TO THE FOLLOWING:

- I agree to be **verbally respectful** at all times while in the clinic. I will not use obscene or disrespectful language, make threats, tell abusive jokes or make abusive comments. This includes sexual comments, sexual advances, teasing, insulting, or making fun of others.
- I agree to be **physically respectful** at all times while in the clinic. I will not strike, punch, slap or intimidate anyone. I will not damage any property or equipment or threaten to do so.
- **I will not bring alcohol, illegal drugs, or weapons into the clinic or onto the clinic grounds.**
- I accept my personal responsibility to promote and maintain an **atmosphere of safety** and respect in the clinic.
- I will **speak to a staff member** if I feel that I am unable to meet these rules of conduct and understand that if I break them I may need to be removed from the program.

# GENERAL PROGRAM RULES

**Participate** in the development of your individualized intervention or treatment plan.

**Be on time** for scheduled events, classes, groups, and individual sessions.

Respect the confidentiality, rights, and privacy of others. Do not discuss their participation in this program with your family members, visitors, or anyone else outside of the staff.

**Respect the property** and the building, as well as the belongings of others.

Respect the rights of others by confronting inappropriate language and behaviors.

**No threats** or actions of violence or physical aggression.

Abstain from the use of any non-prescribed controlled or addictive substances or any form of alcohol.

**Do not bring weapons** of any type onto the property or into any Recovery Center USA, LLC office, facility, or program.

**Do not bring drugs and alcohol** on the premises.

Avoid over-involvement or romantic relationships with other clients.

**No use of derogatory language** or expression of negative ideas or suggestive comments indicating bigotry, mockery, or negative bias against any group of human beings, based on age, gender, physical appearance, religious background or preference, disabilities, sexual orientation, or important personal beliefs and values.



**Non-compliance with program rules may result in you being administratively discharged from the program.**

# CLIENTS' RIGHTS

## RIGHT OF INDIVIDUAL DIGNITY:

- To be related with respect at all times
- To be free from abuse and neglect
- To have freedom of movement, unless it has been restricted as part of your treatment or by a judge

## RIGHT TO TREATMENT

- To appropriate treatment, regardless of your ability to pay
- To receive treatment in the least restrictive setting

## RIGHT TO QUALITY TREATMENT

- To receive services that are skillfully, safely, and humanely administered
- To receive appropriate medical, vocational, social, educational, and rehabilitative services



## RIGHT TO EXPRESS INFORMED CONSENT

- To consent or not to consent to treatment, unless restricted by a judge or in an emergency. For mental health services, if you are under 18 years of age, your guardian must also be asked to give express and informed consent for you.
- To take back consent to treatment, either verbally or in writing by you, your guardian, or your guardian advocate.
- If treatment is court-ordered, a guardian advocate to make decisions regarding your treatment.

## RIGHT TO COMMUNICATION, ABUSE REPORTING, AND VISITS

Client has a right to be informed of any and all financial obligations (if any) that may be incurred over the course of treatment

# COMPLAINT - GRIEVANCE PROCESS

## ACKNOWLEDGEMENT OF UNDERSTANDING

As a client, or parents and/or legal guardians of a client, participating in one of RCOM programs you have the right to file a complaint through the following grievance procedure without fear of discharge or reprisal and free from interference, coercion, or discriminations.

Complaint/grievance forms are located in the lobby and/or can be obtained from any staff member.



### LEGAL CUSTODY

In the event, a grievance involves a client who is in legal custody of another agency while in treatment at RCOM, representative(s) of that agency may be involved at any step.

### CLIENT ADVOCATE

During the Grievance process, if the client desires, a client advocate may assist the client with understanding and going through the process of filing the grievance. The client advocate may be a case manager, a direct care staff member, or anyone connected with the client such as a family member, friend, and/or significant other.

### RESPONDING TO A COMPLAINT / GRIEVANCE:

*Depending upon the nature and/or severity of the complaint, the Chief Clinical Officer may recommend eliminating one or more steps in order to resolve the complaint more quickly.*  
The grievance process includes the following five steps:

- 1. Client/Family Member/Significant Other and Counselor:** The person with the complaint/grievance is asked to talk about the complaint with the staff member involved or responsible for the area of concern. Together they try to solve the matter informally. The staff person will assure the person the grievance will not result in discharge or reprisal and if the person requests help in preparing the written grievance, will arrange staff assistance.

If an informal approach does not resolve the grievance, the person will present the grievance to their counselor in written form. The counselor will conduct a meeting with the aggrieved person(s) served within five (5) working days of the written grievance being received and provide an opportunity for the client to discuss all concerns. Thereafter, the counselor will furnish the client with a written response within five (5) working days after the meeting.

- 2. Client/Family Member/Significant Other/Counselor and Program Director:** If the grievance is not resolved, the client may request a meeting with the Program Director and all parties involved in Step A. The Program Director will schedule and hold the meeting within five (5) working days of the client's request and provide an opportunity to discuss all concerns. Thereafter, the Program Director will furnish the client with a written response within five (5) working days after the meeting.

- 3. All parties and President/CEO:** If the grievance is still not resolved, the client may request a meeting with the President/CEO and all parties involved in Step C. The President/CEO will schedule and hold the meeting within ten (10) working days prior to the next regularly scheduled Board of Directors meeting and provide an opportunity to discuss all concerns. Thereafter, the President/CEO will furnish the client with a written response within two (2) days.

- 4. Documentation:** Each step of the grievance process must be documented by the staff member hearing the complaint or a designated agency recorder.

- 5. Documentation Retention:** The problem and its resolution will be documented in writing and included in the organization's Grievance Binder. The Program Director will maintain the Grievance Binder. Client grievances shall be discussed at clinical and management meetings and tracked through the performance improvement process. The staff member involved in the complaint/grievance process will be notified of the outcome of the grievance in writing.

- 6. Complaint/Grievance Forms - Let's Get It Right Reporting Forms:** A copy of the grievance procedure is posted at all facilities and forms are readily available 24 hours a day in every building of the facility.

- 7. External Review Agency Contact Information:** Posters with contact information will be kept in an open area at each program site and will include the name, address, and phone number of the external review entities for the region.

# PRIVACY NOTICE

This notice describes how medical and behavioral health related information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

## RCOUSA'S DUTIES

RCOM is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. RCOM is required by law to abide by the terms of this notice. RCOM reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Upon request, RCOM will mail you our most recent notice.

## CONFIDENTIALITY AND ITS LIMITS

It is important that you understand confidentiality, your right to privacy, and the rights of other clients. Also, you must understand the legal limits or exceptions to these rights.

Your records will not be released without a signed Release of Information except under circumstances that fall into these categories: a valid medical emergency, receipt of a Court Order, receipt of a request which is governed by state statutes, internal communications, data with no-patient identifying information, research, audit and evaluation, crime at program/against program personnel, child abuse and business associate agreements. For example, if we learn or discover you have a communicable disease like hepatitis or tuberculosis, we are required to contact the County Public Health Department.

## PRIVACY STANDARDS OF CLIENT NOTIFICATION - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

This describes how Medical and Drug and Alcohol-related information about you may be used and disclosed and how you can get access to this information. Please review carefully.

Information regarding your health care, including payment for health care, is protected by two federal laws; the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Under these laws, RCOM may not disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

## COMPLAINTS AND REPORTING VIOLATIONS

You may complain to RCOM and the Secretary of the United State Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Your complaint may be mailed to RCOM's Privacy Officer (listed below). You will not be retaliated against for filing such a complaint.

RCOM must obtain your written consent before it can disclose information about you for payment purposes. For example, RCOM must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before RCOM can share information for treatment purposes or for health care operations. However, federal law permits RCOM to disclose information without your written permission:

- Before RCOM can use or disclose any information about your health in a manner that is not described above, it must first obtain your **specific written consent** allowing it to make the disclosure. Any such written consent may be revoked by you, in writing.
- Your Rights Under the Health Insurance Portability Accountability Act (HIPAA) you have the right to request restrictions on certain uses and disclosures of your health information. **RCOM is not required to agree to any restrictions** you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
- You have **the right to request that we communicate with you** by alternative means or at an alternative location. RCOM will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by RCOM, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or other limited circumstances as defined in 42 C.F.R. Revised: 04/15/05; Revised 7/8/05.
- Under HIPAA you also have the right, with some exceptions, to **amend health care information** maintained in RCOM's records and to request and receive an accounting of disclosures of your health-related information made by RCOM during the six years prior to your request.
- You also have the right to receive a **paper copy** of this notice.

## INFORMED CONSENT TO AUDIO AND / OR VIDEO TAPE

As required by state and federal Privacy Regulations, **we may not use or disclose your protected behavioral health information without your consent** except as provided in our “Notice of Privacy Practices”. The use of video and/or audio taping of sessions is sometimes a part of clinical supervision and training. Having sessions taped may contribute to improvements in the quality of services and the types of services that we provide. The material on the tapes will be kept confidential, stored in a secure location, and used only for training and supervision purposes. Tapes may be reviewed by clinical staff of RCOM affiliate of the Guidance/Care Center. When a therapist and clinical supervisors are finished with the tapes, the tapes will be completely erased and/or destroyed.

Your decision on whether or not you would like to be recorded will have **no influence on the quality of care** you will receive at Guidance/Care Center.



## HEALTH & SAFETY

If you have a **special need or disability, please let us know** so that we can provide accommodations and ensure that you are comfortable and are receiving quality care.

All Guidance/Care Center facilities and vehicles are **smoke-free environments**. Smoking and tobacco products are permitted at designated outside locations at each facility.

To protect the safety and health of our clients, staff, and visitors we **prohibit the possession of any weapons or illegal substances on all properties** of Guidance/Care Center.



## UNIVERSAL PRECAUTIONS

The Centers for Disease Control (CDC) have given guidance for protecting employees against injury and illness by recommending that universal precautions be followed.

Universal precautions are an approach to infection control that protects employees from being exposed to all sources of human blood and other potentially infectious materials.

A universal precaution means that human blood and other potentially infectious materials are handled as if known to be infected with HIV, hepatitis, and other blood-borne pathogens.

Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear.

Guidance/Care Center follows the universal precautions guidelines.

Should you have questions regarding any of the health and safety items within this handbook, please do not hesitate to contact your healthcare provider.

**THANK YOU  
FOR CHOOSING**

**THE  
RECOVERY  
CENTER**  
*USA*