



Includes
Sample
Policies,
Procedures,
Templates

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House Name/Logo

Mission

[Example:] Our purpose is to provide a structured and stable environment for persons recovering from substance use disorders (SUD). We set the highest standards to enable personal growth, build foundations for long term recovery, and improve the quality of life while becoming contributing members of society.

Vision

[Example:] To become a vital partner in building successful lives in recovery and providing safe, affordable neighborhood housing that is sensitive to the needs of the community by providing the highest quality residential recovery opportunities available, which will empower each person to build a better life and create a recovery friendly environment for our community.

Recovery Residence Levels of Support

The levels of support identified by the National Alliance of Recovery Residences (NARR) reflect a continuum that distinguishes programs based on intensity and mission. The four levels of support vary in regard to administration, services, staff, and the residence itself. NARR levels vary from I and II (lower intensity programs that are either peer-run or have minimal staff) to III and IV (higher intensity programs with staff supervision and clinical services). This classification system is recognized by American Society of Addiction Medicine (ASAM) using a slightly different naming for the four levels.

		RECOVERY RESIDENCE LEVELS OF SUPPORT			
		LEVEL I Peer-Run	LEVEL II Monitored	LEVEL III Supervised	LEVEL IV Service Provider
STANDARDS CRITERIA	ADMINISTRATION	• Democratically run • Manual or P & P	• House manager or senior resident • Policy and Procedures	• Organizational hierarchy • Administrative oversight for service providers • Policy and Procedures • Licensing varies from state to state	• Overseen organizational hierarchy • Clinical and administrative supervision • Policy and Procedures • Licensing varies from state to state
	SERVICES	• Drug Screening • House meetings • Self help meetings encouraged	• House rules provide structure • Peer run groups • Drug Screening • House meetings • Involvement in self help and/or treatment services	• Life skill development emphasis • Clinical services utilized in outside community • Service hours provided in house	• Clinical services and programming are provided in house • Life skill development
	RESIDENCE	• Generally single family residences	• Primarily single family residences • Possibly apartments or other dwelling types	• Varies – all types of residential settings	• All types – often a step down phase within care continuum of a treatment center • May be a more institutional in environment
	STAFF	• No paid positions within the residence • Perhaps an overseeing officer	• At least 1 compensated position	• Facility manager • Certified staff or case managers	• Credentialed staff

In response to requests for handbook templates that can be tailored to the needs of Level II Recovery Residences, the Fletcher Group is providing this document that aligns with various levels of support. A more complex *Rural Recovery House Handbook*, appropriate for Level III but with content that may also be useful to Level II, is available from the Fletcher Group.

Sample Handbook for Rural Recovery Residences (Level II)

Resident Evaluation/Application

[Enter Recovery Residence name here]

This Recovery Residence offers Level II support in a monitored facility that has house rules to provide structure and includes peer run groups, drug testing, house meetings, and participation in treatment services and/or self-help meetings. Our residence is provided in a [single family home or apartment building] located at [enter address here]. It is democratically run based on a handbook and policies & procedures. We have a paid House Manager that helps manage the house and provide guidance and support. Residents are encouraged to also participate in available recovery support services in the community.

The [enter Recovery Residence name here] requires that its residents have been in recovery for at least [enter required length of sobriety] before moving into the residence. In addition, all residents are expected to commit to providing peer support for other residents, participate in recovery planning with peers and/or community supports such as outpatient counseling and/or self-help groups and confirm that recovering in a housing environment with a House Manager and Peer Support as opposed to a more intensive treatment environment is their preference.

See Resident Evaluation/Application on page 6.

Resident Evaluation/Application			
Peer:		Today's Date:	
		Time:	
Desired Move-in Date:		Reason for Move:	
Applicant Name:			
Date of Birth:		Phone:	
Current Address:			
City:		State:	
		Zip Code:	
Own or Rent:		Monthly Payment or Rent:	
		How Long at this address?	
Previous Address:			
City:		State:	
		Zip Code:	
Own or Rent:		Monthly Payment or Rent:	
		How Long at this address?	
Where have you lived for the past 6 Months:			
Identification:			
☐ Valid State I.D.		☐ Valid Driver's License	
☐ Social Security Card		☐ Birth Certificate	
☐ Convicted of a Violent Crime?		☐ Convicted of a Sexual Offense?	
☐ SNAP Benefits?			
Marital Status			
Married		Separated	
Widowed		Registered Partnership	
Divorced			
Do you have Children: ☐ Yes ☐ No		If yes, who is caring for them:	
Level of Education:		☐ Veteran?	
		☐ Pregnant?	
Who referred you to us?			
Recovery and Substance Use History			
Have you been a resident of the [residence name] before?			
☐ Yes ☐ No If Yes When:		When is the last time you used drugs?	
Have you sought services for a substance use disorder in the past? ☐ Yes ☐ No			
If yes, please list all:			
Where:		When:	
		Length of Stay:	
Where:		When:	
		Length of Stay:	
Where:		When:	
		Length of Stay:	
Substance Use History:			
Drug of use:		Last Use:	
		How Much:	
Method:			
Drug of use:		Last Use:	
		How Much:	
Method:			
Drug of use:		Last Use:	
		How Much:	
Method:			
Alcohol Use ☐ Yes ☐ No		If Yes, How Much:	
		How Often:	
Probation Parole/Court/Legal Issues			
Pending Charges or Legal Issues: ☐ Yes ☐ No		If yes, please explain:	

Upcoming Court Dates: ☐ Yes ☐ No		If yes, please explain:	
Do you report to a Probation Officer ☐ Yes ☐ No		Name/Phone:	
Felony Conviction in the past 3yrs: ☐ Yes ☐ No		If yes, please list:	
Emergency Contact and Health Information			
Emergency Contact:			
Relation:	Parent ☐	Spouse ☐	Sibling ☐ Friend ☐ Other ☐
Address:		Phone Number:	
Please List any Medications you are currently taking:			
		How Long:	
Mental Health Symptoms or Conditions: ☐ Yes ☐ No – If yes, please explain?			
Have you attempted Suicide in the past: ☐ Yes ☐ No		If yes, how many times?	
Did you have a specific plan?			
Were you under the influence at the time: ☐ Yes ☐ No		When was your last attempt?	
Employment/Income			
What is your source of income?			
Amount per month:			
Employer (if applicable):			
Length of time on job (if applicable):			
Do you have a savings account?			
Do you have debts? If so, what do you pay monthly?			

Resident_Agreement

[Enter name of Residence here]

Resident Agreement

The [enter residence name here] fee is [\$ enter fee here] per week with a [\$ enter deposit here] deposit. The deposit and the first week's fees are [\$ enter fee & deposit here]. They are due upon admission and are the sole responsibility of the new resident unless a third party payee is involved.

House fees will continue to be due one week in advance (the resident will be paying for the upcoming week.) Residents who cannot cover their house expenses because they are unemployed or there is an issue with a third-party payee are to immediately bring this to the attention of the House Manager so that we can create a repayment plan for you.

It is understood that changes in employment may take place. Our responsibility is to assist you with your recovery, and financial challenges may arise during your time as a resident of the [enter name of residence here]. We are here to assist you if this situation comes up. It is especially important that you let the House Manager know of your need for a fee arrangement as soon as possible.

Any form of fee assistance (3rd Party) is to be approved by the [enter responsible party here]. A written notice and request for a refund of fees or deposits must be given [determine time] before moving out of the [enter name of residence here], or the house fee deposit will be forfeited. No deposit of house fees will be returned for stays less than seven days.

If a house recommendation has been made for you to seek alternative living arrangements due to your actions having been found to place the safety of the house or other residents at risk and in noncompliance with house guidelines, the deposit will be forfeited. (See the following policies that also reference discharge from the residence: Medication Policy, page 12; General House Rules, page 22; and Drug Testing Policy, page 25.

Personal property is the responsibility of the resident who must pack and remove their items upon moving from the residence. Items that are left behind will be held for 72 hours. At that point they become the property of the house and will be disposed of or donated.

Name (print): _____ Date: _____

Signature: _____

House Manager: _____ Date: _____

Statement of Resident Rights

A copy of the resident rights is required to be given to each resident when they move into the house and the resident must sign and date that they have received it. A copy must also be kept in a common area of the [enter name of residence].

Statement of Resident Rights

As a resident of [enter name of residence] you have rights that will be safeguarded during your stay. You have a right to:

1. An environment that supports your recovery.
2. Be free from verbal and physical abuse.
3. Be treated with dignity and respect.
4. Choose your own personal recovery goals.
5. Participate actively in your recovery.
6. Confidential records that are accessible only to designated persons and which can be released to others only with your written permission, except as allowed by state and federal law.
7. Be referred to subsequent services upon leaving or transfer from this residence if necessary.
8. Retain personal property that does not jeopardize your or others' safety or health.
9. Receive and send unopened mail.
10. File a complaint to the owner/operator/House Manager without fear of retaliation and have the complaint addressed within a reasonable amount of time.
11. Be fully informed before changes occur in these rights and responsibilities as well as to changes in policies and procedures should they occur.
12. Not to be required to perform services for the residence which are not included in the usual expectations for all residents.

I have been informed of my rights as listed above.

Printed Name of Resident: _____

Signature of Resident: _____ Date: _____

Grievance Policy

Although minor concerns or complaints can usually be resolved informally within the residence, there may be situations where formal complaints will be filed. [Enter name of Recovery Residence] will make a written grievance procedures available to each of its residents who will be required to sign that they have received and understand the procedures.

Grievance Procedures

1. All clients have the right and are encouraged to communicate his or her grievance to (Enter name of Recovery Residence) to the House Manager or other designated company representative. There will be no consequences or retaliation for the resident filing a grievance.
2. All residents have a right to file a formal written grievance. The resident may request a form (a sample Grievance Procedure Form is provided on the following page) from the House Manager or other designated company representative. (Grievance Forms are also located at [insert location]).
3. Written grievances shall be forwarded to the [insert responsible party's name or position and their address]. The name/position and address of where to send the completed grievance form will be printed on the grievance form. The form will also provide contact information for an alternative contact in the event that the owner, operator, House Manager, and/or their designee is the subject of a grievance.
4. The timeframe for expedient resolution is two business days upon receipt of the complaint/grievance.
5. Upon receiving the written grievance, the owner/operator/House Manager, shall review the complaint. If necessary to resolve the complaint, a request will be made to the resident who submitted the grievance to provide more information or to present the matter in person. A representative of the house, including another resident if related to the grievance, will have the opportunity to offer the reasoning behind the action taken. The goal of review will be to find a mutually acceptable recommendation based on the willingness of all concerned parties to focus on what is best for the house.
6. The resident will be sent a written notice of the grievance outcome and steps for appealing the outcome including seeking the involvement of Recovery Residence oversight entities. (e.g., government organizations, licensing bodies, certification or accreditation entities, board of directors, etc.).

Grievance Procedure Form

☐ The Complaint was not resolved satisfactorily and was referred to [\[enter responsible party's Name and contact information here\]](#)

Medication Policy

[Insert name of Recovery Residence] Medication Policy Agreement

Non-prescription (over the counter) and properly prescribed medications, including MAT prescriptions, **are permitted** on the premise of [Recovery Residence Name]. However, [Recovery Residence Name] is not a medical facility and will not administer any medication to its residents. All residents are responsible for the proper storage, safe-guarding, and self-administration of their own medication(s).

While residents will be responsible for self-administration of their medications, they agree to the following stipulations of [Recovery Residence Name]'s medication policy. By initialing each stipulation and signing at the bottom of the agreement the resident is acknowledging that they have read and understand the medication policy and agree to comply with all the terms in order to remain a resident of [Recovery Residence Name]:

Resident Initials:

- ___ All medications (over the counter and prescribed) are to be in their original containers.
- ___ All prescription medications are to be in their original containers as obtained from the pharmacy with the prescribing medical professional identified on the container.
- ___ Dates of the medication are to be current and the prescription is not to be expired.
- ___ All medications are to be accurately and correctly listed on resident intake form.
- ___ Medication(s) are to be taken only as prescribed.
- ___ Residents are responsible for the proper storage of their medication and must demonstrate that medications are kept in an appropriately locked container stored out of plain view.
- ___ Medication is to be locked away at all times excluding when it is time for self-administration, it is expected the resident immediately return medication to locked container following self-administration.
- ___ Residents will maintain a medication log that will be stored with their medications (a sample medication log is provided on page 14)
- ___ Resident agrees to notify house management of any new or refilled prescriptions within 48 hours in order to maintain accuracy of resident records.
- ___ Medication is not to be shared, sold, taken other than as prescribed, or misused/abused in any way.

___ All medications are subject to random search and resident agrees to comply with any necessary searches (i.e., providing access to locked medication storage container for scheduled and non-scheduled medication counts and reviews of medication logs). Missing or unaccounted for medications are generally grounds for discharge from the residence.

By signing below, I, [Print Name] _____ acknowledge that I have read and agree with the aforementioned terms of the [\[Recovery Residence Name\]](#) medication policy. I understand that any violation of the above terms is cause for my discharge from the property.

Resident Signature: _____ Date: _____

Medication Log

Resident Name: _____ Date: _____

Medication Name: _____ Dosage: _____ Beginning Amount (Count): _____

Prescriber: _____ Phone Number: _____

Date:	Time:	Amount Taken:	Remaining Amount:	Resident Initials

Instructions:

Residents will have a Medication Log Sheet for each of the medications prescribed by their physician.

1. The resident records the "Date" and "Time" in the appropriate column.
2. Resident records quantity in the "Amount" column.
3. Resident records quantity taken in the "Amount Taken" column.
4. Resident records quantity remaining in the "Remaining Amount" column.
5. Resident initials the line

Discrepancies in the medication amounts will be reported to the House Manager immediately. Missed MAT doses should be reported immediately to the prescribing health care provider. The resident should be aware that information was provided and there should be a release of information between each resident participating in MAT and their prescribing health care provider.

Addressing Neighbor Concerns

[Insert Recovery Residence Name]

Good Neighbor Policy

(To Be Posted in Common Area and Discussed During Resident Orientation)

As a resident of the [enter residence name], it is important to you that your housemates respect your privacy, personal space, and belongings. It is also essential for you to show the same consideration and respect for them. The same consideration and respect are to be shown to our neighbors. The Good Neighbor Policy is to be practiced by all current and past residents:

The following guidelines will help you to live in harmony with the residence's neighbors while demonstrating positive recovery behaviors:

- Be respectful of others such that shouting and loud noises/music are not disruptive to others.
- Speaking in ways that affirm dignity and respect for others No profanity or inappropriate language.
- 10:00 PM to 7:00 AM is considered quiet time in and around our recovery residence.
- Smoking is permitted in designated areas only, and disposal of cigarettes only in appropriate containers.
- Respect for the house's physical structure and the outside grounds by reporting any maintenance issues, picking up litter and disposing of garbage and cigarette butts in designated receptacles.
- Demonstrate good citizenship by helping neighbors and the neighborhood by picking up litter and other debris. Do not litter on or around our property, or neighboring properties (including streets and alley ways) with cigarette butts or other debris.
- Greet and introduce yourself to your neighbors as appropriate.
- Keep yard and porches clear and free of clutter and trash.
- Keep yards well maintained regularly and have sidewalks and walkways clear and clean.

Parking Guidelines and Responsibilities

(Recovery House name) has identified parking for resident cars, motorcycles, bicycles, and scooter to include: _____ If these spaces are not available then parking will be assigned by the owner/operator/designee. All vehicles will be parked legally. This includes parking in the driveway and on streets adjacent to the property

where parking is permitted. If additional parking space is necessary, it will be in compliance with town/city ordinances and not intrusive to neighbors; don't crowd neighbors who already have multiple parked cars, don't park nonoperational vehicles in the neighborhood; and avoid parking in any grassy areas. If you have vehicles other than your personal vehicle (such as a boat, camper, etc.), please plan for it to be stored elsewhere while you live at the recovery residence.

**IF A NEIGHBOR COMPLAINS TO YOU, AND WOULD LIKE TO SPEAK TO A
PERSON IN CHARGE, PLEASE PROVIDE THE FOLLOWING CONTACT
INFORMATION:**

NAME OF PERSON IN CHARGE: _____

PHONE NUMBER: _____

Emergency Procedures Policy

In case of emergencies (including but not limited to medical emergencies, threats of suicide/homicide, fires that cannot easily be extinguished, physical abuse, life threatening situations involving weapons, etc.) the person in charge will immediately call 911. If that person is not present, another resident will make this call to report the emergency.

If safe to do so, the person in charge shall also call the residence's owner/operator ([insert contact person's name and telephone number](#)) to notify them of the emergency. *This call should always be made after the call to 911.*

In case of fire, the residence should be evacuated according to the following procedure:

Emergency Evacuation Plan

All residents will be informed of the Emergency Evacuation Policy as part of their resident orientation. A diagram of the evacuation route will be posted in conspicuous locations in the residence.

The following procedure are to be followed to safely evacuate the house:

1. When the fire or smoke alarm sounds and the fire cannot be safely extinguished, the person in charge will order an immediate evacuation to the residence's designated outdoor area. If the person in charge is not present, another resident should make this order to other residents.
2. All residents and guests exit the building in an orderly manner and gather at the designated area.
3. No one should leave the property before reporting to the designated area. If people have not signed out and do not report to the designated area, they may be considered missing and possibly still be thought to be within the building. Residents must be prepared to report to emergency responders of any unaccounted-for residents or guests who they believe to have been in the house.

****All residents will be taught how to use a fire extinguisher during their resident orientation. At a minimum, fire extinguishers will be kept in designated locations in the kitchen, laundry room, and near the furnace. The person in charge will be responsible for periodically (at least monthly) testing the extinguishers and confirming that are in working order. This will be noted on the Safety Inspection Log (see page 18). All areas of the home are to be kept neat and orderly with no excess items blocking passageways or causing fire hazards. The person in charge will conduct regular house inspections to identify such situations.**

Safety Inspection Log

[illegible]

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Communicable Disease Policy

Many viruses and diseases can be spread from one person to another. The Covid-19 virus is an example that is highly contagious in both public places and in private homes such as recovery residences. There are actions, such as not sharing personal items or eating utensils that residents can take to help limit the spread of the virus. The following suggestions are provided by the Centers for Disease Control.

Fresh Air Helps Stop COVID-19 - When you are with other people, spend time outdoors. Staying outside can help prevent the spread of COVID-19. When you are inside, open windows to bring in fresh air.

Washing Your Hands Helps Stop COVID-19 - COVID-19 may get on your hands. You may get sick if you touch your face with COVID-19 on your hands. Wash your hands before you touch your eyes, nose, or mouth. Wash your hands often with soap and water (for longer than 20 seconds). Use hand sanitizer if you are not able to wash your hands. Covid-19 can be spread to animals. Avoid touching animals outside your home. Wash your hands after you touch animals.

COVID-19 Vaccines Help Stop COVID-19 - COVID-19 vaccines can help keep you from getting sick. COVID-19 vaccines can keep you from going to the hospital. Stay up to date on your COVID-19 vaccines.

Keeping a Safe Distance Helps Stop COVID-19 - Stay away from people who are sick including those with COVID-19 even if they do not feel sick. Stay away from crowds and maintain a distance of six feet from people. Stay away from inside places with lots of people.

Wearing a Mask Helps Stop COVID-19 - Wear a mask to protect everyone. The mask must cover your nose and mouth. The mask must fit under your chin. The mask must be snug on your face. Make sure breathing is easy.

There are different kinds of masks. One type of mask is called an N95 respirator. N95 respirators are best at keeping people safe. Only use an N95 respirator once.

If you have symptoms of COVID-19, please get tested so that you can take appropriate actions (isolating, seeing a doctor for medication, etc.) in the event your test is positive.

The owner/operator will provide the following items to the recovery residence to help prevent the spread of COVID-19: soap, paper towels, gloves, masks, and cleaning supplies.

Visitors to the recovery residence must wash their hands, only visit in designated areas, wear a mask according to guidance from the Centers for Disease Control, and maintain appropriate physical distancing.

[Insert Residence Name]

Recovery Residence Exposure to Bodily Fluids and Contagious Disease Policy

[Insert Residence name] will use “universal precautions” to prevent the spread of disease within the home, as follows:

"Universal Precautions" means an approach to infection control that treats all human blood and body fluids as if they are infectious. Generally, Universal Precautions consist of regular hand-washing after coming into contact with another person's body fluids (mucus, saliva, urine, etc.) and includes the use of gloves when handling blood or body fluids that contain blood.

Specifically, Universal Precautions consist of the following four basic infection guidelines:

(A) Hand-washing -

One of the simplest activities to prevent illness is frequent hand washing, for example:

1. After blowing or wiping nose.
2. Before preparing or eating food.
3. After using the toilet.
4. Before and after treating or bandaging a cut.
5. After handling urine test kits or collection of urine.
6. After wiping down surfaces, cleaning spills, or any other housekeeping.
7. After being in contact with any body fluids from another person. Even if they wore gloves during contact with body fluids.

(B) Gloves – Residents and peers should always wear protective gloves which will be provided by the house:

1. When they come into contact with blood or body fluids that contain blood.
2. When they have open cuts or scratches on their hands.
3. When cleaning up urine, stool, or vomit.
4. When administering first aid for a cut, a bleeding wound, or a bloody nose.
5. Use gloves only once, for one incident or client. Air dry hands prior to putting on a new pair of gloves.
6. Dispose of used gloves immediately after use.

(C) Cleaning with a disinfectant – Residents and peers should clean with a disinfectant which will be provided by the house:

1. Clean all surfaces that have come into contact with blood with a disinfectant such as a basic bleach solution, made fresh daily by mixing: 1/4 cup household liquid chlorine bleach in one gallon of tap water, or one tablespoon bleach in one quart of water.

(D) Proper disposal of infectious materials – Residents will dispose of any infectious materials by placing it in a plastic trash bag, tying it with a secure tie, and disposing of it out of reach of residents and any children who may be present.

House Rules

General House Rules/Requirements/Guidelines: You are in a Recovery Residence. Your success and continuance in this environment are dependent upon your consistent good behavior and cooperation. Disruptive and/or discourteous behavior will not be tolerated. Any contact with illicit drugs and/or alcohol and/or violation of any of the following rules may result in dismissal. Your initials and signature indicate your understanding and agreement to abide by these rules.

- _____ Consumption or possession of alcohol in any form is prohibited.
- _____ Use or possession of illicit drugs in any form is prohibited.
- _____ Use and/or possession of drugs and/or alcohol on site may result in immediate dismissal.
- _____ Lying, cheating, and stealing is harmful to everyone in the house and it may result in immediate dismissal.
- _____ Residents are required to submit to a drug and alcohol test at any time as per request. A refusal and/or failure to provide an adequate sample will be treated the same as a positive test result. Dismissal may result from any attempt to cheat/circumvent a test.
- _____ Attendance at mutual aid meetings is strongly encouraged/recommended; the minimum attendance requirement is (5) meetings per week.
- _____ Residents are encouraged/recommended to maintain a Home Group.
- _____ Residents are required to maintain a working relationship with a Sponsor.
- _____ Residents are required to maintain employment or be going to school. If at any time a resident is/becomes unemployed or not enrolled in school and is capable of working (not injured or sick), he/she must actively seek employment from 8:00 am - 5:00 pm Monday through Friday and is not permitted at the house during this time. A resident's employment is prohibited from interfering with their adherence to any of the other terms of this agreement.
- _____ Behavior considered to be a "conflict of interest" (i.e., sponsorship, employment, dating, etc.) between residents is prohibited.
- _____ **Smoking inside the home is prohibited. Smoking is allowed at [designated area]. This is a smoke free residence.** If you smoke you are encouraged to engage in a smoking cessation program.
- _____ Residents are responsible for their personal items/belongings. Residents are responsible for the security and safekeeping of their own personal items/belongings and are to pack and

carry their items/belongings when they depart. If for any reason this does not occur, the resident may contact the House Manager regarding the retrieval/disposition of personal items/belongings. Personal items/belongings **will not be stored for more than seventy-two (72) hours.**

- _____ Disruptive/discourteous behavior, including profanity and racial/ethnic slurs, will not be tolerated and may result in dismissal.
- _____ Overnight guests are prohibited.
- _____ Guests are not permitted at the house beyond curfew and are only permitted in designated common areas.
- _____ Guests cannot be under the influence or in possession of illicit drugs and/or alcohol.
- _____ New Resident curfew is 6:00 pm every night for the first 30 days they live in the residence. All others must be in by 10:00 pm Sunday through Thursday and 11:00 pm Friday and Saturday. Residents must adhere to more strict curfews when required (i.e., Parole, Probation, etc.). Failure to return to the house on time can/will result in dismissal.
- _____ House quiet time is 10:00pm to 5:00am. Any activity (i.e., Lights, TV, Telephone conversations, etc.) that disturb another resident's ability to sleep/rest is prohibited.
- _____ No shouting or any loud noise or music at any time
- _____ House Meetings are held weekly at date/time determined by the House Manager and are mandatory for every resident.
- _____ Overnight/weekend passes are to be submitted to the House Manager a minimum of one week in advance. Authorization will be granted at the discretion of the House Manager .
- _____ Residents are not permitted in any bedroom other than their own.
- _____ Thermostat is to be adjusted by the peer in charge only.
- _____ Chores are required to be completed daily. The peer in charge is responsible for chore assignments and completion. Failure to complete assigned chores can result in dismissal.
- _____ A good general clean-up of all areas inside and outside the home is required at all times.
- _____ Beds are required to be made upon awakening. Respective areas are to be kept neat, clean, and picked up at all times.
- _____ Residents will abide by the Parking Rules (see page 12).

_____ No pets are allowed in the home. There is an exception for Service Animals used for assisting disabilities/disorders, and Support Animals will be evaluated on a case by case basis.

_____ Turn off lights, TV's, radios, fans, etc., when not in use.

_____ Residents are required AT ALL TIMES to wear appropriate dress in common areas.

_____ Residents or guests may not sleep in common areas of the residence.

_____ Kitchen appliances, utensils, dishes, pots, pans, etc. will be cleaned and returned to their respective place (immediately) after each use. Countertops will also be cleaned after each use.

_____ Refrigerator – All food must be covered or be put in a storage container.

_____ Resident medications must be managed in accordance with the residence's medication policy (page 12).

_____ * Knives, Guns, Tasers, Brass knuckles, ammunition, etc. are not permitted AT ANY TIME! If found, items will be removed and dismissal from the residence may be issued. Any weapons found will be turned over to law enforcement.

_____ *Designated recovery house staff peers or staff may inspect in and around bedroom property or belongings at any time and within reason, for the safety and protection of all residents.

_____ *Residents will take responsibility for their own health and respect the health and safety needs of all other residents and will take precautions (hand washing, extra cleaning of surfaces, limiting interaction with other residents, appointment with a physician if necessary) when aware of or experiencing exposure to bodily fluids and communicable diseases. See Communicable Diseases Policy page 17.)

_____ *Residents agree to each of the following (check all that apply):

[] Be employed, attend school or a training program, or volunteer outside of the residence.

[] Participate in social, physical, or creative activities.

[] Participate in daily or weekly community activities.

Resident Name _____

Signature: _____ Date: _____

House Witness _____

Paid Work Agreements

[Enter name of Recovery Residence] does not enter into paid work agreements with its residents. The only exception to this rule is for Peers or other persons who may receive a stipend for providing services for the residence.

Drug Testing

To maintain a safe, drug and alcohol free environment and to assist residents in practicing accountability, the [residence name] will secure regular, random, and behavior-based drug and alcohol testing for its residents from an external entity with an appropriate release of information to share test results with the residence. In some cases, the residents' health insurance will pay for the cost of drug screens. When insurance does not pay or if the resident does not have insurance, the Recovery Residence owner/operator [will/will not] be responsible for the cost of the test. In situations where a resident requests a confirmatory re-test of the original sample, they will be responsible for paying for the re-test.

Residents who refuse drug screens will immediately be asked to move from the house.

[Insert Recovery Residence Name] is an abstinence-based program with a zero-tolerance policy when it comes to relapse and/or drugs and alcohol being found on property. In occurrence of a relapse, circumstances determine how each situation is handled by the owner/operator/House Manager.

When asked to leave property due to using or failed drug screen/breathalyzer, or as a consequence for violating House Rules, the owner/operator/House Manager will take the necessary measures to help the resident get to a safe place that meets their recovery needs as long as he or she is willing.

Dismissed residents may return to the residence as long as a bed space is available, and the resident meets the following requirements:

- Have one week of continued sobriety confirmed by your sponsor.
- Pass a urinalysis test and a breathalyzer.
- Approval of return by staff and members of the recovery residence.
- Payment of any outstanding fees and readmission fee.

Peer leaders suspected of being under the influence of drugs or alcohol will also be referred for testing at an offsite facility. If a peer leader's test results are positive, they will be placed on leave, as determined by the Owner/Operator/House Manager.

Efforts will be taken to assist the peer leader who has encountered a recurrence based upon their path of personal recovery. It is at the discretion of the Owner/Operator/House Manager to provide a probationary period, or to continue or terminate their designation as a peer leader.

House Managers suspected of being under the influence of drugs or alcohol will also be referred for testing at an offsite facility. If the House Manager's test results are positive, they will be placed on leave, as determined by the Owner/Operator.

Efforts will be taken to assist the House Manager who has encountered a recurrence based upon their path of personal recovery. It is at the discretion of the Owner/ to provide a probationary period, or to continue or terminate their designation as a peer leader.

All drug and alcohol test results will be kept confidential and stored in locked file cabinets with limited access. Any party who is not directly involved is on a "need-to-know basis." They may not be given information or details concerning resident or peer leader's tests.

Confidentiality Policy

The confidentiality of all residents regarding verbal and written information will be protected.

All owners, operators, House Manager, peer leaders, and volunteers of the [enter house name here] will adhere to confidentiality laws and procedures as outlined in Federal Law 42 C.F.R., Part 2 Confidentiality of Substance Use Disorder Patient Records.

Residents will be informed upon admission of their rights to confidentiality and requests will be made of them to sign consent forms for the release of their Personal Identifiable Information (PII). Residents may choose whether to sign and may revoke a Release of Information at any time (See sample Release of Information Form on page 29.)

Upon admission, the [enter house name here] the House Manager will explain the purpose of the form to the resident, if the resident agrees, both will sign a "Confidentiality Agreement" (see sample form on page 28). This agreement is to ensure the confidentiality of the resident and build trust among all members of the [enter house name here].

These forms are to be kept in the resident's house record and stored in a locked filing cabinet. These records will be under the direct maintenance and supervision of the [enter responsible party here].

Resident electronic records (as applicable) will be kept secure and private in the same manner as the paper files, with limited access and with electronic security measures. [describe as needed].

The data, whether paper or electronic, will be utilized and viewed only by [enter house name here] members unless:

- i. The resident requests to view their record.
- ii. The resident has signed a release of information form for the specific person who has requested to view the record, or any parts thereof, in which case a statement forbidding further disclosure will be stamped on each page released.
- iii. A court order is furnished requesting the record, or any part thereof.
- iv. A situation in which the resident's life is in danger and the record or a portion of it would aid in the treatment of the resident.

Residents are to be reminded that they have a responsibility to protect the confidentiality of others who reside in the house. This policy applies to social media as well as other forms of communication.

Confidentiality Agreement

The confidentiality of recovering persons living in a Recovery Residence is protected under Federal Law 42 C.F.R., Part 2 which protects them from anyone outside of the residence knowing their participation in the recovery residence without the resident's specific permission. No information regarding a resident of [enter Residence name here] may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency.
2. A court order is issued to [Residence name] requesting information on the resident.
3. Medical personnel require the information in a medical emergency.
4. The resident threatens to harm him/herself or someone else.

Federal law does not protect a resident if they commit a crime against anyone at [enter Residence name]. Also, Federal Law does not restrict the sharing of information regarding reported child abuse/neglect to appropriate State and local authorities.

These laws apply not only to the [enter Residence name] owner/operator, House Manager, and volunteers but to the residents as well.

I agree to not reveal to anyone outside of the [enter Residence name] the name, identity, or description of another resident. I also agree not to discuss the content of conversations or groups with anyone outside of the [enter Residence name]. This includes sharing at 12-Step, or any recovery-related meetings that I attend outside of the [enter Residence name].

I agree to inform [enter Residence name] staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Name of Resident: _____

Signature: _____

Date: _____

House Manager Signature: _____

Date: _____

[Enter Residence name]

Release of Information

Client Name:	Date of Birth:	SSN:
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I understand that my express consent is required to release any health care information relating to testing, diagnosis, or treatment of psychiatric disorders/mental health, as well as drug and alcohol use, from the [house name], as well as any other such agency or a medical practice from which I have received services. If I have been tested, diagnosed, and treated for psychiatric disorders, mental health, or drug and alcohol use, I specifically authorize the release of all health care information relating to such testing, diagnosis, and treatment to/from the person or entity listed below. I am giving this consent voluntarily and have been informed of the type of information requested. Information may be released in either written or verbal format. The benefits and disadvantages of releasing information have been explained to me. I understand that provision of service does not depend on my decision concerning the release of information. However, in certain limited circumstances, due to the legalities of some service providers, I may be denied services if necessary consent is not given.

TIME LIMITATION OF RELEASE: This consent is valid until I move out or due to a violation of house guidelines am asked to leave the [house name]. I may revoke this consent at any time by signing the revocation section at the end of this document, except to the extent that information has already been released based upon it. I understand that if I am participating in the program as a formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation, is formally released on my behalf by such authority.

Information to Be Released

- ☐ Evaluation/Assessment
- ☐ Medication/Laboratory Reports
- ☐ Recovery Live History
- ☐ Drug/Breathalyzer Results

Services

- ☐ Progress Report/Notes
- ☐ Immunization Record
- ☐ Treatment/Service Plans
- ☐ Discharge Information
- ☐ Waiting List/Bed Availability

Purpose of Release

- ☐ At the request of the Resident
- ☐ Continuity of Care
- ☐ External Quality/Utilization Review
- ☐ Compliance with Court-Ordered Recovery

☐ Other: _____

☐ Other: _____

☐ Other: _____

☐ Assignment Record Sheet

☐ Other: _____

This information may be ☐ Disclosed To: _____ ☐ Received From: _____

Name of Person and Agency: _____

Address: _____ Phone: _____

Please Check One:

- ☐ I agree with the person/entity above being informed that I am no longer a resident of the [enter house name here] if I am discharged or discharge myself from the residence. This information will be given only if the above person contacts this residence.
- ☐ I do not agree to the person/entity identified above being informed that I am no longer in the [enter house name here], in the event I am discharged or discharge myself from the residence.

Signatures

Resident Signature: _____ Date: _____

Residence Witness Signature: _____ Date: _____

Notice to the Recipient: This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). Federal regulations prohibit any party from making further disclosure of this information "unless further disclosure is expressly permitted by the written consent of the person to whom it pertains" or is otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Revocation of Authorization

I hereby revoke the authorization of any information noted on this document to the person or entity listed. I understand that if my residency is a formal condition of my parole, probation, or order of the court, I cannot revoke this authorization until the confinement, parole, or probation is formally released on my behalf by such authority.

Resident Signature: _____ Date: _____

Notice of Privacy Practices for Protected Health Information

All residents of [\[Recovery Residence name\]](#) have the right to be informed of the privacy practices of the recovery residence, as well as to be informed of their privacy rights with respect to their personal health information. A notice that provides a clear explanation of these rights and practices is provided on page 32.

*The explanation contains a reference to “privacy officer”. The House Manager serves as the privacy officer for the recovery residence.

NOTICE OF HIPAA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES TO PROTECT YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We are required to abide by the terms of this Notice of Privacy Practices. This Notice will take effect on May 22, 2018 and will remain in effect until it is amended or replaced by us.

We reserve the right to change our privacy practices provided law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our Office. Information on contacting us can be found at the end of this Notice.

We will keep your health information confidential, using it only for the following purposes:

Treatment: While we are providing you with health care services, we may share your protected health information (PHI) including electronic protected health information (ePHI) with other health care providers, business associates and their subcontractors or individuals who are involved in your treatment, billing, administrative support or data analysis. These business associates and subcontractors through signed contracts are required by Federal law to protect your health information. We have established "minimum necessary" or "need to know" standards that limit various staff members' access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

Payment: We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations, collections or other third parties that may be responsible for such costs, such as family members.

Disclosure: We may disclose and/or share protected health information (PHI) including electronic disclosure with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so. As of March 26, 2013 immunization records for students may be released without an authorization (as long as the PHI disclosed is limited to proof of immunization). If an individual is deceased you may disclose PHI to a family member or individual involved in care or payment prior to death. Psychotherapy notes will not be used or disclosed without your written authorization. Genetic Information Nondiscrimination Act (GINA) prohibits health plans from using or disclosing genetic information for underwriting purposes. Uses and disclosures not described in this notice will be made only with your signed authorization.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" of your protected information if the disclosure was made for purposes other than providing services, payment, and or business operations. In light of the increasing use of Electronic Medical Record technology (EMR), the HITECH Act allows you the right to request a copy of your health information in electronic form if we store your information electronically. Disclosures can be made available for a period of 6 years prior to your request and for electronic health information 3 years prior to the date on which the accounting is requested. If for some reason we aren't capable of an electronic format, a readable hardcopy will be provided. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Lists, if requested, will be \$0.20 for each page and the staff time charged will be \$20 per hour including the time required to locate and copy your health information. Please contact our Privacy Officer for an explanation of our fee structure. May 23, 2016 OCR clarified a flat fee for **electronic copies may not exceed \$6.50** (including labor for copies, supplies and postage); this does not mean that the ceiling for all requests for access is \$6.50.

Right to Request Restriction of PHI: If you pay in full out of pocket for your treatment, you can instruct us not to share information about your treatment with your health plan; if the request is not required by law. Effective March 26, 2013, The Omnibus Rule restricts provider's refusal of an individual's request not to disclose PHI.

Non-routine Disclosures: You have the right to receive a list of non-routine disclosures we have made of your health care information. You can request non-routine disclosures going back 6 years starting on April 14, 2003.

Emergencies: We may use or disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of any emergency involving your care, your location, your general condition or death. If at all possible we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up filled prescriptions, x-rays or other similar forms of health information and/or supplies unless you have advised us otherwise.

Healthcare Operations: We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records staff, insurance operations, health care clearinghouses and individuals performing similar activities. Including the disclosure of your PHI in the event of transfer, merger, or sale of the existing practice to a new provider.

Required by Law: We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

Marketing Health-Related Services: We will not use your health information for marketing purposes.

Appointment Reminders: We may use your health records to remind you of recommended services, treatment or scheduled appointments.

Access: Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) We will provide access to health information in a form / format requested by you. There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our Privacy Officer for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$ 0.20 for each page and the staff time charged will be \$20 per hour including the time required to copy your health information. If you want the copies mailed to you, postage will also be charged. Access to your health information in electronic form if (readily producible) may be obtained with your request. If for some reason we aren't capable of an electronic format, a readable hardcopy will be provided. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our Privacy Officer for an explanation of our fee structure. May 23, 2016 OCR clarified a flat fee for **electronic copies may not exceed \$6.50** (including labor for copies, supplies and postage); this does not mean that the ceiling for all requests for access is \$6.50.

Amendment: You have the right to amend your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

Breach Notification Requirements: It is presumed that any acquisition, access, use or disclosure of PHI not permitted under HIPAA regulations is a breach. We are required to complete a risk assessment, and if necessary, inform HHS and take any other steps required by law. You will be notified of the situation and any steps you should take to protect yourself against harm due to the breach.

QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our Privacy Officer. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us in writing. Request a Complaint Form from our Privacy Officer. We support your right to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please print your name here

Signature

Date

We cannot discuss your protected health information (PHI) with anyone other than yourself unless you authorize us to do so. Please list below names(s) of the individual(s) you authorize our office to discuss care with. Your PHI may be disclosed to the individual(s) listed below until you notify us otherwise in writing.

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- We weren't able to communicate with the patient.
- Other (*Please provide specific details*)

Employee signature

Date

Financial Boundaries Between Owner/Operator/House Manager

The Owners/operators/House Manager of the [enter residence name here] are never to become involved in the residents' personal financial affairs. This includes loaning or borrowing money, transactions involving the trading of property or services, except that the owner/operator/House Manager may agree to make arrangements with residents concerning payment of fees.

Recovery Residence House Manager Job Description

Job Title: Recovery Residence House Manager

Location: [\[Insert location\]](#)

Job Type: Full-time, Non-exempt position

Overview: The House Manager plays a crucial role in providing support and guidance to individuals in recovery from substance use or disorders (SUD). The House Manager oversees the day-to-day operations of the recovery residence, and ensures a safe, supportive, and therapeutic environment for residents. This role requires strong leadership, organizational, and interpersonal skills, as well as a commitment to promoting recovery and wellness.

Responsibilities:

Resident Support:

Provide ongoing support and encouragement to residents in their recovery journey.

Conduct regular check-ins with residents to assess their progress and address any concerns or challenges.

Facilitate group discussions, workshops, and other activities to promote personal growth and recovery.

House Operations:

Oversee the daily operations of the recovery residence, including maintenance, cleanliness, and safety.

Coordinate with staff to ensure adequate coverage and support for residents.

Maintain accurate records of resident occupancy, activities, and incidents.

Care Support:

Collaborate with counselors, therapists, and other professionals to develop and implement individualized care plans for residents.

Assist residents in accessing community resources, such as support groups, employment opportunities, and healthcare services.

Monitor residents' compliance with house rules and program guidelines.

Crisis Intervention:

Respond promptly and effectively to crises or emergencies, including relapse situations or conflicts among residents.

Implement appropriate intervention strategies to de-escalate situations and ensure the safety of residents and staff.

Follow established protocols for reporting incidents and seeking assistance when needed.

Team Leadership:

Provide leadership and supervision to house staff, including peer leaders.

Foster a positive and collaborative team culture, emphasizing empathy, accountability, and professionalism.

Conduct regular staff meetings and training sessions to review policies, address concerns, and promote professional development.

Qualifications:

Bachelor's degree in psychology, social work, counseling, or a related field (preferred).

Previous experience working in a residential treatment or recovery setting or similar environment.

Strong understanding of SUD recovery principles and practices.

Excellent communication and interpersonal skills.

Ability to maintain confidentiality and professionalism at all times.

CPR/First Aid certification (or willingness to obtain).

Valid driver's license and clean driving record.

Benefits:

Competitive salary based on experience.

Paid time off and holidays.

Opportunities for professional development and advancement.

How to Apply: Please submit your resume and cover letter outlining your qualifications and interest in the position to [\[contact email or website link\]](#).