

Welcome to Maryland Wellness & Recovery. The decision to seek help may be the hardest one you have ever made. We want you to know that we honor your choice to surrender to this process of recovery from the issues that have created a negative impact on your life, and are here to help you get your life back on track. That choice may be the bravest one you have ever made. You will have the opportunity to change the way you impact your families, employers and communities, but more than that you can honor yourself and give yourself the best chance at an improved life. If you are not sure if you want help, just give yourself a chance. Rarely do individuals come to treatment by mistake.

Maryland Wellness & Recovery has incorporated innovative treatment modalities to develop an inclusive approach to treating addiction. We believe that taking an honest appraisal of one’s behaviors and choices, maximizing their strengths and minimizing those aspects that do not serve them creates sustainable, productive people. This is your chance to make a choice that will impact you and all of those that care about you. This is your chance to repair the damage caused by living a life dependent on substances to make you feel whole and then becoming a slave to them. This is your chance to be free, to know who you are in every moment, to prove yourself to you.

The treatment community is made up of more individuals just like you that are just as frightened by the prospect of bringing down the walls that stand between them and the person they dream of being. You are all here with a purpose to help each other, tell each other the truth and practice integrity in your case work and in your choices. You are here to change that which no longer serves you and capitalize on that which makes you strong, independent, productive members of your families, workplaces, communities and society.

Congratulations on your choice, in this moment you are strong. In this moment you can be proud of yourself and the chapter you are opening. We are here to assist you in finding your way to a productive life. It is not easy, but it is well worth the risk. The gifts of recovery are infinite and the staff of Maryland Wellness & Recovery Institute considers it an honor to be part of this process with you.

During the next 24 hours you will meet with different members of our treatment team, the clients Maryland Wellness & Recovery and your primary therapist. Your primary therapist will answer any questions you may have and be your guide through this process. You will meet with them individually as well as in groups. The more honest you are with them, the more they can help you to make this change. You are an equal participant in treatment planning and we depend on your input to guide you.

**LEVELS OF CARE AND STEP-DOWN PROCESS**

**Intensive Outpatient Program (IOP) cost per day: 1035.00**

In IOP you will attend 3 to 5 days per week, three hours per day. Times and scheduling will be arranged with your primary therapist. At this point you will likely be working and days and times can be determined to attempt to work into your schedule. After completing IOP you can discharge to Outpatient.

**Outpatient Program (OP) cost per session 505.00**

In OP you may attend two days a week, one three hour group and one individual session. Times and scheduling will be arranged with your primary therapist. At this point you will likely be working and days and times can be determined to attempt to work into your schedule

**During all levels of care ongoing 12-Step involvement is always recommended. The more tools you put in your recovery Toolbox, the more likely you will be to maintain ongoing sobriety. Remember, the success rate of treatment is directly relevant to our client’s willingness to follow suggestions.**

**Rules:**

1. Possession or use of alcohol or illegal drugs is grounds for immediate discharge from the program.
2. No medications of any kind are allowed unless approved by Maryland Wellness and Recovery and prescribed by physician.
3. Possession of weapons, acts of violence, or threats of violence are grounds for immediate discharge from the program.
4. No stealing, borrowing, or lending of money is permitted.
5. No profanity or verbal abuse of staff or other clients is allowed.
6. Gambling in any form is not permitted.
7. Dress appropriately.
8. Logos on clothing that are gang or drug related are not permitted.
9. Smoking or the use of smokeless tobacco products are allowed in designated areas only.
10. Clients are to be on time to all scheduled sessions.
11. All treatment assignments are to be completed in a timely manner.
12. Clients are responsible for their behavior and are expected to communicate, cooperate, and show respect to other clients and staff.
13. Clients will respect the personal property of other clients and staff. Clients will not borrow the property of others.
14. Sexual relationships with peers or members of another treatment center are grounds for dismissal as they are considered detrimental to the community and to the individual’s recovery process.

**Failure to abide by the rules may result in restriction of privileges. In more serious cases, repeated violations, or disregard for program rules will result in administrative discharge. Knowledge and awareness of all rules is expected. When you do not know what to do, do not assume…ask a staff member**

**As a client of the program you have rights:**

1. To be treated with respect and dignity.
2. To receive timely treatment by qualified professionals.
3. To have the least restrictive, most appropriate treatment available, based on client needs.
4. To be afforded the opportunity to participate in activities designed to enhance self-image.
5. To have an individualized treatment plan developed in accordance with the provisions established for each program component.
6. To receive quality treatment that is best suited to his/her needs and shall include appropriate medical, vocational, social, educational, and/or rehabilitative services.
7. To express by signature an informed consent of the right to release information for communication purposes with other agencies.
8. To privacy for interview/counseling sessions.
9. To practice your religious practices.
10. To be provided humane care and protection from harm.
11. To contract and have consultation with legal counsel and private practitioners of your choice at your expense.
12. To be free of physical restraint or seclusion.
13. To be provided the nature of treatment or rehabilitation and alterative treatment or rehabilitation programs.
14. To be provided information on an ongoing basis regarding your treatment or rehabilitation.
15. To be provided services in accordance with standards of practice, appropriate to your needs, and designed to afford a reasonable opportunity to improve your condition.
16. To confidentiality of the client being present in treatment and of the client's records. The Federal Rules restricts any unauthorized use of information to criminally investigate or prosecute any alcohol or drug abuse client. Federal regulations state any person who violates any provision of the law shall be fined no more than $500.00 in the case of the first offense and not more than $5,000.00 in the case of each subsequent offense. The only exception to this is if a client completes in detail a disclosure form (also known as a consent for Release of Information form), that permits MDWAR to release information to outside sources.
17. MWAR will not disclose any information to anyone without a signed and dated Release of Information disclosure unless the following conditions exist:
    1. Information about a crime committed by a client at the program or against any staff member;
    2. Threats of crime or violence to self or others; and
    3. Information concerning suspected child abuse and/or neglect.

Clients will be required to sign and date a disclosure statement of acknowledgement and understanding that will become a permanent part of each client’s chart.

1. Methods of sharing protected information:
2. Subpoena and/or court order;
3. Medical emergency situations
4. Qualified personnel authorized to conduct research, audit or program evaluation.
5. Mandatory Disclosures
6. To receive full information regarding the treatment process.
7. To refuse treatment.
8. To all other constitutional and legal rights, including the right to personal clothing and effects.
9. To be informed of the client grievance procedure.

**Your recovery is your responsibility, and you must be willing to do something about it.**

**Your responsibility is:**

1. To take an active role in your recovery.
2. To be honest about matters that relate to you as a client.
3. To attempt to understand your issues.
4. To attempt to follow directives and advice offered by staff.
5. To report changes in your condition to those responsible for your care and welfare.
6. To be considerate and respectful of the rights of both fellow clients and staff.
7. To honor confidentiality and privacy of other clients.
8. To avoid making unreasonable demands.
9. To comply with the policies and expectations of your treatment.
10. To keep appointments and cooperate with staff.
11. To inform staff of any activities which are harmful to you or any other client.
12. To abide by all rules set forth by Maryland Wellness & Recovery.

Maryland Wellness & Recovery **has the right:**

1. To ask you to make an effort toward learning a program of recovery.
2. To ask you to behave in ways that are not harmful to other clients, and to treat others as you would have them treat you.
3. To insist that you do not use any drugs or alcohol while you are in treatment.
4. To discharge you at any time during the course of your treatment if these expectations are not reasonably met.

**Our responsibility to you is:**

1. To help you identify issues that cause you to use drugs and/or alcohol.
2. To help you identify what you can and/or cannot do about it.
3. To help you obtain some practice in the changes necessary to abstain from drugs and/or alcohol. Staff will assist you in making your own treatment plan when you come in.

**HIPAA Policy**

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. This notice is effective as of April 15, 2003.

**Treatment, payment and health care operations:** Maryland Wellness & Recovery LLC (**MWAR**) may use and disclose your protected health information for treatment, payment, and health care operations. Some examples of when our office may use or disclose your health care information for these purposes include:

* Sharing test results with other health care providers for confirmation of a diagnosis;
* Providing your diagnosis or other information about your health to your insurance provider or our billing service to obtain payment for the health care services we provide;
* Reviewing your information as part of our quality improvement program.

**Other uses and disclosure:**

Maryland Wellness & Recovery, LLC may also use or disclose your protected health information, in compliance with guidelines outlined by law, for the following purposes:

* Incidental uses or disclosures (e.g., listing your name on a sign-in sheet, etc.); Compliance with all laws (including reports of suspected abuse, neglect or violence); Providing certain specified and required information to law enforcement or correctional institutions; Providing information to a coroner, medical examiner, funeral director or organ procurement organization;
* Public health activities when requested by a public health authority or the FDA responding to health oversight agencies;
* Responding to court or administrative tribunal orders, subpoenas, discovery requests or other lawful processes;
* Research activities;
* When necessary to avert a serious threat to your health or safety;
* Military affairs, veterans affairs, national security, intelligence, Department of State, or presidential protective service activities;

**Authorization for other use:**

Maryland Wellness & Recovery, LLC will make other uses and disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

**Your rights regarding the privacy of your health information**

Subject to limitations outlined by law, you have certain rights related to use and disclosure of your protected health information, including the right to:

* Request restrictions on certain uses and disclosures. However, Maryland Wellness & Recovery is not obligated to agree to requested restrictions.
* Receive confidential communications or protected health information.
* Inspect and copy your protected health information with some limited exceptions,
* Amend your health information;
* Receive an accounting of disclosures of your health information;
* Obtain a copy of this notice.

Limits:

Contents of all therapy sessions are considered to be confidential. Both verbal information as well as written records about a patient cannot be shared with another party without the written consent of the client or the client’s legal guardian. However, there are particular situations when confidentiality no longer applies. The noted exceptions are as follows:

1. Duty to Warn and Protect: When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

2. Abuse of Children and Vulnerable Adults: If a patient states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service agency and/or legal authorities. Professionals are also required to report admitted prenatal exposure to controlled substances that are potentially harmful.

3. Minors: Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.

4. Insurance Providers (when applicable): Insurance companies and other third-party payers are provided with information upon regarding services to clients. Such Information includes, but is not limited to, the type of services provided, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

**Concerns**

If you believe your privacy rights have been violated, you may make a complaint by contacting the Abuse Hotline at 1-800-962-2873, the Florida Advocacy Council at 954-713-3017, or the District Alcohol, Drug Abuse, and Mental Health Program Office at 954-762-3700. No individual will be retaliated against for filing a complaint.

**Confidentiality**

C:\Documents and Settings\tsibilia.DESTINATIONHOPE\Local Settings\Temporary Internet Files\Content.IE5\9RVBXHG6\MC900326734[1].wmfTo reinforce the feelings of closeness and willingness to share your feelings, thoughts and consequences of your dependency with others, confidentiality is a must in group therapy. Use this as your golden rule: **What is said in group, stays in group.** To break this rule violates the trust of the total group and the effectiveness of group therapy is lost. Group issues are not discussed with others outside your group. Do not discuss group issues at any outside meetings or places where others may overhear you.

Your group therapists have the same responsibilities for group confidentiality as you, with the exception that your therapists share group issues and your participation in the group process with other staff members. This is a vital part of the staff team approach to assist you in your recovery.

The staff values your confidentiality so highly that anyone who breaks confidentiality - whether to another patient, family of patients, significant others, etc., may be subject to discharge from this program.

**Controlling exposure:**

**Infection control and precaution at MWAR is very important.**

**The goal of Maryland Wellness & Recovery, LLC is to establish a comprehensive Infection Prevention and Control Program to ensure that the organization has a functioning coordinated process in place to reduce the risk of infections and spread of disease in patients and behavioral health care workers and to optimize use of resources through a strong preventive program.**

C:\Documents and Settings\tsibilia.DESTINATIONHOPE\Local Settings\Temporary Internet Files\Content.IE5\INGBV0X8\MC900023659[1].wmf

**Expectations while at** Maryland Wellness & Recovery

1. You will be under the care of the consulting physician and treatment team while in the program.
2. You are expected to remain abstinent from all mood and mind altering chemicals while participating in all parts of the program, (from date of admission to date of discharge). This is mandatory except for medication authorized and monitored by a physician and the Treatment Team. Any unauthorized use of mood and mind altering chemicals can be grounds for discharge.
3. Relapse is a serious event and subsequently, will be confronted and dealt with immediately. The

Treatment Team will handle relapse on an individual basis. You will be expected to meet with staff to discuss the circumstances that surrounded the usage of substances. Recommendations addressing relapse behavior will be negotiated on an individual basis. You will be expected to follow and comply with the staff recommendations or you will be discharged from the program. The unauthorized use of mood and/or mind altering chemicals demonstrates the need for a more structured living environment or intense treatment program and an appropriate referral will be made.

1. If you are found to have any intoxicants, illicit, illegal, prescription, non-prescription, and/or over-the-counter drugs on you, you will be subject to immediate disciplinary action, including the possibility of being asked to leave the program and then being discharged.
2. A urine screen will be ordered and collected upon admission to the program. Urine screens will be ordered and collected on a random basis throughout the program or when/if your behavior or attitude seems inappropriate.
3. If you come to a session in an intoxicated or drugged state, you will be asked to leave the group and/or, when medically indicated, will be transferred or transported to a detoxification unit. You will then be required to contact staff and have an individual session with the Treatment Team to discuss your ability to remain abstinent. You will be expected to follow staff recommendations or you may not be permitted back into the program and will then be discharged.
4. The term “intoxicated or drugged’ includes the use of any medications not authorized by your physician, or any other substance used with the intent of altering your mood.
5. You are expected to report any communicable disease you encounter while in treatment, to The Clinical Director.
6. You are expected to arrive on time and stay until completion of treatment each day. The program starts promptly, and punctuality is a MUST! The program schedule varies depending on the program. Please check with your primary therapist to make sure you know your schedule.
7. You are highly encouraged NOT TO BRING VALUABLES to the program. Your valuables are YOUR RESPONSIBILITY.
8. You are required to complete all homework assignments on time.
9. You are encouraged to develop your own recovery support network in the 12 step AA/NA communities prior to discharge.
10. You are expected to not participate and are prohibited from participating in any financial dealing with other peers. Employees of Maryland Wellness & Recovery are also prohibited from engaging in any financial dealings with clients.