



Patient/Resident Handbook

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Table of Contents

1 Program Philosophy	1
2 Program description and Services Available to Residents	2
• agency/program treatment methods	
• specialized groups,	
• case management,	
• family/significant other involvement	
• patient committees	
3 Phases of Programming (if appropriate)	3
4 Program Rules	4
5 Confidentiality and Voluntary Participation	5
6 Patient/Resident Rights and Responsibilities	8
7 Patient/Resident Attestation Statement (last page to be filed in the case record)	
(Rules, regulations, confidentiality, and voluntary participation)	

Patient/Resident Information Handbook

Program/Treatment Philosophy

Services Available to Patients/ Residents

Individual and Group Counseling

Specialized Groups

Case Management and Primary Counselor

Family Involvement

Patient Committees

Phases of Programming

Program Rules and Regulations

Confidentiality Summary

HIPAA Rights

THIS NOTICE 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 IT CAREFULLY.

General Information

Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)* and the Confidentiality Law**. Under these laws the program may not say to a person outside of the program that you attend the program, nor may the program disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by the federal laws referenced below.

The program must obtain your written consent before it can disclose information about you for payment purposes. For example, the program 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 the program can share information for treatment purposes or for health care operations. However, federal law permits the program to disclose information in the following circumstances without your written permission:

1. To program staff for the purposes of providing treatment and maintaining the clinical record;
2. Pursuant to an agreement with a business associate (e.g. Clinical laboratories, pharmacy, record storage services, billing services);
3. For research, audit or evaluations (e.g. State licensing review, accreditation, program data reporting as required by the State and/or Federal government);
4. To report a crime committed on the program’s premises or against program personnel;
5. To medical personnel in a medical/psychiatric emergency ;
6. To appropriate authorities to report suspected child abuse or neglect;
7. To report certain infectious illnesses as required by state law;
8. As allowed by a court order.

Before the program can use or disclose any information about your health in a manner which 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. (NOTE: Revoking consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

* 42 U.S.C. § 130d et. seq., 45 C.F.R. Parts 160 & 164

** 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2

Your Rights

- Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health and treatment information. The program is not required to agree to any restrictions that you request, but if it does agree with them, 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 (e.g. another address). The program 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 and treatment information maintained by the program, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the program's records, and to request and receive an accounting of disclosures of your health related information made by the program during the six (6) years prior to your request.
- If your request to any of the above is denied, you have the right to request a review of the denial by the program Administrator.
- To make any of the above requests, you must fill out the appropriate form that will be provided by the program.
- You also have the right to receive a paper copy of this notice.

The Use of Your Information at the program

In order to provide you with the best care, the program will use your health and treatment information in the following ways:

- Communication among program staff (including students or other interns) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes.
- Communication with Business Associates such as clinical laboratories (blood work, urinalysis), food service (special dietary needs), agencies that provide on-site services (lectures, group therapy) long term record storage.
- Reporting data to the NYS OASAS Client Data System.

The Program's Duties

The program 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. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. The program will provide current patients with an

updated notice, and will provide affected former patients with new notices when substantive changes are made in the notice.

Complaints and Reporting Violations

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may complete a complaint form (per program grievance procedure) and/or submit a complaint directly to the:

The patient may also register a complaint with the:

Office for Civil Rights
U.S. Department of Health and Human Services,
Jacob Javits Federal Building
26 Federal Plaza--Suite 3313
New York, New York, 10278

Voice Phone (212) 264-3313.
FAX (212) 264-3039.
TDD (212) 264-2355
OCR Hotlines-Voice: 1-800-368-1019

You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Voluntary Participation

Treatment services are provided on a voluntary basis, all patients/residents have the right to discharge themselves from treatment at any time. If treatment has been mandated, there may be consequences for leaving treatment prematurely, but patient participation remains a voluntary choice.

Patient Rights

Each patient has the following rights:

- (1) to receive services that are responsive to individual needs in accord with an individualized treatment plan, which the patient helps develop and periodically update;
- (2) to receive services from provider staff who are competent, respectful of patient dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with regulatory requirements;
- (3) to receive services in a therapeutic environment that is safe, sanitary, and free from the presence of alcohol or other drugs of abuse;
- (4) to know the name, position, and function of any person providing treatment to the patient, and to communicate with the provider director, medical director, board of directors, other responsible staff or the Commissioner;
- (5) to receive information concerning treatment, such as diagnosis, condition or prognosis in understandable terms, and to receive services requiring a medical order only after such order is executed by an appropriate medical professional;
- (6) to receive information about provider services available on site or through referral, and how to access such services;
- (7) to receive a prompt and reasonable response to requests for provider services or a stated future time to receive such services in accordance with a individual treatment plan;
- (8) to know the standards that apply to his or her conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions for non-compliance with treatment plans;
- (9) to receive in writing the reasons of a recommendation of discharge and information of appeal procedures;
- (10) to voice a grievance, file a complaint, or recommend a change in procedure or service to provider staff and/or the Office, free from intimidation, reprisal or threat;
- (11) to examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source;
- (12) to receive a copy of the patient's records for a reasonable fee;
- (13) to be free from physical, verbal or mental abuse;

(14) to be treated by provider staff who are free from alcohol or drug abuse;

Patient Rights Continued

(15) to be free from any staff or patient coercion, undue influence, intimate relationships, and personal financial transactions;

(16) to be free from performing labor or personal services solely for provider or staff benefit, that are not consistent with treatment goals, and to receive compensation for any labor or employment service in accord with applicable state and federal law; and

(17) the following rights apply to patients who reside in an inpatient/residential setting:

(i) to practice religion in a reasonable manner not inconsistent with treatment plans or goals and/or have access to spiritual counseling if available;

(ii) to communicate with outside persons in accord with the individualized treatment plan;

(iii) to freely communicate with the Office, public officials, clergy and attorneys;

(iv) to receive visitors at reasonable times in relative privacy in accord with the individualized treatment plan;

(v) to be free from restraint or seclusion.

(vi) to have a reasonable degree of privacy in living quarters and a reasonable amount of safe personal storage space;

(vii) to retain ownership of personal belongings, that are not contrary to treatment goals;

(viii) to have a balanced and nutritious diet.

(18) Participants referred to a faith based provider have the right to be given a referral to a non faith based provider

Patient Rights concerns may be directed to:

Program administrative staff

And/or

Patient Responsibilities

Participation in a chemical dependence service presumes a patient's continuing desire to change lifestyle habits and requires each patient to act responsibly and cooperatively with provider staff, in accord with an individual treatment plan and reasonable provider procedures. Therefore, each patient is expected to:

- (1) work toward the goal of abstinence from drug, alcohol, and tobacco use
- (2) treat staff and other patients with courtesy and respect;
- (3) respect other patients' right to confidentiality;
- (4) participate in developing and following a treatment plan;
- (5) become involved in productive activities according to ability;
- (6) pay for services on a timely basis according to financial means;
- (7) participate in individual counseling and/or group and or family counseling sessions as applicable;
- (8) inform medical staff if receiving outside medical services;
- (9) address all personal issues adversely affecting treatment; and
- (10) act responsibly and observe all provider rules, regulations and policies;

Patient/Resident Attestation Statement

Rules/Regulations, Client Rights and Voluntary Basis

- I have been provided with a copy of the Patient/Resident Handbook which contains Program Rules and Regulations, Patient Rights and Responsibilities and a summary of the Federal Confidentiality Regulations/Rights under HIPAA. I have been given the opportunity to discuss these documents and to have my questions answered. By signing this form, I am indicating that I understand these rules, rights and regulations.
- I also understand that all treatment services are provided on a voluntary basis and that I have the right to discharge myself from treatment at any time. If I have been mandated to treatment, there may be consequences for leaving treatment prematurely, but my participation remains a voluntary choice.

Patient/Resident Signature

Date

(This page to be placed in the patient/client case record)