ASPIRE
RECOVERY CENTER

Notice of Privacy Practice

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- The right to be provided treatment, care, and services that are adequate, appropriate, and in compliance with State, local, and Federal laws and regulations.
- The right to have input into his or her treatment plan and be informed of the plan's content.
- The right to receive individualized treatment.
- The right to receive services in the least restrictive, feasible, safe, healthful, and comfortable environment.
- The right to know the cost of services.
- The right to be informed prior to admission of services available and charges for treatment, including charges not covered under Medicare, Medicaid, or another third-party payor.
- The right to request a written statement of charges for services and be informed of the policy for the assessment and payment of those receiving services fees.
- The right to be informed of one's own condition.
- The right to be informed of available program services and the composition of the service delivery team.
- The right to give informed consent, expression of choice, or refusal of any release of information, concurrent services, treatment, or therapy.
- Aspire Recovery does not conduct or participate in research projects.
- The person served has the right to be informed if any policy and/or procedure is changed.
- The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it.
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
- The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, or photographs.
- The right to consult with an independent treatment specialist or legal counsel at one's own expense.
- The right to have access to a board-certified or board-eligible psychiatrist for consultation.
- The right to confidentiality in accordance with HIPAA and CFR 42 – 2 of communications and personal identifying information within the limitations and requirements for disclosure of the persons served information under state and federal law and regulations.
- The right to have access to one's own record in accordance with program procedures and to receive one free copy when requested.
- The right to be informed of the reason(s) for terminating participation in a program.

- The right to be informed of the reason(s) for denial of a service.
- The right to not be secluded and be free of the use of physical restraints.
- The right not to be discriminated against for receiving services based on race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or HIV/AIDS.
- The right to access or referral to self-help or advocacy support services.
- The right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- The right to be informed of all persons served rights and to have access to them all times for review or clarification.
- The right to exercise one's own rights without reprisal.
- The right to file a grievance to address concerns regarding services received or infringement of rights and have these grievances resolved.
- The right to have oral and written instructions concerning the procedures for filing a grievance.
- The right to have access to use of staff office phones in case of an emergency.
- The right to be informed of availability of emergency services available 24 hours a day, seven days a week and access to means to communicate with them should an emergency occur.
- The right to use a staff office phone as long as it is not a hindrance to treatment.
- The right to have and use a cellular phone unless it is a hindrance to treatment.
- The right to have access to information pertaining to the person served in sufficient time to facilitate the person's decision making.
- The right to receive service delivery that is absent of abuse and neglect including but not limited to:
    - Physical abuse.
    - Sexual abuse.
    - Harassment.
    - Physical punishment.
    - Psychological abuse.
    - Threats.
    - Exploitation.
    - Coercion.
    - Financial exploitation
    - Fiduciary abuse.
    - Humiliation.
    - Retaliation.
    - Neglect.
- The right to request a hearing if the person served is involuntarily discharged within 48 hours of receipt of written notice of discharge. Continued treatment will occur pending the outcome of the hearing and representation at the hearing by an attorney or other person chosen by the individual will be permitted.
- The right to be informed of the rules of conduct, including the consequences for using alcohol or other drugs, or other infractions that may result in:
    - Further assessment.
    - Modification of the treatment approach.
    - Transfer to a higher intensity level of treatment; or

- Disciplinary action or discharge, after review and consideration of alternative interventions, which shall be documented in the person's served record with an explanation for any decision involving disciplinary action or discharge.

Violation of Rights

- Any consumer may contact the Attorney General of Virginia at 804-786-2071 any time should they feel they have been mistreated, rights have been violated, or have any questions, compliments, or concerns.
- Those receiving services, an employee, or any other individual may make a complaint to Aspire Recovery. A supervisor shall report to the administration within twenty-four (24) hours regarding all violations, or suspected violations, of a person's served rights, except in the case of physical abuse for which immediate notification shall be made
- Aspire Recovery must have evidence that all violations or suspected violations of a person's rights are thoroughly investigated within a reasonable time-period.
- Aspire Recovery shall make a notation of the incident and the effect of the incident on the individual's illness or treatment in a person's served record.
- If the administrator's findings and actions on behalf of those receiving services regarding a violation of the person's served rights is unfavorable, insufficient or not forthcoming within a reasonable time, the individual, or his or her legal representative may appeal to the governing body of Aspire Recovery, the Division of Mental Health and Addiction, or other appropriate resource.

Reasonable Accommodations

Aspire Recovery will address reasonable accommodation for communication access services for a those receiving services who:

1. Has a visual impairment
2. Is deaf or hard of hearing
3. Is unable to comprehend or communicate due to a language barrier; or
4. Has a different linguistic background

Aspire Recovery will provide for appropriate auxiliary aids and services, including assistive listening devices, real time captioning, or sign language interpreters, if needed. Aspire Recovery will ensure that programs and activities provided through electronic and information technology are accessible to the individual with a disability, and allow for language assistance services, including oral language assistance or written translation for the person served with a different linguistic background.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

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Client Signature Date

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Witness Signature Date