

**SAFE Haven, LLC**  
**Resident Handbook**

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## **Mission Statement**

“To reduce relapse and recidivism vulnerability and remove treatment barriers for individuals actively seeking recovery from substance use and mental health disorders through the provision of safe, supervised housing and related supportive services.”

## **Program Description**

SAFE Haven, LLC provides the following services to individuals actively receiving outpatient clinical treatment:

- Safe, supportive housing
- Case Management
- Life Skills Group Education
- Peer-Supported Recovery
- Recreational Activities

## SAFE Haven, LLC

### Programming Overview

#### Phases of Program

#### OATS

#### *“Orientation+Action+Transition=Success”*

- Phase I (First 30 Days) Orientation
  - Orientation into the Program Rules and Expectations
  - Bi-weekly Case Management
  - Weekly Peer Coaching
  - Weekly Life Skills Training
  - Three Outside Support Meetings per week
  - Weekly Peer Community Meeting
  - Random AOD Testing
  - Develop Budget and Set Personal Goals
- Phase II (Months 2-3) Action
  - Monthly Case Management
  - Two Outside Support Meetings per week
  - Weekly Peer Coaching
  - Bi-weekly Life Skills Training
  - Weekly Peer Community Meeting
  - Random AOD Testing
  - Share Personal Story During Community Meeting
- Phase III (Months 4-6) Transition
  - Monthly Case Management
  - Two Outside Support Meetings per week
  - Bi-Weekly Peer Coaching
  - On Going Life Skills Training
  - Weekly Peer Community Meetings
  - Written Long Term Recovery Plan Shared with Community
  - Develop Personal Re-Entry Plan of Action
  - Discharge and Transition off Property to Safe Permanent housing

## Program Rules

SAFE Haven, LLC is first and foremost people in recovery, living together for mutual support. Appropriate admission guidelines ensure that residents are compatible, and that they are united by a desire to further their recovery from addiction. The application and admission process supports full disclosure to potential residents about their rights and obligations, and establishes a mutual understanding of the recovery goals of the home.

- A. Applicants admitted for residence must suffer from, and be in active recovery from, at least one treatable substance use disorder including alcoholism and/or drug addiction, regardless of other addictions or behavioral health conditions from which they may also suffer.
- B. All applicants must be able to engage independently in major life activities including eating, dressing, bathing and other activities consistent with independent living.
- C. Applicants must have the firm intention of remaining clean and sober, and of actively engaging in a program of recovery.
- D. Applicants must receive Tuberculosis and HIV/AIDS test prior to admission.
- E. Applicants must be assessed for their ability to become part of a harmonious home environment, taking into consideration the needs of individual residents and the character of the existing resident family.
- F. Minors may not be admitted as residents in any home which also houses residents over the age of 18, except for minor children of parents admitted as residents of approved parent/child homes
- G. Applicants must be fully informed of all fees and charges for which they will be responsible.
- H. Records will be kept documenting resident charges, payments, and deposits. Residents will be provided with charge and payment history upon request.
- I. Program fees will be due on the first of each month and must be paid by the tenth. Any resident who has not paid must vacate the premises by the close of the next business day after the tenth of the month.

- J. Refunds will not be granted after admission into the program and the policy will be disclosed to all residents prior to admission.
- K. Applicants must be informed about policies regarding abstinence, toxicology testing, recovery participation and other requirements.
- L. Applicants will be oriented on agreements, policies, and procedures prior to admission.
- M. Applicants will be provided with the policy on filing a grievance.
- N. Applicants must receive a complete written set of house rules and other requirements of residence.
- O. Applications must include the name and contact information for person(s) to be contacted in case of an emergency.
- P. Applicants must be advised of house policies on medications, and must explicitly consent to such policies before being accepted as residents.
- Q. Applicant and resident records are confidential documents, and must be treated as such. All such records must be maintained in a secure and locked location either on or off premises.
- R. Records maintained electronically must not be accessible to residents or others, except for those explicitly delegated with the authority to view such information.

## **Confidentiality and Voluntary Participation**

### **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 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.)

### **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;
- (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 an 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 noncompliance 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;
- (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; to communicate with outside persons in accord with the individualized treatment plan; to freely communicate with the Office, public officials, clergy and attorneys; to receive visitors at reasonable times in relative privacy in accord with the individualized treatment plan; to be free from restraint or seclusion, to have a reasonable degree of privacy in living quarters and a reasonable amount of safe personal storage space; to retain ownership of personal belongings, that are not contrary to treatment goals; 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/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.
- I have been provided with and understand that The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, creed, sex, handicap, familial status or national origin. Federal law also prohibits discrimination on the basis of age.

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Patient/Resident Signature

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Date

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