

**ADDICTION
TREATMENT CENTER
OF NEW ENGLAND**

**ADDICTION TREATMENT CENTER OF
NEW ENGLAND, INC.
CLIENT POLICY MANUAL
BEHAVIORAL HEALTH PROGRAM**

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**ADDICTION TREATMENT
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INTRODUCTION

This policy manual has been prepared for clients of the Addiction Treatment Center of New England, Inc. (ATCNE). It includes descriptions of policies, procedures, clients' rights and services provided.

This information is presented to aid client understanding of treatment and of ATCNE's expectations of them. ATCNE's administration reserves the right to modify, revoke, suspend, terminate or change any or all of these policies or procedures, in whole or in part, at any time. When possible, and without compromising the safety of the staff or clients or the integrity of the program, notice of changes will be posted in the waiting room thirty (30) days in advance of the effective date of change for a period of sixty (60) days. Individual copies of policy changes will be available in writing from the office. It is the client's responsibility to add these changes to their own copy of this manual. The language used in this manual is not intended to create, nor is it to be construed to constitute, a legal contract between the ATCNE and any individual.

ATCNE is a clinically operated drug treatment program, designed to provide a safe and therapeutic environment so that clients may gain control over their drug problems and learn alternatives to their addictive behaviors.

The policies described in this manual are designed by the administrative, medical, nursing and clinical staff to help clients realize these and other treatment goals.

Clients will be asked to sign a receipt indicating that they have received a copy of this manual. It is their responsibility to review its contents. Decisions regarding any matters not covered specifically in this client policy manual are left to the discretion of the Executive Director or his/her designee. If anything is unclear, clients should consult their clinician for clarification.

A copy of this manual will be kept in the Office at all times and will be available for review upon request. Replacement copies will be available for \$5.00.

DEFINITION OF TERMS

ATCNE and the Center refer to the Addiction Treatment Center of New England, Inc.

BMHC refers to the Brighton Marine Health Center, the property on which ATCNE is located.

Vicinity refers to the Warren Street area between Cambridge Street and Commonwealth Avenue.

ATCNE MISSION STATEMENT

The primary purpose of the Addiction Treatment Center of New England will be to alleviate the physical, mental and spiritual anguish of drug addiction as experienced by the individual, the family, and community by using all available modalities including prevention, intervention, drug-free and drug-supported recovery as defined by the treater and the treated.

The Addiction Treatment Center of New England is committed to the following goals and objectives:

GOALS:

1. Support the recovery, health and well being of the persons served
2. Reduce symptoms or needs and build resilience

3. Restore and/or improve functioning
4. Enhance the quality of life of the persons served
5. Learn how to live without the need for drugs and/or alcohol, and have a meaningful interaction/relationship in the community.

OBJECTIVES:

1. To motivate participants to examine the impact their substance using behaviors have had on their lives and the lives of those around them.
2. To utilize effective interventions and coping strategies for developing and maintaining a stable and healthy lifestyle and reducing the risk of relapse
3. To deliver treatment services in a manner that encourages participants to learn a wide range of coping skills.
4. To develop individualized treatment plans through which the client's needs are assessed and treatment goals are established
5. To reinforce the importance of, and facilitate access to community supports and networks including encouraging the client to actively pursue academic, vocational, and ancillary support services which can contribute to the development of appropriate skills and coping mechanisms necessary to maintain a drug-free lifestyle.
6. To increase the probability that the positive changes in attitudes, knowledge, positive coping skills, and behavioral intentions made through treatment will be maintained

TYPES OF PROGRAMS & SERVICES PROVIDED

ATCNE provides the following outpatient treatment services:

BEHAVIORAL HEALTH

Behavioral health services are available to clients who have problems with drugs, but are not in need of methadone detoxification or maintenance at ATCNE. This can include individuals who are receiving medication-assisted therapy for substance abuse from other providers. Individual and group therapy sessions are required at a rate determined by ATCNE staff in accordance with any outside providers. Medical care, social service referrals, couples and/or family therapy are also available to these clients.

CASE MANAGEMENT

Case management services are available to all ATCNE clients. Case management services include referral for benefit programs, vocational training, job placement, housing, legal services, prenatal care and support, child care, parenting support and resources, psychiatric services, self-help programs, HIV services, medical and dental care, detoxification and alternative substance abuse programs.

AFTERCARE PLANNING

It is the policy of Addiction Treatment Center of New England to make available aftercare and transition services to clients following participation in treatment. Aftercare/Transition is important in providing needed support and contact for those clients whose treatment has progressed to the point where they can be discharged from the program either directly or through referral. The goal of aftercare/transition is developed with the client to allow the client to maintain the progress he/she has made in leading a sober and/or "drug free" life

style, and to encourage him/her to strive towards a satisfying and productive existence in which he/she can experience a sense of self-respect, dignity, and purpose of life. In addition to aftercare planning the Addiction Treatment Center of New England shall provide follow-up services and activities to assist all clients in an effective transition from services. Follow-up contact provides Addiction Treatment Center of New England with a mechanism for maintaining contact with the client following any type of discharge or missed appointment, or following referral to an outside program. It also simultaneously affords the client an ongoing support system for sustaining his/her treatment plan.

MEDICAL CARE

The ATCNE Medical Director and/or designee will perform a physical examination on each client prior to admission. Medical personnel will confer with the client to prescribe a dose level according to state and federal regulations and admit the client. Any lab tests required by State and/or Federal regulations and any additional lab tests and follow-up care deemed necessary will also be ordered.

VOLUNTARY PRE- & POST-TEST HIV COUNSELING AND ANTIBODY TESTING

Confidential pre-test and post-test counseling and HIV Rapid testing is available to any and all clients on a voluntary basis. The counseling component includes a risk assessment to evaluate client behavior that may lead to risk of exposure to infection and to educate the client about behavioral changes that reduce the risk of exposure. Once pre-test counseling is completed, the client will be referred for testing at the mutual agreement of the client and his/her clinician. Clients are expected to continue meeting with their clinician upon receiving the result. HIV infection is a reportable condition in Massachusetts. Positive HIV results will be reported to the Department of Public Health.

ORIENTATION & HEALTH EDUCATION GROUPS

ATCNE requires that all new clients complete an orientation. Orientation will be received during the intake process.

Clients will be offered education and educational written materials on HIV, TB, and tobacco, including strategies for healthy behaviors such as decreasing the risk of contracting HIV and Hepatitis.

ATCNE may also offer other health maintenance educational groups such as Health and Nutrition Issues, Stress Management, Medical Aspects of Substance Abuse and other health related concerns, based on client need.

SERVICE DELIVERY STAFF

Decisions about qualifications to deliver services are made by the ATCNE Administrative Staff. ATCNE employs staff, which is, by virtue of their experience, training, and/or education, qualified to deliver treatment services.

Physicians and nurses must hold current and valid Massachusetts licenses to practice in their respective professions.

CRITERIA FOR RECEIPT OF SPECIFIC SERVICES

1. Clients must be 18 years or older to receive treatment at ATCNE;
2. Voluntary application for treatment;
3. A verifiable history of substance abuse or a mental or behavioral disorder due to psychoactive substance abuse;
4. Absence of withdrawal symptoms;
5. Completion of all parts of the intake process (p. 7-8);
6. ATCNE gives priority consideration for admission to behavioral health treatment to applicants who are:
 - A. Pregnant women;
 - B. HIV infected individuals;
 - C. Prospective clients who are Allston or Brighton residents (proof of Allston or Brighton residency is required);
 - D. Persons with serious medical and/or psychiatric problems;
 - E. Persons referred through agencies with which ATCNE has an agreement to provide services on a priority basis;
 - F. Former clients who voluntarily completed an ATCNE treatment program.
 - G. Persons mandated by the criminal justice system and/or Department of Children and Families for behavioral health treatment
7. ATCNE reserves the right to refuse treatment to any prospective client whom, in the opinion of the Center's Medical Director, Clinical Director and/or Executive Director, would not benefit from Center services.

SCHEDULING AND PROGRAM HOURS

Program hours are designed to meet the needs of clients. ATCNE makes every effort to accommodate all clients, specifically regarding dosing and counseling appointments. We ask clients to schedule outside obligations such as work, school, childcare, medical and dental appointments, job interviews, etc. so as not to conflict with their appointments at ATCNE. ATCNE staff will review accommodation requests on an individual basis. However, if such scheduling is impossible, ATCNE will offer referrals to other treatment programs.

ATCNE HOURS OF OPERATION

Office Hours:

Weekdays (Monday – Friday) 6:00 AM – 2:00 PM

Inclement Weather:

ATCNE will make every effort to keep the dosing clinic open 365 days per year regardless of the weather. In the case of a severe weather emergency, clients are encouraged to call the agency

and listen to the automated recording which will update any changes to the dosing hours schedule and/or the postponement of groups for that day.

When ATCNE is closed, and staff cannot be reached, an answering service system is available at (617) 254-1271 for messages.

In an emergency, clients should contact 911 or go to their nearest emergency room.

Clinical Hours:

Clinicians work 6 days a week. Monday-Saturday 7:00am-3:00pm

Individual sessions will be scheduled at a time that is most convenient for both the clinician and the client.

INTAKE PROCEDURES

Intake interviews are arranged via phone with an intake coordinator who will answer any questions, determine if services are appropriate, and set up the initial appointment. If no appointment is available, the prospective client will be given the numbers of other programs and/or be put on the waiting list, if so desired. (In the case of former clients, all outstanding fees must be paid before an applicant's name will be added to the waiting list.) An intake coordinator will contact the prospective client to schedule an appointment for an intake interview as soon as a time is available.

1. Prior to being interviewed, the prospective client may need to provide at least one supervised urine specimen for pregnancy testing and drug screen for opiates and other drugs.
2. At the intake interview, clients should have:
 - A. Positive verification of age and a picture identification (preferably a Massachusetts driver's license or other government ID.);
 - B. Written documentation of addiction treatment history;
 - C. Insurance information to determine whether these can be used to cover the cost of applicable clinic fees;
 - D. For self-paying clients, a copy of the most recent pay stub documenting income level to determine weekly treatment fees;
 - E. For persons without verifiable income, documentation of means of support.
 - F. Insurance Plans we accept are Partnership, Medicaid, Boston Medical Center (BMC), Neighborhood Health Plan (NHP), Network Health and Celticare or Cenpatico. We do accept a limited number of clients on a self-pay basis as well.
3. The intake coordinator and a clinician will record the client's history to assess their appropriateness for treatment and conduct the intake interview. This report will include: social and economic histories, educational and vocational achievement, legal history, brief psycho-social history, as well as medical, drug use and drug treatment histories. Authorizations to collect and release the necessary treatment planning information from other agencies and/or to verify narcotic addiction and previous treatment history will be obtained at this time.
4. Clients who are deemed eligible for treatment are expected to pay fees established by the Center according to existing fee and payment policies (See "Fee Policy" p. 19).

5. Finally, the client next meets with the appropriate staff member(s) for orientation, to discuss and sign the Client/Program treatment agreement.

Once the above steps have been completed, the client may begin behavioral health treatment.

PRESCRIPTION MONITORING PROGRAM

The Addiction Treatment Center of New England utilizes the Massachusetts Online Prescription Monitoring Program, a secure website that supports safe prescribing and dispensing. A licensed prescriber or pharmacist may obtain authorization, through completion and submission of an enrollment form, to view the prescription history of a patient for the past year. The MA Online PMP also assists state and federal investigative agencies in addressing prescription drug diversion by supporting ongoing, specific controlled substance-related investigations. The Addiction Treatment Center Medical Director has the ability to go online and observe what medications clients are taking from community-based physicians. Clients being prescribed unreported methadone, opiates, and/or other problematic medications, may result in the client's immediate termination from the program. A client may be given a release of information to allow contact with the prescribing physicians. Refusal to sign a release may result in the client's termination from the program.

NON-DISCRIMINATION AND ACCOMODATION

ATCNE ensures that all aspect of the agency and program operation comply with requirements of the Americans with Disabilities Act and with Section 504 of the Rehabilitation Act of 1973. This includes the following policies and procedures:

- No qualified person with a disability shall, on the basis of such disability, be excluded from participation in, be denied equal benefit of, or otherwise be subjected to discrimination under any ATCNE program, service or activity.
- ATCNE programs and services are accessible to individuals with disabilities, including accommodation to ensure that communication with persons with disabilities is as effective as it is for other program participants.

SPECIAL COMMUNICATION NEEDS

ATCNE is committed to provide assistance to clients and/or their family members with special communication needs. Such needs include clients who have difficulty making their service needs known, clients who have hearing or visual impairment and those who require interpretation or translation services. Client and/or their family member's special communication needs are assessed during the intake process, and arrangements are made to service those needs. Examples of such arrangements are the provision of a bilingual member of the staff as an interpreter, or access to an amplified telephone.

Where ATCNE is unable to meet the special communication needs of a client, every effort will be made to refer them to an appropriate provider with the facilities and services they require. This includes individuals who are unable to read. ATCNE will provide information for translating the client policy manual for these individuals.

ACCESS TO TREATMENT RECORDS

All clients have the right to review their treatment. To arrange an appointment to review the chart, a client should call his/her clinician or, in the absence of a clinician, the Clinical Director. An appointment will be scheduled to review the record in the presence of a member of the clinical team.

If clients choose to have another person accompany them in reviewing the record, they must sign appropriate authorizations to release information before the chart is reviewed. Appointments to review charts should not exceed one hour. If more time to review the record is necessary, additional appointments can be arranged.

ALL TREATMENT RECORDS ARE PRIVILEGED AND CONFIDENTIAL. On written request, specified portions will be made available, to specified sources authorized by prior informed consent of the client. Such consent shall be in writing and shall contain:

- The name of the program making and receiving the disclosure.
- The name or the title of person or organization to whom the disclosure is made.
- The name of the client.
- The specific purpose or need of the disclosure.
- The extent or nature of the information to be disclosed.
- A statement that the consent is subject to revocation.
- The date on which the consent is signed.
- The signature of the client.
- The signature of a witness who is an ATCNE staff member.

Exceptions can be made under the following conditions:

- Medical personnel in a medical emergency.
- Qualified personnel, such as third-party payee, for the purpose of conducting scientific research, management audits or program evaluations.
- The court if authorized by a court order.

Authorization to release information shall have duration no longer than necessary to effect the purpose for which it is given. Under no circumstances shall consent to release and/or obtain information remain in effect for more than one year. Subsequent authorizations to release and/or obtain information may be required as part of a client's ongoing treatment plan. The release of HIV sensitive material will require a specific authorization.

Requests for the release of information should be made through the client's clinician. No material will be released to anyone, including the client to whom it pertains, without client authorization. A written request is required from any third party to whom information is to be released. A fee will be charged to cover copying costs incurred by the agency. A request for the release of information that meets the above criteria shall not be denied. ATCNE cannot guarantee that the recipient will not re-disclose treatment information to a third party.

All past staff members who have access to, knowledge of, or possess any information pertaining to present or former clients shall be governed by the same regulations as those that apply to

current staff members. ATCNE shall, as part of its program orientation, inform all staff members and clients of these confidentiality requirements.

Treatment records are the property of ATCNE, which is solely responsible for the security of their contents.

DISCLOSURES OF CLIENT INFORMATION

The Addiction Treatment Center of New England shall protect the confidentiality of all clients in compliance with Federal Regulations. Should professional staff determine a client's degree of danger to self or others; it will be reported immediately by the clinician to the Clinical Director or designee for review and compliance with mandated reporting requirements. Information will be released to others as mandated by law if deemed necessary and documented in the clinical record.

All service providers of the Addiction Treatment Center of New England are required to report cases of client abuse and neglect of minor children and elderly to the local Department of Social Services for action. In cases of extreme emergencies, the matter is to be referred to the appropriate law enforcement agency for immediate action.

PROGRAM RULES AND DISCIPLINARY PROCEDURES

The following rules and disciplinary procedures have been designed by ATCNE to ensure the safe and therapeutic delivery of the program's services for all clients. It is the prerogative of ATCNE to determine if and when a violation occurs.

ATCNE BEHAVIORAL HEALTH POLICIES

The following ATCNE policies have been developed to help ensure the smooth operation of this program and to provide an environment that is most conducive to recovery. Unless otherwise indicated, failure to comply with program policies will result in a treatment contract, alerting the client that he/she is on probationary status, or will receive specific attention in treatment planning. Repeated violations of these policies or failure to comply with specific elements of the treatment plan growing out of a failure to comply with program policies will result in involuntary discharge. Some exceptions may be made based on clinical judgment.

- Timely attendance at all clinical appointments, including individual, group and medical appointments is mandatory, unless otherwise explicitly indicated. Lateness to a therapy appointment may result in the session being counted as a missed session. Continual or habitual lateness to therapy appointments may result in involuntary discharge from ATCNE. Clients who are absent from a group or counseling session are to provide the group leader or primary clinician proper documentation on letterhead, including: date, time, and reason for missing group. Clients have 24 hours to provide this documentation.
- Clients are not to attend therapy clinical appointments under the influence of any psychoactive substances. If, in the clinical judgment of the clinician, a client is determined to be under the influence of any substance, the client will be asked to leave and the session will be counted as a missed appointment. All clients who appear to be sedated will be referred to nursing for assessment. All clients referred for an assessment will not be allowed to return to the group.

- Refrain from disruptive behavior including profanity.
- Keep belongings brought into the clinic to a minimum.
- Show a picture I.D., if requested.
- At staff discretion, Children under age 12 may be allowed in the Center if accompanied by a parent or guardian. They cannot be left unattended by the adults they accompany. Parents are responsible for their children's behavior while in the clinic. Staff will not take responsibility for children waiting in ATCNE waiting rooms. Children under the age of one are allowed to attend the parenting groups. Children are not allowed in any other group.
- Supportive services (e.g., medical or psychiatric evaluation) may be deemed necessary for clients. When receipt of these services is made part of the client's treatment plan, they are considered mandatory.
- Clients will be held responsible for the behavior of all people (children and adults, relatives and acquaintances) they bring with them onto the BMHC campus and its surrounding vicinity.
- Individuals who are not ATCNE clients or do not have an appointment with ATCNE staff may not be in the Center (Bldg. 2 and 5). Security will be notified to address these clients.
- Loitering on the BMHC campus is prohibited. Clients are expected to leave the grounds immediately following any scheduled appointments. Clients should not arrive more than fifteen (15) minutes prior to the start of any scheduled appointment.
- No notes, packages, belongings, other articles or phone messages can be brought into or left at ATCNE to be held for or delivered to clients.
- No client is allowed in any part of the BMHC without permission, unless accompanied by an ATCNE staff member or seeking treatment through another BMHC health care provider.
- Any change in demographic information (e.g., address, telephone number) must be reported to the clinician and/or office staff for emergency contact within 72 hours.
- Animals are not allowed in the Center or on BMHC grounds. Service animals are allowed with appropriate documentation from a medical provider.
- The Addiction Treatment Center of New England is a Tobacco Free Campus. (Including all of the grounds of the Brighton Marine Health Center). This is a ZERO Tolerance Policy. We have joined with the Massachusetts Hospital Association to become tobacco-free. Tobacco free means no tobacco use of any kind is permitted on the campus/grounds by clients and visitors. Violations may result in termination from this clinic.
- Clients must observe all posted parking and driving signs and regulations on BMHC property.

- Client use of cameras and recording devices is not allowed on ATCNE premises.
- Every client is required to sign a client/program treatment agreement prior to the onset of treatment. Compliance with the terms of this document is mandatory.
- No dark glasses are to be worn indoors on BMHC grounds.
- Clients wearing clothing deemed inappropriate or offensive is considered disruptive to treatment and will be asked to refrain from wearing it again.

TREATMENT TERMINATIONS

A. SUCCESSFUL COMPLETION OF PROGRAM

A client has successfully completed the program when he/she has achieved all program treatment goals. Specifically:

- A. Staff and client agree the client has achieved significant stability in his/her life, and a level of functioning consistent with what is generally recognized as healthy.
- B. The client no longer uses intoxicating or illicit substances, and uses prescribed and over-the-counter medications in an appropriate manner.

A client who successfully completes his/her treatment at ATCNE may reapply for treatment at any time following his/her discharge.

B. VOLUNTARY TERMINATION PRIOR TO PROGRAM COMPLETION

Voluntary termination from the program may be initiated at any time even if the client does not meet the criteria for successful completion of the program listed above. A client may voluntarily terminate treatment at ATCNE at any time. A client voluntarily discharged from ATCNE prior to completion may reapply for admission to the program one (1) week after his/her discharge.

C. INVOLUNTARY TERMINATION

Clients will be notified in writing during individual counseling of the violations that led to their involuntary termination. Any client who is absent from treatment for 30 days will be automatically involuntarily terminated and attempts will be made to notify the client of their termination status. Clients will be encouraged to work with their clinician on after-care planning to seek alternative treatment resources and supports. A client involuntarily terminated from ATCNE may reapply for admission to the program after two (2) weeks after the date of discharge but may be required to sign a treatment contract upon readmission.

A client may be involuntarily terminated from ATCNE for any one or more of the following reasons:

- Non-compliance with the Client/Program Treatment Agreement.

- Repeated non-compliance with ATCNE rules and/or policies or non-compliance with treatment contracts
- Non-compliance with ATCNE payment policies
- Any act or threat of physical violence or any behavior or language which can be reasonably perceived or interpreted as an act or threat of violence or assisting in an act or threat of violence toward ATCNE staff, property, or any other person in the vicinity of BMHC. Furthermore any behavior or language that suggests substantial threat of harm to persons or property, or threatens the safety of Center clients, staff or visitors, or interferes with the delivery of services will also be cause for an emergency termination.
- Possession, display and/or threats to use of a weapon or any object being used as a weapon in the Center or in the vicinity of the BMHC. Note: "weapons" includes, but is not limited to, clubs, guns, knives and swords including replicas and toy weapons.
- Any act of destruction or vandalism of personal or program property.
- Engages in any form of harassment. Harassment refers to any behavior that is personally offensive, violates boundaries, or interferes with the with an employee' ability to effectively provide services.
- The existence of any condition under which continued treatment of a client presents a serious medical risk, as determined by the program's Medical Director.
- Possessing, displaying, giving, taking, buying, selling or exchanging any drug, (including alcohol and methadone), or drug paraphernalia (such as prescription "pill" bottles and syringes) in the BMHC vicinity is prohibited. "Drug" means any prescribed, over-the counter or illicit medication.
- Sale, the discussion of sale, or exchange of money, goods or property on or in the BMHC vicinity.
- Theft or attempted theft from clients, staff, other people, program or property in the BMHC vicinity.
- Any attempt to alter, dilute, modify or falsify a urine sample including, but not limited to entering or reaching into an area where urine samples are stored without staff permission and supervision or failing to follow staff instructions while providing a urine sample.
- Unauthorized entry into restricted areas (e.g., staff offices, storage areas, etc.) without supervision, accompaniment or permission of staff.
- Refusal to inform other clinicians providing treatment that active involvement in a behavioral health treatment program is ongoing. This includes refusal to sign informed consents authorizing the program to release and gather information from other treaters for the purpose of verifying and coordinating treatment. In the event that outside treatment involves prescription medication, the use of this medication will be considered to be illicit unless the usage is reported to ATCNE staff through written documentation.

- Non-compliance with specific elements of the treatment plan designed to address patterns of behavior that have been ongoing or that substantially interfere with progress in treatment and/or demonstrate a lack of commitment to treatment and recovery.
- Any behavior that threatens to or undermines the integrity of the program or the efficacy of the clinical treatment of the client. This includes violation of the ATCNE Good Neighbor Agreement (see Addendum III).
- Violation of any ATCNE policy while on probationary, treatment contract or warning status.

D. TRANSFERS AND REFERRALS

Any client wishing to transfer to another program may do so, but is required to make his/her own arrangements for the transfer. Referrals consisting of the names, addresses, phone numbers and contact persons (if known) at other programs will be given to clients upon request. However, the client will be responsible for initiating contact with the new agency and for providing ATCNE with the name(s) and title(s) of the individual and agency to which any information is to be released. ATCNE will provide requested information currently in its possession to the new program, only with proper authorization signed by the client.

GRIEVANCE PROCEDURE FOR RESOLUTION OF ANY CLIENT-RELATED CONFLICT OTHER THAN PROPOSED TREATMENT TERMINATION

Any client who has a conflict with ATCNE policies or procedures or with an ATCNE staff member should address the issue with his or her clinician who will help the client decide how best to proceed to resolve the dispute. If the client's difference is with a staff member (and if the client and his/her clinician deem it appropriate) the client and staff member should meet together to try to resolve the problem. If the problem is not resolved to both parties' satisfaction, the clinician will arrange a meeting with the Clinical Director who will attempt to facilitate a resolution to the conflict. The Clinical Director, after discussion with all parties directly involved, shall decide what action, if any, is necessary. This meeting is not open to third parties. The Clinical Director's decision will be in writing and will be final.

If the complaint cannot be resolved by the Clinical Director, the client can file a grievance with the designated grievance officer. Provisions for a hearing on the matter are presided over by an impartial grievance officer. The client can obtain a grievance form from the grievance officer and is to be completed within three (3) days. An agreed upon meeting time will then take place between the grievance officer and client. A decision will be formed in writing to the client and staff involved within five (5) working days.

CLIENT RIGHTS

ATCNE shall make every effort to safeguard the legal and civil rights of each client at all times regarding the Treatment process and Discharge from Treatment process. ATCNE shall adopt and maintain a currently updated set of facility rules which shall state the responsibilities and the rights of clients regarding the Treatment process and Discharge from Treatment process. All

client rights have been established in accordance with 105 CMR 164.079, Department of Public Health (DPH).

At a minimum, the licensee shall guarantee the client:

1. Freedom from physical and psychological abuse;
2. Freedom from strip searches and body cavity searches;
3. Control over his/her bodily appearance provided however on program premises the licensee may prohibit attire and personal decoration which interfere with treatment;
4. Access to his/her client record in the presence of the administrator or designee unless there is a determination that access to parts of the record could cause harm to the client;
5. The right to challenge information in his/her client record by inserting a statement of clarification or letter of correction signed by both the clinician and the client;
6. The right to obtain a copy of the client's records as specified in 105 CMR 164.083: Client Records;
7. The right to have confidentiality of his/her records secured as required by 105 CMR 164.084: Confidentiality;
8. The right to terminate treatment at any time;
9. Freedom from coercion;
10. Treatment without invidious regard to race, ethnicity, creed, national origin, religion, sex, sexual orientation, age, or disability;
11. Treatment in a manner sensitive to individual needs and which promotes dignity and self-respect;
12. Full disclosure regarding fees charged and in any residential programs, any client benefits to be contributed;
13. The right to grieve actions or decisions of the licensee regarding the client's treatment;
14. Freedom to practice his or her religious faith;
15. The right to request referral to a facility which provides treatment in a manner to which the client has no religious objection;
16. Drug screens conducted in a manner which preserves the client's dignity and when the drug screen is by urine sample accommodates any medically confirmed inability to give urine by providing for an alternative effective means of screening such as oral swab and;
17. The right to contact the department.

The licensee rules shall also include written grievance procedures for the resolution of any client related problem or dispute which arises within the program. The procedures shall provide that, if the matter is not settled to the satisfaction of the client, the client is entitled to a hearing presided over by an impartial grievance officer. The grievance officer selected by the provider shall be selected based on the issue being grieved (medical officer/medical grievance, administrative officer/administrative grievance). The grievance procedures shall include the process by which clients have the right to grieve:

1. Clinical decisions affecting their treatment and;
2. Any incident or condition that the client believes violated his/her rights.

FEE POLICY

Rates for ATCNE services are set in accordance with those established by the Commonwealth of Massachusetts Rate Setting Commission. These rates reflect those currently in effect for reimbursement, individual, family and group therapy sessions.

ATCNE has a contract with the Department of Public Health, which supplements client fees, allowing this agency to offset the cost of services. Our ability to continue to provide sliding fees is greatly dependent on maintaining this contract with the Department of Public Health.

A. SELF-PAY

Treatment fees for self-paying clients are set on a sliding fee scale taking into account a client's annual family income and family size. At intake, and prior to each subsequent fiscal year, clients must present one or more of the following: a copy of their preceding year's Form 1040, a W-2 Statement of Wages and Earnings form and most recent pay stub to verify income level. Other forms of proof of income may be acceptable, but must first be cleared through the ATCNE Front Office. Any client unable to produce these documents will be charged the maximum fee on the sliding fee scale.

B. MEDICAID

Medicaid clients must present valid MassHealth cards subject to approval. Clients with invalid cards will continue to be responsible for services received until a valid card is presented. If a client loses his/her MassHealth eligibility, he/she should notify the front office immediately so that financial arrangements can be made. All fees accrued after the loss of eligibility will be the responsibility of the client.

C. OTHER 3RD PARTY INSURANCE

ATCNE can bill other private insurance carriers for some services provided. If a client has other insurance, he/she must notify ATCNE immediately so it can be determined whether that insurance company covers ATCNE services. To the extent that coverage is available, this will further reduce the portion of the fee for which the client is responsible. Clients will not be required to allow ATCNE to file a claim with their insurance companies, but ATCNE may provide letters to clients so that they may seek reimbursement from their insurance companies.

PAYMENT POLICY

- Payments will be accepted from 6:00 AM to 2:00 PM Monday through Friday By administrative staff only. No payments will be accepted on weekends or holidays.
- A fee may be charged for photocopying information from a client's chart. These fees will be set by Administrative staff.
- Payment will be accepted in the form of a credit card, bank check, money order, or cash. Payments are also accepted over the phone (credit card only) and by mail (money order only). Personal checks will not be accepted. ATCNE will not make change. If a payment exceeds the required fee, the excess will be credited toward future fees.
- Clients should create individual payment plans with administrative staff.

OVERDUE PAYMENTS

- Clients are expected to make every effort to pay their full balance. They can make payments toward their balance if they cannot pay in full. If they are unable to make a payment they must check in with administrative staff to provide a reason and day to restart making payments.

- All outstanding balances must be paid in full in order for a client to be re-admitted to the program.

EMERGENCY EVACUATION PROCEDURE

In the event of fire or other emergency requiring the evacuation of the building, all clients are to leave the building immediately. It is the responsibility of staff members to lead clients to safety.

No staff member or client is to place him/herself or others at risk by remaining in the building to fight fire or other dangerous situations.

EVACUATION ROUTES BUILDING FIVE- FIRST FLOOR

- A) Main entrance, between waiting room and main office.
- B) Rear door, at foot of rear stairway.
- C) Rear door, through kitchen.

EVACUATION ROUTES BUILDING FIVE- SECOND FLOOR

- A) Fire escapes are located outside offices in main hallway immediately adjacent to main hallway bathrooms. If there is any question about access to first floor exits, use second floor fire escapes.

EVACUATION ROUTES BUILDING TWO - SECOND FLOOR

- A) Use the main stairway or the emergency exit stairways.
- B) Do not use the elevator during an emergency.

CLIENT/PROGRAM TREATMENT AGREEMENT

I, Your Name Here certify that all information that has been provided by me on my initial assessment and intake is true and complete. I understand that any falsification, misrepresentations, or omission of facts in connection with my application may result in my denial of admission to ATCNE or immediate discharge from the program.

I, Your Name Here have received a copy of the ATCNE Client Policy Manual as of date below and understand that it is my responsibility to read the entire Client Policy Manual, that I am responsible for understanding its contents and adhering to the requirements in the Manual.

THE ADDICTION TREATMENT CENTER AGREES TO:

Keep the client's identity, diagnosis, prognosis, and/or treatment plan fully confidential except where authorized by the client or legally mandated or allowed by Federal or State statute. The client will be notified of any disclosure of this information.

Provide group, couples, family and/or individual therapy, medical and other services, or referral, as deemed necessary and to make such services available to the client's family whenever appropriate, and with the client's consent.

Dispense medication, if the client is receiving medication, at regularly scheduled daily clinic hours under qualified supervision.

Provide detoxification, if the client is receiving medication, for any client desiring to voluntarily withdraw from the program.

Hold a hearing, in accordance with the established ATCNE Appeal Procedure, for any client requesting such a hearing.

Sign all Release of Information forms, including medical providers and other sources as appropriate.

Provide a copy of the Client Policy Manual to each client upon admission, which includes a referral/resource listing in case of early or unexpected termination from treatment and family support service resources. Upon request, ATCNE will provide assistance to understand this document and my responsibilities.

Provide Orientation to all new clients and to former clients who have been readmitted more than a year since their last orientation attendance, including (a) an overview of the Client Policy Manual, (b) Hepatitis, HIV and Infectious Disease Control, and (c) methadone as a treatment modality, including safety, facts, myths, and overdose prevention

THE CLIENT AGREES TO:

Attend and complete ATCNE Orientation within 2 weeks of admission.

Attend all counseling and medical appointments.

Report regularly to ATCNE at the scheduled hours for medication dispensing, and to understand that medication will not be dispensed at any times other than those regularly scheduled.

Receive an annual medical evaluation by the program physician or designate and to follow through on medical care recommended by ATCNE.

Submit an unsupervised urine specimen for toxic screens and an alcohol breathalyzer on the day designated and to submit blood or urine specimens for medical tests as may be requested by program staff.

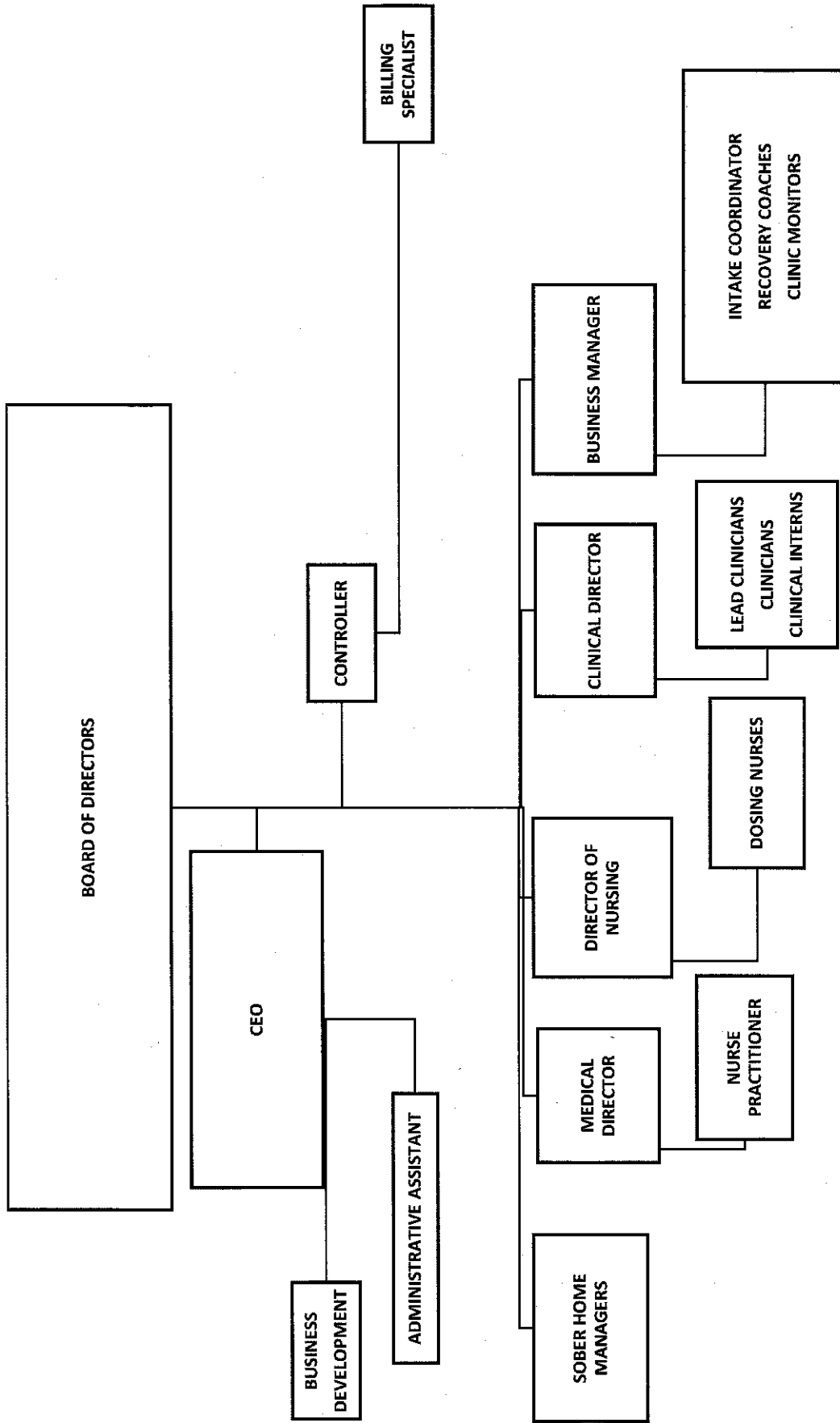
If applicable, pay for treatment, including late fees if any, at the regularly scheduled times, and in the manner established.

Sign all Release of Information forms including medical provider and other sources as appropriate.

Abide by all ATCNE rules and policies.

Remain with ATCNE for a minimum of 90 days before being eligible to transfer to another program.

I, the client named below, have read this agreement, understand it, and agree to adhere to it.



ADDENDUM I

OVER THE COUNTER COUGH MEDICINES AND COLD REMEDIES

There are a large number of cough remedies and cold preparations available over the counter to the public. Some work well, and some do not. Some can also cause relapse in recovering addicts, or give positive urine tests for drugs.

Here are some general guidelines for safe treatment of coughs and colds:

COUGHS: Most cough syrups contain alcohol: this does not help the cough, and may make it worse by causing dehydration. Alcohol content is listed on the label of the cough syrup. **Choose those with no alcohol. Several store brands are alcohol free, such as TUSSIN-DM and the Triaminic line.**

The two ingredients in a cough syrup that are **most helpful are GUAIFENESIN and DEXTROMETHORPHAN. Look for them when you choose a cough product.**

Be careful not to take syrups that have other ingredients including antihistamines or decongestants in them. If you are just trying to treat a cough, they will not help, and may make things worse.

STUFFY NOSE: The best ways to treat a stuffy nose often do not require medication. Sitting in the bathroom with a hot shower running will help. In the winter, especially if you have forced hot air, electric, or wood stove heat, a vaporizer (cool mist preferred) will add enough moisture to unstuff your nose. If these measures do not work you may need to use, **in addition, a decongestant such as one containing pseudoephedrine (Sudafed and others). Please be aware that medications containing pseudoephedrine can cause a positive urine test for amphetamines or you may want to use anti-allergy medications like Claritin (doratadine) or Zyrtec (cetirizine). Also you can use NEIL MED to washout the infection from your nose.**

SORE THROAT: About 80% of sore throats are caused by a virus and will not be helped by an antibiotic. Strep throat, however, which is caused by bacteria, is treatable with antibiotics. The only sure way to know if you have strep is by a lab test in a doctor's office or hospital. If you receive antibiotics for a strep throat, it is very important that you take them all. If you don't, you run the risk of developing rheumatic fever, which can damage the valves of your heart. **The best treatment for sore throat is Tylenol with salt water gargles. (Take 1/2 teaspoon of salt in a cup of warm water, gargle for 30 seconds and repeat every two hours.)** You will not notice improvement the first time you do this, it will take 3 or 4 treatments for it to work.

PAIN AND FEVER: **The best over-the-counter pain and fever remedies are ASPIRIN, TYLENOL (Acetaminophen) and ADVIL (Ibuprofen).** Aspirin and Advil can both irritate the stomach and may cause bleeding. If you have a sensitive stomach, a history of ulcers, or are taking other medicine, you will be better off taking Tylenol. If you have liver disease or drink heavily, you should avoid Tylenol as it may harm your liver in these circumstances.

STOMACH UPSET: **Medications such as Maalox or Mylanta are usually safe to take.** Medications such as Tagamet, Pepcid, Zantac, or Prilosec may interact with some prescription medications.

ADDENDUM II

GROUP RULES

1. Confidentiality.
2. Consistent attendance. You are to attend groups weekly as scheduled. Unexcused absences will result in warnings. If you are absent, you are to provide to group leader proper documentation on letterhead, including: date, time, and reason for missing group. You have 24 (twenty-four) hours to provide this documentation. If documentation does not provide information (stated above), a warning will be issued.
3. No cross-talking. One person speaks at a time to show respect for your fellow group members.
4. Please raise your hand to be recognized by the facilitator before speaking.
5. No food or beverages in group rooms.
6. Do not pass any items as per ATCNE policy. Please refer to the Client Policy Manual (page 13).
7. No cell phones or electronic devices. Be sure all electronic devices are turned off prior to group.
8. Please remove reflective glasses/sunglasses, listening devices, and hats (if requested). Part of group participation is eye contact.
9. Do not distract others by going through bags, purses, etc.
10. Using the restroom and making transportation arrangements must be done before or after group.
11. Client must remain alert and participate in group process. You will be referred to nursing for an assessment if you appear sedated. This is a therapeutic intervention and a safety requirement of ATCNE; it is not a punishment. A warning will be issued if you are unable to work or participate effectively in group, or if you create distractions and disturbances in group upon leaving for an assessment.
12. Client must respect group facilitator and group members. This includes body language. If you are being disruptive, you will be asked to leave the group and will be given a warning. If you are not using the group to help yourself, remember others are. Listen to others. Identify problems, but focus on solutions.

ADDENDUM III

ATCNE – Boston Good Neighbor Agreement

ATCNE remains committed to treating substance abuse and ensuring that we are viewed as partners in the community. Therefore, we view violations of social norms and criminal activity as a very serious matter. The intent of this notice is to inform you of activities in the community which may result in discharge from the program. It is our goal to retain clients by making our expectations clear to avoid any possible actions that would impact your treatment.

These activities include:

- Reckless driving to and from the program, around the program, and in the community
- Disturbing the peace (ie. loud music, verbal altercations, squealing tires)
- Suspicion of shoplifting
- Secretive and suspicious activities in and around the program and the community
- Drug seeking, drug related, or suspicious activities that could be seen as drug related or possession.
- Parking and traffic violations

The above activities are not acceptable, present a safety risk to patients, staff and the community at large and will be dealt with in an effort to keep everyone safe and free from these activities to the best of our ability. In working with the community and its businesses, (ie. McDonalds, Dunkin Donuts, businesses at the corner of Warren Street and Commonwealth, etc) the program will be responding to complaints and/or concerns from these businesses by assessing the reported behavior and determining the impact your behavior will have on your treatment here at ATCNE up to, and including possible discharge from treatment. Please note that these violations are not an addition to existing policy but merely a clarification.

Your signature indicates that you have read and understand our Good Neighbor Agreement.

Printed Name:

Signature:

Date:

Witness Signature:
