

Hours of Operation

Monday	8:30AM – 5:00PM
Tuesday	8:30AM – 5:00PM
Wednesday	8:30AM – 5:00PM
Thursday	8:30AM – 5:00PM
Friday	8:30AM – 5:00PM
Saturday	Closed
Sunday	Closed

PATIENT BILL OF RIGHTS

PATIENT RIGHTS

All individuals who apply for services, regardless of sex, race, age, color, creed, financial status, or national origin, are assured that their lawful rights as patients shall be guaranteed and protected. While being served, you the Patient is assured and guaranteed the following rights:

1. To be treated with respect and dignity
2. To receive timely treatment by qualified professionals
 - A. Every effort will be made to use the least restrictive, most appropriate treatment available, based on patient needs.
 - B. Each Patient shall be afforded the opportunity to participate in activities designed to enhance self-image.
 - C. An individualized treatment plan shall be developed for each Patient in accordance with the provisions established for each program component.
3. To receive quality treatment that is best suited to his/her needs and shall include appropriate services medical, vocational, social, educational, and/or rehabilitative services
4. To express by signature an informed consent of the right to release information for communication purposes with other agencies
5. To receive communication and correspondence from individuals
6. To privacy for interview/counseling sessions
7. To practice your religious practices
8. To be provided humane care and protection from harm
9. To contract and consultation with legal counsel and private practitioners of your choice at your expense
10. To exercise your constitutional, statutory, and civil rights
11. To be free of physical restraint or seclusion
12. To be provided on the nature of treatment or habilitation, the known effects of receiving the treatment or habilitation, and alternative treatment or habilitation programs
13. To be provided information on an ongoing basis regarding your treatment or habilitation
14. 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

15. To confidentiality of the Patient being in treatment and of the Patients records. The Federal Rules restricts any use of information to criminally investigate or prosecute any alcohol or drug abuse Patient. Federal regulations state any person who violates any provision of the law shall be fined not more the \$500.00 in the case of the first offense and not more than \$5,000.00 in the case of each subsequent offense, except where noted in the Federal Law of Confidentiality, 42 CFR, Part 2, Section 2.22, which includes the following:
 - a. The limited circumstances of release of Patient information includes, crimes on program premises or against program personnel, medical emergencies, mandated reports of child abuse or neglect, research, audit and evaluations, or court orders.
16. To receive full information regarding the treatment process
17. To refuse treatment
18. To all other constitutional and legal rights, including the right to personal clothing and effects
19. To be informed of the Patient grievance procedure upon request

Confidentiality of Alcohol and Drug Abuse Patient Records:

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

- a. The Patient consents in writing.
- b. The disclosure is allowed by a court order.
- c. The disclosure is made to medical personnel or to a qualified person for research, audit or program evaluation.

Violation of the federal law and regulations pertaining to a program is a crime. Suspected violation 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 Patient at the program, 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.

Patient Grievance

Grievance Procedure:

Any person(s) who believes that their rights have been violated or has a grievance may file a complaint pursuant to the procedures set forth below, on their behalf, or on the behalf of another person. All persons are encouraged to file a grievance. By filing a complaint, the individual will not subject themselves to any form of adverse action, reprimand, retaliation, or otherwise negative treatment by iRecoveryUSA Foundation, INC. Patients shall be provided immediate access to the grievance form; a posting of the grievance procedure, with the levels of appeals, will be in the patient lounge and in the Patient handbook.

Grievances and complaints processing procedures are as follows:

- 1) Patients are encouraged to discuss any problems with their therapist. The Patient and therapist will try to find a resolution. The therapist will correspond with the Clinical Director on the grievance and/or complaint and on any resolution decided.
 - a. All grievances shall first be filed with the Clinical Director by completing a "Patient Grievance" form. The Clinical Director and/or Designee shall give the Patient a receipt of the filed grievance and log the grievance. The Director will conduct an internal investigation and render an initial determination and resolution within 2 days of receipt of the complaint in writing.
 - b. If the patient is not satisfied or if the complaint is not resolved with the results achieved in Step 2, the patient may file an appeal and the grievance shall be forwarded to the Executive Director and a meeting shall be held within five working days of the date it is requested.
 - c. The Patient shall be presented a resolution and response to their grievance in writing, unless waved.
 - d. If a patient does not feel a resolution has been reached, they may contact DCF and the Patient Advocatory.
- 2) The Clinical Director and the Director shall take steps to ensure an appropriate investigation of each complaint to determine its validity. These rules contemplate informal, but thorough, investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
- 3) If the patient is dissatisfied at any point, the patient has the right to contact and/or voice complaints, questions or concerns about service, treatment, procedures, rights and policies by calling HRS Abuse Registry Hotline, 1-800-96ABUSE or 1-800-962-2873, Florida Advocate Center For Persons With Disabilities, Inc. Toll Free: (800) 342-0823, and The Joint Commission (877) 223-6866. All patients will be afforded the opportunity to contact the Consumer Service Line. The telephone number of the hotline is posted in the office and available for patient utilizing teletherapy through this handbook.
- 4) Any allegations of physical or sexual abuse by a therapist shall immediately be brought to the attention of the Clinical Director. The patient will be given the opportunity to contact the Police, Abuse Hotline, Department of Children and Family Services and the Florida Advocate Center for Persons with Disabilities, Inc. The telephone number of the hotline is posted in the office and available for patient utilizing teletherapy through this handbook.

PATIENT GRIEVANCE FORM

Client Name: _____ Date: _____

Grievance (may add additional sheet of information if desired)

Employee Receiving Grievance: _____

Date: _____ Individual making the grievance was notified of which staff member was assigned to investigate the grievance.

Signature: _____ Date Received: _____ Time Received: _____

Response due date (within 3 days of Receipt)

Investigation & response/resolution:

I am satisfied with the resolution of my grievance

Client Signature: _____ Date: _____

Copy of this grievance & resolution given to the client: (within 1 business day of resolution)

Staff Signature: _____ Date: _____

I am not satisfied with the resolution of my complaint but do not want to pursue it any further.

Client Signature: _____ Date: _____

I am not satisfied with the resolution of my complaint and wish to appeal to the CCO/Administrator.

Client Signature: _____ Date: _____

If no Resolution with Clinical Director - Chief Clinical Officer's /Administration Proposed Resolution:

Chief Clinical Officer's Signature

Date

(circle one) Accepted: Yes or No

Patient Signature

Date

DCF Abuse Hotline

800-962-2873

License Number
LIC-1048018

State of Florida
Department of Children and Families
CERTIFIES
IRECOVERYUSA FOUNDATION, INC

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

Outpatient Treatment

located at:

Site: IRECOVERYUSA
FOUNDATION INC

6405 CONGRESS AVENUE Ste 160
Boca Raton, FL 33487



Signature Date: 7/22/2022

Effective Date: 7/22/2022

Expiration Date: 10/20/2022

Accredited By: JC

License Type: Probationary

Shayla Brown

This license was issued based, in part, on the survey report of a Department recognized accrediting organization.

Accredited By The Joint Commission (TJC)

The issuance of a license, certification, or recognition pursuant to Chapter 65D-30, F.A.C., neither guarantees, expresses, nor implies an outcome. A license, certification, or recognition represents attainment of the minimum standards to conduct business as a substance use disorder treatment or prevention provider in the state of Florida.

License Number
LIC-1048017

State of Florida
Department of Children and Families
CERTIFIES
IRECOVERYUSA FOUNDATION, INC

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for

Outpatient Detoxification

located at:

Site: IRECOVERYUSA
FOUNDATION INC

6405 CONGRESS AVENUE Ste 160
Boca Raton, FL 33487



Signature Date: 7/22/2022

Effective Date: 7/22/2022

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Toxicology Testing

- 1) All patients will be subject to ongoing toxicology testing throughout treatment. The frequency and intensity of testing will largely be determined by length of time in program, compliance, or non-compliance with our treatment program.
- 2) Toxicology specimen samples will be either urine, saliva, or both.
- 3) Upon initial provider visit an order for comprehensive urine confirmation testing will be written by provider to be performed at a local lab corp or quest facility with strict chain of custody maintained. Saliva Drug Testing (SDT) kits will also be ordered and sent to patients home to have on hand for future at home specimen collection.
- 4) When a provider requests an SDT the care coordinator (CC) will contact the patient and perform saliva specimen collection with the patient via videoconferencing. Once the specimen is collected a “control number” will be given to patient to place on specimen seal to establish chain of custody. Specimen will be placed into mailer under direct visualization by staff and CC will then call fed-ex to pick up specimen from patients’ home to be sent directly to the lab.
- 5) Toxicology testing results will be reviewed with the patient at their next visit and documented in patient’s medical record in EHR.

Toxicology Specimen Tampering

- 1) A toxicology test found to have high levels of buprenorphine and no buprenorphine metabolite is consistent with adding buprenorphine directly to the specimen. Repeat testing should be undertaken immediately by alternate type of specimen (urine/saliva) for confirmation.
- 2) Pill and/or film strip counts will be undertaken if diversion is suspected.
- 3) Patients suspected of taking illicit opioids instead of prescribed buprenorphine could be asked to take a buprenorphine dose under supervision to assess for precipitated withdrawal.
- 4) Toxicology test tampering reduces available clinical information, questions the therapeutic alliance, and makes collaborative treatment planning difficult. Thus, if specimen tampering is identified more than once, a transfer to a difference treatment setting (HLC) should be strongly considered.

PATIENT RESPONSIBILITIES

PROGRAM RULES

As a patient in the program, you have the responsibility.....

1. To be honest about matters that relate to you as a patient
2. To attempt to understand your problem
3. To attempt to follow the directives and advice offered by the staff
4. To know the staff who are caring for you
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 patients and staff
7. To honor the confidentiality and privacy of other patients
8. To use the grievance procedure if you feel your rights are being violated
9. To keep appointments, be on time, and cooperate with staff
10. To avoid making unreasonable demands
11. To comply with the policies and expectations of your treatment
12. To take an active part in your treatment program
13. To abide by the rules set forth by this agency, including those designated in the patient handbook
14. To refrain from using any type of mood-altering substances while in treatment unless approved by a physician
15. To cooperate and conduct yourself in a responsible and appropriate manner. Physical violence or threats of violence are grounds for termination
16. To resolve grievances as outlined in "Patient Rights"
17. To agree to the fee for services payment plan specified by the agency

Admission Criteria

- 1) Patient must meet Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) criteria for a mild, moderate, or severe OUD/SUD.
- 2) Patient must be at least 18 years old.
- 3) Patient must be in stable mental and physical health, or willing to be engaged in appropriate treatment to address these issues.
- 4) Patient must be willing to comply with program requirements.
- 5) Patient must agree with the goals of the program, which are to:
 - Prevent or reduce withdrawal symptoms and cravings for substances through use of medications.
 - Restore normal physiological functions that may have been disrupted by drug use and improve quality of life.
 - Address any psychiatric problems.
 - Address other medical issues, including preventive health and co-morbidities that may be the results of substance use.
- 6) Patient must be able to meet the following logistic requirements:
 - a. Have access to internet or cellular service.
 - b. Can attend required visits during hours of operation via telemedicine.
 - c. Can comply with visit and counseling recommendations via telemedicine.
 - d. Can comply with fee requirements or have qualifying health care coverage.
- 7) Patient must not have chronic pain issues requiring additional opioid management beyond buprenorphine/naloxone. Patients with co-occurring OUD and chronic pain can often obtain adequate pain relief with buprenorphine, in conjunction with other non-opioid therapies.
- 8) Patient must be able to be treated as an outpatient. If patient requires a higher level of care (LOC) for treatment of their SUD/AUD, arrangements will be made for transfer to appropriate treatment facility.
- 9) Patient must be willing to work toward recovery goals and abstinence from other illicit substances and not drinking alcohol. Discontinuation of other substances before induction is not typically required, although inpatient medical detoxification may be necessary for patients with heavy alcohol use, history of seizures or large amounts of nonprescribed benzodiazepines. Patients prescribed controlled substance, especially benzodiazepines and stimulants, must agree to consider alternative treatments and sign a release allowing coordination of care between

the MARI MAT team and the prescribing provider. Patients must agree to be slowly weaned from benzodiazepines whether they are prescribed or used illicitly. Users of alcohol or illicit benzodiazepines who are at risk of significant withdrawal will need assessment by the treating prescriber or provider to determine whether medical detoxification needs to be coordinated with MAT treatment initiation.

- 10) Patients must submit to Urine drug screen (UDS) testing which can be completed at a Lab local to the patient's home. Alternatively, a saliva toxicology test kit can be sent to patients' home and performed via telehealth with the assistance of our care coordinator.

Discharge Criteria

Patients are discharged based on the following criteria:

1. Patient has been able to achieve the goals articulated in their individual treatment plan.
2. Transfer of care to another facility at patient request.
3. Unplanned patient self-discharge.
4. Patient requires higher level of care.

Discharge summaries will be documented in the patient's EHR and will include:

- Date of admission
- Services provided
- Diagnosis upon intake and discharge
- Presenting condition
- End of treatment diagnosis
- Condition upon ending treatment
- Active medications
- Reason for ending treatment
- Outcome of treatment goals
- Aftercare recommendations
- Changes in strengths, needs, abilities and preferences