



CLIENT ORIENTATION MANUAL



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Mission and Vision

ROI Mission:

To identify, develop, and implement through research, training, consultation, and advocacy valid and reliable methods for reducing relapse rates from substance-use disorders.

ROI Vision:

Our expanded vision includes fostering “better than well” outcomes by focusing on development and promulgation of best practices for the treatment and recovery of the substance-use disorder population, their families, and communities. We seek to lower the lifetime cost of treatment and recovery-support services through promotion of prosocial behaviors and community integration.

The Scope of Recovery Navigational Support Program

Recovery Outcomes Institute, Inc. (ROI) provides an evidence-based, Recovery-Support Service (RSS) we refer to as Recovery Navigational Support (RNS). RNS is rendered over a six-month term in structured sessions by peer workers known as Recovery Navigators.

Navigators guide clients to complete REC CAP.

What is REC CAP?

REC CAP stands for Recovery Capital and is an evidence-based assessment & recovery planning instrument that:

Assesses an individual’s recovery strengths, barriers and unmet service needs

Supports trained navigators to guide individuals in the execution of concrete recovery goals

Delivers longitudinal measurement of recovery capital gains over quarterly intervals

REC CAP is appropriate for implementation in both clinical and peer settings, bridging the gap between a resident’s exiting addiction treatment and assuming responsibility for self-directed recovery.



Non-Discrimination Statements

NON-DISCRIMINATION POLICY

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity from Recovery Outcomes Institute.

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY

Recovery Outcomes Institute assures each applicant and employee Equal Employment Opportunity without regard to age, race, color, sex, religion, national origin, political opinions or affiliations, marital status, or disability, except when such requirement constitutes a bonfide occupational qualification necessary to perform the tasks associated with the position. Equal Employment Opportunity is attained using both objective and subjective merit principles and applies to recruitment, examination, appointment, training, promotion, demotion, compensation, retention, discipline, separation, and other employment practices within the department. Any applicant or employee who believes that he or she has been discriminated against may file a complaint with the Florida Commission on Human Relations or the Department's Office of Civil Rights, within 365 days of the alleged discriminatory act. All complaints shall be treated in accordance with the procedures set forth by law or in *Chapter 60Y-5*, Florida Administrative Code (F.A.C.)

NON-RETALIATION POLICY

No person shall be retaliated against, harassed, intimidated, threatened, coerced, or discriminated against for making a charge, filing a complaint or grievance, testifying, assisting or participating in any manner in an investigation, proceeding, or hearing; or for opposing alleged unlawful discriminatory practices prohibited by state and federal laws.

In effect until further notice: By initialing this document I hereby acknowledge that I have read and understand the above policy.

Client Initials _____

Date _____



Recovery Navigators Code of Ethics & Conduct

All Recovery Navigators are expected to adhere the following ethical statements:

1. My primary obligation and responsibility is my recovery. I will immediately contact my supervisor if alcohol or other drug use or anything else get in the way of my recovery.
2. Recovery is guided by self-determination, therefore, I assist others in recognizing their needs, building on strengths, and achieving goals. This includes advocating with the peer about her/his decisions regarding professional and other services.
3. I affirm the dignity and self-determined direction of each peer whom I am assigned.
4. I shall not perform services for any peer, with whom I partner, outside of Recovery Navigational Support except as required by law.
5. I advocate for integrating peers into self-selected recovery communities and will promote the individual's inherent value to those communities.
6. I provide Recovery Navigational Support services regardless of age, gender, race, ethnicity, national origin, sexual orientation, religion, marital status, political belief, language, socioeconomic status, or mental or physical condition. If differences occur that impact the peer's or my motivation for recovery, I seek consultation and, if necessary, make a referral to appropriate alternative care or support.
7. I never use physical force, verbal abuse, emotional abuse, intimidation, threats, harassment, nor make unwarranted promises of benefits.



8. I respect the privacy of those that I serve and I will abide by the confidentiality guidelines as required by law.

9. I never engage in sexual or intimate relations with peers whom I serve.

10. I shall not offer, give, or receive incentives beyond the RNS income for the service I provide to peers.

11. I improve my recovery service, knowledge, and skills through ongoing education, participation in Community of Practice events, training, and supervision as determined by Recovery Outcomes Institute, Inc. and/or the ROI Network.

In effect until further notice: By initialing this document I hereby acknowledge that I have read and understand the above policy.

Client Initials _____

Date _____



Confidentiality of Client Information

It is the Recovery Outcomes Institute's responsibility to protect the confidentiality of clients' identity and to follow all State and Federal regulations such as HIPAA and PHI regulations. Included in the manual are the Notice of Privacy Practices and Client Consent to Obtain and Release Information.

NOTICE OF PRIVACY PRACTICES

When you receive support or service(s) from ROI, we create a record of the service(s) you received. We need this record to provide you with ongoing quality support or service(s) and to comply with legal requirements. We are committed to protecting your personal health information. This notice describes the ways in which we may use and disclose your Protected Health Information (PHI) and ensures that you understand your rights as it pertains to the (Private Health Information) and the obligations that we have when we use and disclose your PHI or health information. PHI includes all identifiable health information transmitted or maintained by ROI, regardless of its form (oral, written, or electronic). When you sign a release, you need to understand the purpose of the release and your rights.

How we may use and disclose your PHI that does not require your authorization:

For Program Support or Services. We may use information about you to provide you with support or service(s). We may also share information in the event of an emergency with first responder(s) or the hospital if we are involved in an emergency.

For Payment. We may disclose information about you to other providers that can arrange payment accommodations relating to your extended care.

To Avert a Serious Threat to Health and Safety. We may use and disclose PHI or health information about you, when necessary, to prevent or lessen a serious and imminent threat(s) to the



health or safety of a person or the public. Any disclosure, however, would only be to someone reasonably able to help prevent or lessen the threat, including the target of the threat.

Suspicion of Abuse or Neglect. To report abuse, neglect, or exploitation of children, elderly adults, or vulnerable adults, as described in our Abuse Reporting Policy.

As Required by Law. We may use or disclose your PHI to the extent that the use or disclosure, required by law, is limited to the relevant requirements of the law, and is permitted under the privacy laws applicable to ROI.

Pursuant to An Agreement with a Business Associate. We may enter into a contract with a third-party Business Associate to provide services to ROI. Examples of these services include software provider(s), data input and processing, legal, medical, accounting, and professional services. The Business Associate may access your PHI but only to fulfill the Business Associate's function, and may not redisclose your PHI.

For Research Purposes. We may disclose PHI to researchers if: (a) an Institutional Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (d) the researchers agree not to re-disclose your protected health information except back to Recovery Outcomes Institute, Inc.

For Audits and Investigations. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include public and private agencies and organizations that provide financial assistance to the program (such as third-party payers), regulatory agencies, and peer-review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

By Court Order. We may disclose your PHI if the court issues an appropriate order and follows the *Federal 42 CFR Part 2 Regulations* protecting you, as a patient.



Disclosers of Your PHI:

Other uses and disclosures of PHI not covered by this notice or applicable law will be made only with your written or electronically-signed authorization. If you give us your written or electronically-signed authorization to use or disclose your PHI, you may revoke your authorization, in writing, at any time.

If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written or electronically-signed authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the support or service(s) that we have provided.

Your Rights: You have certain rights with respect to your PHI.

You have the right to inspect and copy the PHI in your records; however, notes will not be reviewed.

If you feel that the information we maintain about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to ROI administrators.

You have the right to revoke or restrict any releases while you are enrolled in Recovery Navigational Support.

You have a right to receive a copy of all signed release forms for future reference.

In effect until further notice: By initialing this document I hereby acknowledge that I have read and understand the above policy.

Client Initials _____
Date _____



Client Consent to Obtain & Release Information

Over the course of your enrollment in Recovery Navigational Support, we may need to get consent from you to obtain and/or release relevant client information for the purpose of assessment of needs, monitoring engagement and/or progress, advocating for you, and linking to identified resources in the community.

You may also choose to issue third-party portals that contain summary information to whomever you so choose.

Your Recovery Navigator will support you in appropriately completing the Release of Information form and, when appropriate, will support you in issuing an online third-party portal login to whomever you authorize.

You have the right to revoke or restrict any releases of information while enrolled in the Recovery Navigational Support Program.

In effect until further notice: By initialing this document I hereby acknowledge that I have read and understand the above policy.

Client Initials _____

Date _____



Grievance Procedure

Client orientation to Recovery Navigational Support includes a review of your rights as a client, including the right to file a grievance if you believe the program or staff have violated your rights. Instructions, forms, and expectations are accessible on our website (www.recoveroutcomes.org), by any ROI staff member, and are included in this handbook.

Policy: To ensure that the client(s) served are afforded unimpeded access to report complaints against the program, or employee, and to provide a procedure for an employee to follow.

Definitions: ROI defines a formal complaint as a grievance, offense, or dissatisfaction about a decision, service or product that is recorded.

General Statements: Filing a grievance will not result in retaliation or barriers to the product(s) or service(s) rendered by ROI. The grievance procedure will be posted and available for download on our website. Every client has a right to submit grievances if they feel necessary to do so.

Procedure:

1. The Grievance policy and procedure will be reviewed with the client during orientation.
2. The client will sign to acknowledge he/she has reviewed, understood, and received a copy of the grievance policy and procedure.
3. The grievance is reviewed by the CEO/President or designee who reports all grievances to the Quality Management Authorized Employee Member, or Committee, on a quarterly basis.
4. The grieving client will complete the Grievance Form (which is also available on our website at www.recoveryoutcomes.org) and mail it to the CEO/President or designee at

Recovery Outcomes Institute, Inc.
Attention CEO/President- Dr. Paul Ahr
113 Moorings Drive, Lantana, FL 33462



or by sending electronic correspondence directly to the CEO/President or designee at Paul.Ahr@recoveryoutcomes.org.

5. Each grievance should include the following:
 - a. Time and Date the event(s) or incident(s) occurred
 - b. All names of the individuals involved
 - c. A brief summary of the grievance and desired outcomes.
6. Upon submission of a grievance, the CEO/President or designee will acknowledge receipt of the grievance filed, and initiate, an investigation into the grievance lamented by the grieving individual within two (2) business days.
7. The CEO/President or designee will complete a thorough investigation of the grievance, including, but not limited to, interviews with the employee and client, when necessary. The CEO/President or designee has 15-business days to attempt a resolution of the grievance to the satisfaction of the grieving client and will document all actions listed on the Grievance Form.
8. The CEO/President or designee will communicate the findings of the grievance with the grieving client. The grieving client will then sign the appropriate section of the form to either indicate satisfaction or dissatisfaction with the outcome.
9. In the event the client is not satisfied with the outcome, the CEO/President or designee will forward the grievance to the Board of Directors for further review and final resolution, within the 15-business days.
10. If the client remains unsatisfied, the client may request a formal hearing.
11. The formal hearing will be scheduled to accommodate the client. A panel designated by the Board of Directors will hear the case. Both client and employee may present information to assist in finding an appropriate and fair outcome.



12. The results of the appeal/formal hearing will be appropriately documented on the space available on the Grievance Form.
13. The Grievance Form, once completed, is immediately stored in the RNS Software.
14. To provide written verification of the outcome of the grievance, either the copy of the Grievance Form, with all actions documented, may serve or the CEO/President or designee will send a letter to the client summarizing the findings and outcomes of the grievance. The letter will state whether the outcome was acceptable or unacceptable to the client.

In effect until further notice: By initialing this document I hereby acknowledge that I have read and understand the above policy.

Client Initials _____
Date _____

RECOVERY OUTCOMES INSTITUTE, INC.

GRIEVANCE FORM

Please complete this form and send it to the CEO/President of Recovery Outcomes Institute, Inc. (ROI) at 113 Moorings Dr., Lantana, FL 33462 or emailing directly to Paul.Ahr@recoveryoutcomes.org. ROI considers client feedback very seriously and will carefully review this information. There will not be any retaliation or barriers to support or service(s) for completing a formal grievance. As described in the grievance policy & procedure, a formal grievance process begins with this form.

Please describe your complaint:

Describe how you would like to see this problem resolved:

Full Names of anyone involved:

Client Name:

Date:

Client Signature

Meeting with CEO/President, or designee, and Client:

Date ROI Employee Present

Recommended resolution and actions taken:

- I am satisfied with the outcome I am dissatisfied with the outcome

Client Signature

Date

- I hereby request a formal hearing

Formal hearing with Board Designated Panel and Client:

Date Attendees Names

Decision of the Formal Hearing:

- Accepted Not Accepted

Client Signature

Date



Online Portal Access & Reference Information

You will be issued your unique login credentials to your online portal which you can access 24/7 by going to www.accounts.recoveryoutcomes.com

Recovery Outcomes Institute, Inc.

Office Phone Number: 561-403-0807

Address: 113 Moorings Dr., Lantana FL 33462

Website: www.recoveryoutcomes.org



Client Orientation Acknowledgment

In effect until further notice. I hereby acknowledge I have read, been informed, and understand the:

- Confidentiality of Client Records
- Notice of Privacy Practices
- Consent to Obtain/Release information
- Grievance Procedure
- Recovery Navigator Code of Ethics

I further acknowledge that I have received a copy of the Client Orientation Manual which includes these items.

Client Signature: _____

Client Printed Name: _____

Date: _____