



THE
RECOVERY
CENTER
USA

HOUSING HANDBOOK



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Introduction

The Recovery Center of USA Recovery Housing exists to assist in facilitating the successful long-term recovery of persons who express a commitment to abstain from illicit substances and addictive lifestyles.

Our goal is to offer the best possible chance of early recovery to people struggling with alcohol or drug addiction by monitoring recovery while providing a safe, structured, and supportive living environment.

Recovery Center of USA Recovery Housing provides services that include job readiness skills, healthy interpersonal relationships, and personal responsibility. Service fees are kept at a minimum to allow individuals to learn personal responsibility and obtain safe stable housing upon discharge.

WELCOME!

We hope your stay with the Recovery Center USA's Recovery Housing will be helpful for you in finding a more manageable and positive way to live. Our home style environment is illicit substance free. You will be provided the opportunity to learn personal responsibility, remain chemical-free, and obtain the tools necessary to enhance recovery.

We believe addiction is a chronic illness and you can maintain abstinence with your commitment and participation in a new lifestyle. If at any time, you cannot find the information you need, or if you are uncertain about anything, please feel free to ask questions. We hope to make your stay as positive and beneficial as possible.

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.

ENTERING THE HOUSING GUIDANCE PROGRAM

ADMISSION POLICY

Admission to any of our recovery houses will be considered entering into a Recovery Center of USA (RCOUSA) and will **require admission into an outpatient counseling treatment** of one's choice when approved by RCOM staff.

Requests for consideration for admission to the Recovery Center of USA Recovery Housing may come from other levels of care, or from treatment resources outside of the Recovery Center USA. **All requests for admission will be reviewed on an individual basis.**

Outside referral sources, in all cases, are advised of the necessity for enrollment in approved outpatient treatment as a condition of admission and will be made aware of the length of stay and all the requirements for participation in Recovery Housing.

PREREQUISITES

All applicants requesting admission must have an assessment done by an RCOUSA staff member prior to admission. In addition, the following must apply:

- Applicants must be **18 years of age and have a primary diagnosis** of substance dependency although they may have a co-existing diagnosis.
- Applicants must agree to **remain abstinent** from the use of any mood-altering chemicals not prescribed by a physician, with the exception of tobacco.
- Applicants must be able to provide adequate **self-care** including caring for their personal hygiene needs and cleaning their own and common spaces within the house.
- Applicants must **enroll in an approved outpatient treatment** and work towards completing their program.
- Applicants must agree to **obtain employment** within 2 weeks of their admission. Those who are recognized as disabled (SSDI or SSI) are required to do volunteer work in the community for no less than 20 hours per week.
- Applicants must be **financially responsible** for their treatment and for the cost of the Recovery Housing.
- Upon admission, applicants must **contribute the financial means to obtain food** as a community for the house, or be willing to apply for food stamps at Social Services and utilize local food banks.



WHAT TO EXPECT ONCE YOU'RE ENROLLED

- Applicants will be considered admitted to Recovery Housing **on the recommendation of RCOUSA staff.**
- Residents will be oriented to Recovery Housing by Housing Director, House Manager, or House Lead.
- This level of care is voluntary and residents must display a **willingness to participate** in the program.
- Residents will submit to **random urine screens and/or breathalyzer tests** while residing in Recovery Housing within 1 hour of request.
- Applicants must agree to **remain abstinent from the use of any mood-altering chemicals** not prescribed by a physician, except tobacco, for the duration of their residency. However, applicants may be engaged in opioid and alcohol maintenance therapy including but not limited to Methadone, Buprenorphine, and Vivitrol.
- **Room searches** will occur periodically.
- Residents must be psychiatrically and medically stable and able to provide appropriate levels of medication as prescribed. **All residents must agree to inform staff if they are suicidal, homicidal, or experiencing hallucinations.**
- Residents must be **capable of understanding all rules and regulations** and the consequences of any violations.
- Residents must **remain ambulatory and be able to perform self-care** for the duration of their admission to this level of care.

RULES & RIGHTS

INDIVIDUALS' RIGHTS

All levels of care are operated in compliance with the Civil Rights Act of 1964, Title VI, which prohibits discrimination against persons because of their age, sexual preference, race, color, religion, national origin, or physical handicap. Individuals have the right to:

- Each resident will be **treated with respect** as an individual and personal privacy will not be infringed upon.
- On admission, each resident will be given an **orientation** to the program, including his or her responsibilities as well as the names and positions of the staff members.
- Residents are entitled to a physically safe facility, free from hazards and communicable diseases.
- **All resident-related information is kept strictly confidential** and will only be released with written consent from the resident unless otherwise provided for in federal regulations.
- **No resident shall be discriminated against** in any manner on the basis of race, age, sex, religion, national origin, sexual orientation, or gender expression.
- Residents have the right to expect the program to be operated by **competent staff members** who are free from active addictive disease.
- The staff has the responsibility to **make the resident aware of as many treatment modalities as possible**, including agencies that offer less restrictive surroundings or services that could be used to supplement the care received here.
- All residents will participate in the development and writing of their **personal goals**.
- Residents have **the right to know what the rules are** that constitute cause for discharge from the program.
- **Established charges for all services rendered**, an explanation of the current rate, and payment options are explained at the time of admission and reviewed at the time of discharge.
- Residents and/or significant others shall be provided with written instructions and appropriate telephone numbers in order to **formally register concerns** regarding the quality of care and the services provided.

CONFIDENTIALITY POLICY

Federal and State regulations protect the confidentiality of individuals residing in Recovery Housing. RCOM is committed to confidentiality and will not disclose information pertaining to individuals residing in Recovery Housing, including their presence in treatment. (See Federal HIPAA regulations and 42 CFR, part 2, and 42 U.S.C., 290dd-3, and 42 U.S.C. 290-ee-3, and OMB #0930-0099.) The only exceptions to this rule are in the case of:

- **Written consent** of the individual for specific health-related purposes.
- **Court order** (a subpoena is insufficient for this purpose).
- **Medical emergency** requiring health-related information for treatment.
- With consent, disclosure may be made to a **qualified person(s)** for purposes of research, program audit, or program evaluation.
- Suspected **child abuse** and neglect or **elder abuse** are mandated by law to be reported to local authorities.



Violation of the above regulations is criminal and suspected violations will be reported to appropriate Federal and State authorities for prosecution.

Such regulations do not protect any information about a crime committed by an individual while enrolled in Recovery Housing against the program or any staff member, or any threat to commit such a crime. **Personal records will be retained in a secure environment for a period of 7 years as required by law.**

GRIEVANCE POLICY

Should you wish to make a complaint about the manner in which you have been treated, you may do so in the following order. If the issue is not resolved, move onto the following step as shown below:

1. Speak to the appropriate Recovery **House Lead or Manager**.
2. Place your grievance in writing to the **Director of Housing**.
3. Place your grievance in writing to the **Executive Director**.
4. Place your grievance in writing to the **President and CEO**.

If the grievance at this point is still not resolved to your satisfaction, you may appeal to:

USA DEPARTMENT OF HEALTH OFFICE OF HEALTH CARE QUALITY

4201 Patterson Avenue
Baltimore, MD 21215
410-764-4877

55 Wade Avenue
Catonsville/Baltimore, MD 21228
410-402-8095

INDIVIDUALS' RESPONSIBILITIES

During your stay with us, we ask that you do the following for the well-being and comfort of yourself and those around you:

- **Abstain from alcohol and/or all other mood-altering chemicals** not prescribed to you by a physician.
- **Abstain from/seek treatment for compulsive behaviors** involving gambling, work, and sexual activity.
- **Respect the dignity and rights of others** in behavior and dress. Violent or disrespectful behavior is subject to potential discharge.
- Respect the **confidentiality of others**.
- Safely store, all prescribed and over-the-counter medications in an assigned **locked box** in their room.
- Feet all **financial obligations** to The Recovery Center USA, LLC and other treatment providers.
- **To inform a staff member immediately if you experience any thoughts of self-harm or harm to others.**
- Provide staff with a weekly **schedule of activities**.
- Complete the **sign-in and sign-out form**, indicating what time you arrive and leave, and indicate the location of where you are going to be if you are to visit a different location. Upon returning, complete the form with the time returned and updates to the locations of where you were.

LENGTH OF STAY

Length of stay will vary based on the individual's motivation, and need, and will be revisited throughout the stay with the appropriate Housing Director or designated staff.

OUTPATIENT TREATMENT

All individuals are to attend outpatient treatment within 30 days of admission and to sign releases of information for case management purposes.

Recovery goals and objectives of your outpatient treatment in which you are enrolled must be worked towards. All individuals are required to attend all scheduled outpatient sessions and failure to do so may result in discharge.

COMMUNITY SUPPORT NETWORK

All individuals are encouraged to enhance their recovery program by attending at least **three Support Group Meetings per week**. In addition, all residents are required to obtain and maintain a sponsor and a home group within two weeks of admission and to utilize both on a weekly basis.

EMPLOYMENT

Individuals are to be employed within 2 weeks of admission under the discretion of RCOUSA staff. Failure to secure employment or have rental assistance could result in discharge. Individuals are required to contact their funding source within 1 week of admission to begin the funding process.

- **Shift work** may be obtained with approval from RCOUSA staff.
- **Signed releases of information** forms with employer or volunteer facility are required for case management purposes.
- Before making any changes regarding current employment, this must be discussed with and approved by RCOM staff.
- If you terminate your employment, it should be done in a professional manner by giving adequate notice to the employer.
- **Individuals unable to work (e.g. receiving disability income) are required to volunteer in the community** for no less than 20 hours per week. This activity must be approved by RCOUSA staff and have a contact name and number for verification of volunteer status and hours per week.
- Individuals who are volunteering must turn in **volunteer logs** each week.
- All individuals are **required to provide a copy of their pay stub** each pay period with their weekly paperwork.

RENT

Financial responsibility is considered a part of the process of taking personal responsibility for recovery.

- Individuals are charged a **weekly rental fee of \$150** due every Friday before 4:30 PM.
- Individuals are expected to **maintain a minimum balance** and are responsible to pay their rent on time and in the full amount to RCOUSA staff.
- Any individual **owing over 2 weeks rent will result in a payment plan**, which will include an additional amount due along with the weekly rent to begin repaying rent arrears. Individuals must agree to this plan in order to remain in Recovery Housing.
- **Lack of financial responsibility may be grounds for discharge** from Recovery Housing. Failure to pay a weekly rent and any additional amount owed could result in discharge on the day the rent is due and unpaid.

EDUCATION AND TRAINING

All individuals are encouraged to enhance their quality of life by becoming involved in vocational training and/or continuing their formal education.

PERSONAL MONEY MANAGEMENT

Being self-sufficient and learning to live within one's own means is part of the recovery process.

- Individuals are **not to borrow other individuals' items** or loan/borrow money to one another.
- **Money is not to be left in bedrooms** unless they are locked in the lockbox. Do not share your key with other residents.
- **Assistance with financial management** and referral to non-profit sources of assistance with financial management is to be available from RCOUSA Staff.

CLOTHING/ATTIRE

Individuals are expected to wash their own clothing:

- All clothing must be placed in the dryer for a minimum of 1 hour prior to being distributed to new residents.
- Any items brought into the house at a later date must be placed in the dryer on high heat for 1 hour.
- No bedding, linens, pillows, or curtains are to be brought into the house they are provided by RCOM.

Proper clothing is to be worn at all times:

- Clothing printed with profanity, references to gambling, alcohol, or other drugs, or violent or disrespectful phrases will not be permitted.
- Individuals must be fully clothed including wearing undergarments. Night attire can only be worn in bedrooms. Robes are not to be worn outside.
- Individuals must have shoes or slippers on at all times except when sleeping.

ILLNESS

- When an individual stays home because of illness, that individual must inform an RCOUSA staff member.
- **Individuals who miss work are not to leave the premises** except to seek medical attention.
- Individuals who stay home from work for more than 2 days must seek medical treatment and provide RCOUSA staff with **written documentation verifying illness**.
- Any resident who is seen by a doctor/hospital must inform the provider that you are in recovery from drugs and alcohol and provide RCOUSA with **discharge paperwork and log in any medications**. Case by case basis is used if other prescriptions are necessary.
- **Any resident who needs to go to the hospital must contact RCOUSA Staff and the Director of Housing as soon as possible**. Prior to leaving the hospital a resident must contact RCOUSA Staff and provide information on what medications were given at the hospital, what prescriptions were given, and transportation home information.
- Residents must physically **go to the office immediately following the return to the premises** or the next business day with the hospital discharge paperwork and medications prescribed. Failure to do so may result in discharge.
- All residents are required to **obtain a Primary Care Physician** and have a complete physical performed in addition to a TB screening test within 30 days of admission.
- A copy of the physical and TB screening results must be given to RCOUSA to be filed in the chart.

FIRE/EMERGENCY DRILLS

Fire evacuation procedures are posted in each room. Read the following instructions carefully, and ask questions if unsure. Fire drills will be done monthly and individuals are expected to follow the below:

1. Once the alarm sounds close all windows and doors, and turn out lights as you are evacuating the building by following the posted emergency exit signs.
2. Go to the designated safety area.
3. Make sure everybody is accounted for.

During a real fire:

4. Contact 911 then contact the RCOUSA staff member on call.
5. Inform the fire department of any person or animal not accounted for.
6. Do not re-enter the building until Fire Department clears the building.

MEDIA DEVICES

- Radios, televisions, and music systems are allowed in resident rooms, however, respect for others dictates that low volumes or headphones must be used.
- No illegally obtained DVDs or CDs are allowed and will be confiscated.

PHONES

Recovery Housing provides a telephone available for local calls only. A person may make long-distance calls using a calling card.

- No collect calls may be accepted at any time.
- Calls to 411 (Directory Assistance) are not permitted.
- Phone calls on the house phones are to be limited to 15 minutes in duration.
- Please talk on the phone in a quiet tone and be respectful of others.

PERSONAL MAIL

- Individuals are permitted to receive uncensored mail through the office of their facilities.
- No personal mail is permitted to be received at the housing location.
- Any mail addressed to a former individual **MUST** be returned to the sender. Any individual found opening mail that is addressed to another person or Recovery Center of USA will result in immediate discharge.

VISITORS

- The Recovery Center USA has a **no-visitor** policy.
- Pick-ups and drop-offs are allowed outside the office.

HOUSEKEEPING

- Individuals are responsible for making their bed daily by 9 A.M. unless verified employment schedules conflict with this.
- Rooms are subject to random searches by staff.
- Clothes are to be put away or in a hamper, floors are clutter-free, and shelves are neatly organized. Do not leave the music, TV, or lights on when you are not in your room.
- All food must be kept in the kitchen. No food or beverages are allowed in individuals' rooms.
- Individuals are responsible for their bedroom and assigned house chores.
- The house lead or house manager will be responsible for guiding house members in creating a system of chore assignments and will check to be certain that a state of adequate cleanliness is maintained.
- Basic cleaning supplies will be purchased with collective program fees.

STAFFING

RCOUSA **Housing Program Directors are on call 24/7** for emergency purposes.

- The house lead or house manager shall be the point of contact prior to RCOUSA staff.
- The house lead or house manager is responsible for notifying RCOUSA Staff when an individual is not completing chores, adhering to curfew, and general behavior befitting a person in recovery.

PASSES / CURFEW EXTENSIONS

In order to qualify for a pass or curfew extension, individuals must be compliant with house rules and regulations, employed or involved in a volunteer position, be current on rent, and must be approved by RCOUSA Staff.

- **No passes/curfew extension will be granted in the first 30 days** of residency except in the case of emergency.
- **Emergency passes** will be granted on a case-by-case basis.
- When requesting a pass or curfew extension, individuals are to **make the request in writing 72 hours prior** to the date of leaving. Weekend Pass Requests are to be made by Wednesday before the end of the business day (4:30 PM).

Passes may be granted under the following conditions:

- **Weekend passes** are defined as Fridays following completion of chores, payment of rent, and after any mandatory house activity through Sunday until 10 P.M. Non-weekend passes will be granted for specific times.
- **Curfew extensions will be no later than midnight / 12 a.m.**

CONTRABAND POLICY

Recovery Center of USA USA Housing **reserves the right to search** any resident's personal property and/or space, as well as remove any contraband found.

RESPECT OF PROPERTY

The buildings and their contents are to be treated as your home. Individuals are expected to show respect for their peers and themselves by respecting the property of others and of RCOUSA.

- Stickers or writing on the walls are not permitted.
- Permission from a staff member is required prior to hanging frames, posters, or decorations that require pins or nails.
- Individuals are expected to respect and participate in the communities and neighborhoods of which they are a part and practice being good neighbors.
- Individuals are responsible for any clean-up of any damages to property.
- **No one is allowed in another person's room** with the exception of the house lead or house manager upon RCOUSA staff request in emergency situations.

HOUSE MEETINGS

House meetings are mandatory and are held weekly.

- All cell phones must be silenced during the house meeting and will not be used during the meeting.
- Individuals may be excused if working or attending Outpatient treatment.
- Additional house meetings may be called and are mandatory.

QUIET TIME

Curfew is **8:30 P.M.** for all individuals. Anyone who returns home after 8:30P.M. will be considered discharged due to refusing services.

- Any individual who works past 8:30 P.M. must provide RCOM staff with a weekly **work schedule** verifying employment past 8:30 P.M.
- If an EMERGENCY arises causing a person to not be able to meet curfew the individual must contact an RCOUSA staff member on call prior to curfew.
- **At 9:00 PM, All residents are expected to be in the house and quiet.** All cooking, cleaning, and clothes washing must cease.
- At 9:00 PM there will be no more smoking outside.

DISCIPLINARY ACTION AND POTENTIAL DISCHARGE FOR VIOLATIONS WILL BE IMPLEMENTED DEPENDING ON THE SITUATION.



UNSCHEDULED DISCHARGE

Any Individual who discharges against clinical advice or is non-compliant and leaves their belongings on The Recovery Center USA premises needs to **contact RCOUSA staff within 7 calendar days** from discharge in order to obtain their belongings. The Recovery Center USA is not responsible for the loss, theft, disposal, and/or damage of any personal articles left behind. After 7 calendar days, any belongings not picked up will be donated to a charity. **All RCOUSA belongings provided must be returned upon discharge.**

BEHAVIORAL INTERVENTIONS

The personal responsibility system of Behavioral Interventions is set up to help people **focus on the behaviors that need to change in order for them to stay clean and sober.** Interventions will be handled by the Housing director and Center Director on a case-by-case basis as needed.

VICES & SUBSTANCES

ALCOHOL & DRUG TESTING

All Recovery Center of USA premises are drug & alcohol-free. Any use of alcohol /illicit substances on/off the property are **STRICTLY PROHIBITED**.

Individuals are subject to observed random urine drug screens/breathalyzer tests at any time while residing in Recovery Housing.

A resident must provide urine within 1 hour, or refusal to take a urine drug screen/breathalyzer will be considered grounds for **IMMEDIATE DISCHARGE**.

Residents who relapse will work with the RCOUSA case manager on a case-by-case basis.

If discharged, the resident will be given appropriate referral information and RCOM staff will aid in the referral if the individual indicates a sincere desire to return to active involvement in the recovery process.

TOBACCO

Individuals may only smoke at the designated smoking area (at least 20 feet from any entrance). Any individual found smoking inside Recovery Housing will result in **IMMEDIATE DISCHARGE**.

- Individuals are required to use provided containers to dispose of cigarette butts.
- All residents will be provided with smoking cessation material and will be encouraged to seek help.

GAMBLING

Gambling is an addiction, which has led many individuals back to using other substances. Please remember that even if this is not an issue in your own history, others may struggle with it. **No gambling** of any kind is allowed while residing in Recovery Housing. This includes:

- Lottery tickets.
- Attendance at Bingo activities.
- Playing games of chance for money or other items.
- Attendance at slot or casino places of business.
- Clothing referring to behavior or places where gambling occurs.
- Attendance at slot or casino places of business.
- Attendance at any type of tournament where gambling/betting is

SEXUAL BEHAVIOR / PORNOGRAPHY

Sexual behavior is often linked to relapse, and can be a compulsive addiction in and of itself. In order to provide a safe environment for recovery, the following will be observed in Recovery Housing:

Sexually explicit (pornographic) material, in print, on the computer, and on video or DVD formats are not acceptable on The Recovery Center of USA premises. Violation of this rule is grounds for discharge.

- Any sexual behavior on Recovery Center of USA premises will result in immediate discharge.
- Sub-grouping is discouraged and could lead to discharge if behaviors do not improve after being addressed by staff.

MEDICATIONS

- **No prescription or over-the-counter medications** are allowed into the facility without informing RCOUSA staff.
- **Prior approval is required before taking medications**, be they prescription or over-the-counter medications, which may be abused. Over-the-counter medications cannot contain alcohol (Nyquil) or Dextromethorphan (DXM).
- All prescribed and over-the-counter **medications must be kept in the lock box** and locked at all times.
- All prescribed **medications must be taken as prescribed** until* RCOUSA staff is provided with written documentation stating that the medication is to be discontinued.
- **Residents are responsible for obtaining refills** on all medications before the medication runs out.
- Every time a prescription medication is filled or refilled or you purchase an over-the-counter medication it **must be documented by an RCOUSA staff member**. No prescription or over-the-counter medications are allowed into the facility without informing RCOUSA staff.

42 C.F.R., PART 2 INFORMATION FOR RESIDENTS

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RESIDENT RECORDS

The confidentiality of alcohol and drug abuse resident records maintained by the program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a resident attends the program, or disclose any information identifying a resident as an alcohol or drug abuser unless:

1. The resident consents in writing
2. The disclosure is allowed by court order
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of Federal law and regulations by a program is a crime. **Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.**

Federal law and regulations do not protect any information about a crime committed by a resident, either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or Local authorities.

NOTICE OF PRIVACY PRACTICES (NPP)

This notice describes how Medical Information about you may be used and disclosed, and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice please contact Recovery Center of USA compliance officer La'Toria Johnson-Richardson at:

211 E. 25th Street
Baltimore, MD 21218
410-764-4877

This Notice of Privacy Practices (NPP) describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to **your past, present, or future physical or mental health or condition and related health care services.**

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for the revised Notice of Privacy Practices at any time. That number is **443-885-9810.**

Availability of Notice of Privacy Practices:

This notice will be posted where registration occurs. You have a right to receive a copy of this notice, and individuals receiving care will be given a hard copy.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI).

USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN CONSENT: You will be asked by our staff to sign a consent to treat form. Once you have consented to the use and disclosure of your PHI for treatment, payment, and health care operations by signing the consent form, our staff will use or disclose your PHI as described in this Section (#1).

Your PHI may be used and disclosed by our staff, our office staff, and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used for purposes of obtaining payment for your treatment services and to support the operation of our treatment services.

Following are examples of the types of uses and disclosures of your protected health care information that the treatment services are permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

TREATMENT: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to an aftercare agency that provides care to you. We will also disclose PHI to other staff who may be treating you when we have the necessary permission from you to disclose your protected information. For example, your PHI may be provided to a medical treatment provider to whom you have been referred to ensure that the staff has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time to time to another healthcare provider (e.g., a specialist or laboratory) who, at the request of our staff, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to our staff.

PAYMENT: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

HEALTHCARE OPERATIONS: We may use or disclose, as needed, your PHI in order to support the business activities of your treatment services. These activities include, but are not limited to: Quality Assessment activities, employee review activities, training of health care students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to healthcare students who see patients in our programs. In addition, we may use a sign in-sheet at a registration desk where you will be asked to sign your name and indicate the time you signed in. We may also call you by name in the waiting room when our staff is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may also notify our patients of their normal test results by letter.

We will share your PHI with third-party business associates that perform various activities (e.g. billing, transcription and copying services, repair and maintenance of the property, etc.) for the corporation. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our offices and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

We may use or disclose your demographic information (name, address, telephone number, etc) and the dates that you received treatment from our staff, as necessary, in order to contact you for fundraising activities supported by Recovery Center of USA. If you do not want to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent to you.

2. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION:

Other uses and disclosures of your PHI will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that our staff or the treatment services have taken action in reliance on the use or disclosure indicated in the authorization.

3. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then our staff may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only PHI that is relevant to your health care will be disclosed.

OTHERS INVOLVED IN YOUR HEALTHCARE: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that is directly relevant to that person's involvement in your healthcare or payment related to the individual's health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment (e.g. in case of an emergency).

We may use or disclose PHI to notify or assist in notifying a family member, personal representative (defined by the statutes of the State of USA as a legally appointed guardian or health care agent), or any other person that is responsible for your care and of your location, general condition or death, based upon appropriate Federal legislation protecting those involved in Alcohol or other Drug Treatment.

Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. In order for us to use or disclose PHI for these purposes, the patient's presence in the facility is a determining factor.

EMERGENCIES: We may use or disclose your PHI in an emergency treatment situation. If this happens, our staff shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If our staff is required by law to treat you and the staff has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

COMMUNICATION BARRIERS: We may use and disclose your PHI if our staff or another staff in the office attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the staff determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

4. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT

We may use or disclose your Protected Health Information in the following situations without your consent or authorization. These situations include the following:

REQUIRED BY LAW: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

PUBLIC HEALTH: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability.

We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public authority.

COMMUNICABLE DISEASES: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

- **Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products; enable product recalls; make repairs or replacements, or to conduct post-marketing surveillance, as required.
- **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court of an administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful processes.
- **Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include
 - Legal processes and otherwise required by law
 - Limited information requests for identification and location purposes pertaining to victims of a crime
 - Suspicion that death has occurred as a result of criminal conduct
 - In the event that a crime occurs on-site premises of the corporation, and
 - Medical emergency (not on the Agency's premises) and is likely that a crime has occurred.
- **Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the

public. We may also disclose PHI if is necessary for law enforcement authorities to identify or apprehend an individual.

- **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel:
 - For activities deemed necessary by appropriate military command authorities;
 - For the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or
 - To foreign military authority if you are a member of that foreign military service. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

5. YOUR RIGHTS

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

YOU HAVE THE RIGHT TO INSPECT AND COPY YOUR PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that our staff uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on site circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

YOU HAVE THE RIGHT TO REQUEST THE RESTRICTION OF YOUR PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Our staff is not required to agree to restrictions that you may request. If the staff believes it is in your best clinical interest to permit the use and disclosure of your PHI, your PHI will

not be restricted. If our staff does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with our staff.

YOU HAVE THE RIGHT TO REQUEST TO RECEIVE CONFIDENTIAL COMMUNICATIONS FROM US BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or the specification of an alternative address or other methods of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

YOU MAY HAVE THE RIGHT TO HAVE OUR STAFF AMEND YOUR PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES WE HAVE MADE, IF ANY, OF YOUR PHI. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM US, UPON REQUEST, EVEN IF YOU HAVE AGREED TO ACCEPT THIS NOTICE ELECTRONICALLY.

6. COMPLAINTS

You may complain to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our compliance officer La'Toria Johnson-Richardson at 211 E. 25th Street Baltimore, MD 21218 any questions regarding your PHI.

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING OF THE RECOVERY CENTER USA RECOVERY HOUSING HANDBOOK

By signing below, I confirm that I have reviewed and understand my rights under the HIPPA regulations delineated in this booklet.

- I also understand that **my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written consent** unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.
- **Not granting consent will not infringe upon my rights to treatment.** A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of PHI to criminally investigate or prosecute any alcohol or drug abuse patient. (42 CFR 21809, June 9, 1987; FR 41997, Nov. 2, 1987).
- I acknowledge that **I have received The Recovery Center USA, LLC Housing Handbook** on this date.
- I acknowledge that **I have fully read and understand all of the information** included in this handbook.
- I understand that **I am held accountable for adhering to all of the rules, regulations, and procedures outlined in this handbook.** Furthermore, if I have any questions **I am responsible for asking an RCOUSA Staff member for clarification.**

Today's Date: _____

Resident (My) Name: _____

Resident (My) Signature: _____

RCOUSA Signature: _____

**THANK YOU
FOR CHOOSING**

**THE
RECOVERY
CENTER**
USA