

## YOUR PLACE IN ALPHA HOUSE

You may have come to Alpha House because you are an addict and have not been able to manage your life. You are here to learn how to overcome your addiction by functioning in a more positive manner. This involves making changes in how you think, feel, and behave. This is a whole person process. It takes more than making a little change here or there: it is a total makeover. To continue to live in the same old way without changing and expect different results is to believe that you can jump into water and not get wet.

Many of your problems are related to:

- Misguided patterns of thinking, feeling, behaving, and living.
- Lack of understanding and self-awareness
- Inability to manage symptoms and behavior

You have often used drugs to attempt to manage your feelings, thoughts, and behavior. There are many individual and situational factors contributing to your problems. You must learn to address and deal with these factors in order to bring about a fundamental change in yourself.

There are many areas in which you need to develop and improve. Among these might be:

- Disordered thinking
- Poor interpersonal skills
- Psychological problems
- Poor social living skills
- Difficulties in dealing with frustration
- Poor impulse control
- Problems with authority

You may also have need for:

- Education
- Vocational Training

You may have psychiatric symptoms.

No matter which of these apply, you are a person deserving of help, and you are here to improve your life. You are here because it appears you have the potential to achieve abstinence and do something more with your life. You are here to develop a sound foundation and develop tools and skills to prevent you from going back to a self-defeating lifestyle. Part of this process is learning to grow and develop. Recovery is a lifetime process of change.

Recovery means:

- Changing from drug abuse to abstinence
- Reducing symptoms

- Improving your overall functioning.

It means developing a pro-social lifestyle. This means:

- Learning adaptive and social living skills
- Developing healthier interpersonal relationships
- And being involved in social group and community activities

Recovery involves:

- A changeover in values and identity
- An ongoing commitment to fostering change in oneself and others
- An awareness of the need to change
- Along with the willingness to do what is necessary to change
- Eliminating negative attitudes and feelings
- Improving your self-concept
- Deepening self-understanding and awareness
- Developing a sense of well-being

You will begin this process here by becoming part of a community and working toward specific goals. There is an emphasis on: Personal responsibility, Proper conduct and values

Personal responsibility involves being accountable for one's behavior.

Proper conduct involves adhering to program rules and the codes of good citizenship.

Values stressed include: truth and honesty, the work ethic, self-reliance, earned rewards, and achievement, social manners (in which respect for others reflects self-respect), and community involvement.

You are encouraged to identify with your "brothers" and "sisters." You are also encouraged to display compassion, cooperation, and responsible concern. By organizing your life around these standards and values, you will learn what "right living" is about and this will give meaning to your life.

Alpha house attempts to provide, with your cooperation, a predictable environment with well-defined boundaries. This helps to create a pattern and rhythm to the day. It empowers you to learn: **consistency, reliability, responsibility, and accountability**

In following the daily program structure, you are acquiring skills you need for independent living. You are also internalizing the attitudes necessary for sustaining those skills and for applying them to independent functioning. Participating in job crews pertaining to the upkeep of the house will be one of the activities that will help you develop these skills.

Peers in the program help one another by: **sharing information, discussing personal matters, monitoring one another's behavior, showing "responsible love and concern" for all community members.**

"Big brothers/big sisters" help guide new members into the program. They provide advice, guidance, and additional coaching. They help new members to understand and adjust to the program. Developing a spirit and sense of community is all-important. It is through involvement in the community in various ways that you are going to learn and change. The community, including staff as well as residents, is the healing agent. Through participating in the community, peers help each other on their personal journey of recovery. The individual is responsible to the community and the community is responsible to the individual. It is important to stabilize, build, and sustain the community. The safety and integrity of the community is of utmost importance. Fellowship is the goal.

All program elements, program activities, and individual contacts are part of the program. Because each of these provides an opportunity to learn and grow, you are expected to attend and actively participate in all aspects of the program. You can participate by presenting your feelings, thoughts, and behaviors for feedback and modification. You are expected to take pride in the program and your recovery and invest in them fully. In your jobs, groups, meetings, recreation, personal and social time, it is you who continually communicate to each other the main messages and expectations of the community. Hopefully, you can serve as a positive role model for those who follow you in the program.

### **Eligibility for Services**

Those who are eligible for treatment at Alpha House have to:

be assessed by the County Assessment Unit and determined eligible as established by PCPC (Pennsylvania Client Placement Criteria) Level III criteria.

be an adult, 18 years or older

be willing to participate in all aspects of treatment from evaluation to departure

be able to engage in all program activities as outlined further in the client handbook

agree to comply with all program rules and regulations

have a history of substance abuse possibly accompanied by impaired social and/or occupational functioning

be willing to live and work in an environment abstinent of illegal and or non-prescribed controlled substances, and commit to maintaining it in that manner.

Alpha house shall not discriminate in the provision of services on the basis of age\*, race, creed, sex, ethnicity, color, marital status\*\*, or religion.

\* Age -- see b) above

\*\* Marital Status--We do not accept a husband and wife in the residential program at the same time to insure individualization of treatment for each client. Likewise, due to the fact that in the course of therapy clients go through many personal and emotional changes, we do not allow clients to get married while in treatment.

\* Physically challenged -- see d) above

**Criteria for Readmission (Revised 11/6/03)**

All re-admissions are taken into consideration by the counseling staff. Upon consultation with the staff, the residential director makes the final decision as to the disposition of a readmission:

1. Residents who have achieved Level II with 6 hours' status may be re-admitted 90 days after their termination or departure. If they were court-ordered residents, clinical staff will review each case individually.
2. Residents who haven't achieved Level II with 6 hours' status may not be readmitted for 120 days after their termination or departure.
3. Residents may be reconsidered for admission one year after their 3<sup>rd</sup> treatment episode. Such clients must evidence their commitment by submitting their own letter in writing first, and wait for our response.

**Ancillary Services for Women with Dependent Children (Instituted 1/27/04)**

Alpha House, Inc. provides and arranges for ancillary services to women with dependent children, including women who are attempting to regain custody of their children. These services include but are not limited to:

- A. Primary medical care for women, including a referral for an agency specializing in treatment of pregnant women offering prenatal care and, while the women are receiving such services, child care.
- B. The referral agency shall provide primary pediatric care, including immunization, for their children.
- C. Gender sensitive substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, family therapy, nutrition education and education to a GED level.
- D. Sufficient case management and transportation to ensure that woman and their children have access to the services being arranged will be provided by the referring agency.
- E. Therapeutic intervention for the children in the custody of the women receiving treatment services shall be provided by the Ancillary providers listed below in conjunction with Alpha House, Inc. These services may address, among other things, the children's developmental needs, issues of sexual and physical abuse, and neglect.

The ancillary services referral guide is listed below and you along with Alpha House staff will assist with the arranging of such services as needed.

**ANCILLARY SERVICES REFERRAL GUIDE  
PRIMARY MEDICAL CARE**

Allegheny county Health Department

3333 Forbes Avenue

Pittsburgh, PA 15213

General Information: 412-687-2243

Maternal & Child Care

907 West St.

Pittsburgh, PA 15221

Contact: Pam Long

Pediatric & Adolescent Dental Care

3333 Forbes Avenue

Pittsburgh, PA 15213

Contact: Dr. Larry Kanterman

Immunizations

3441 Forbes Avenue

Pittsburgh, PA 15213

Contact: Joan MacMahon

**OTHER RESOURCES**

Latterman Family Health Center

2347 Fifth Avenue

McKeesport, PA 15132

412-673-5504

Contact: Polly Swenson

Women's Health Services, Inc

221-225 Fifth Avenue

Pittsburgh, PA 15222

1-800-426-4636

Contact: Kim Ezertt

Alma Illery Medical Center

7227 Hamilton Avenue

Pittsburgh, PA 15208

Contact: Elizabeth Quinn

**THERAPEUTIC INTERVENTION  
WOMEN**

Family Crisis Center

424 Third Avenue

Pittsburgh, PA 15219

412-394-4817 or

412-261-3960

Contact: Susan Crout

Planned Parenthood of W.PA

209 Ninth St., Suite 400

Pittsburgh, PA 15222

412-434-8971 or

412-434-8964 (Education)

Contact: Dr. Marcy Smith

Helping Families in Crisis

8235 Ohio River Blvd.

Pittsburgh, PA 15202

412-766-4030

Contact: Deborah Gooden, ext.214

Women's Counseling Service

305 Wood St.

Pittsburgh, PA 15222

412-281-3029

Contact: Vikky Hanchin

**WOMEN (CONTINUED)**

Pittsburgh in Partnership with Parents  
 1835 Centre Avenue  
 Pittsburgh, PA 15219  
 412-392-4400  
 Contact: Steve Mac Isaac

W.I.C. Program  
 235 Fourth Avenue  
 Pittsburgh, PA 15222  
 412-350-5801  
 Contact: Barbara Curlee

**CHILDREN**

Parent to Parent of PA  
 717-540-4722 or  
 1-800-986-4550 (PA Only)  
[www.parenttoparent.org](http://www.parenttoparent.org)  
 Contact: Susan Franke

CCIS of Allegheny County  
 305 Wood Street  
 Pittsburgh, PA 15222  
 412-261-CARE (2273)  
 Contact: Ann Buford

**CASE MANAGEMENT**

Allegheny County Department of Human Services  
 Bureau of Drug & Alcohol Programs Intensive Case Management  
 304 Wood Street  
 Pittsburgh, PA 15222  
 412-350-7337  
 Contact: Cherie O'Leary

Allegheny County Department of Human Services  
 Mental Health Forensic Case Management  
 304 Wood Street  
 Pittsburgh, PA 15222  
 Contact: Amy Kroll

**TRAVEL**

Traveler's Aid  
 55 11<sup>th</sup> Street, Suite 1  
 Pittsburgh, PA 15222  
 412-281-5474

Access  
 Beaver & Island Avenue  
 Pittsburgh, PA 15233  
 412- 562-5353

## **Discussion of Treatment Levels**

**Level I** - All residents coming into the program begin on Level I. During this period, residents become familiar with the rules and regulations of the program. At this stage Level I residents are evaluating the program to determine if they want to commit to treatment here, and the staff and residents are evaluating them to determine if they are suitable to the program. Successful completion of this level is determined by, but not limited to: (1) maintaining sobriety as determined by random urinalysis, (2) accepting and following directions, rules, and regulations, showing respect for authority figures, both residential peers and staff, keeping up on all appropriate logs, homework assignments, etc, (3) following up on all medical and dental appointments, (4) writing and addressing chemical history in group with peers and staff, and receiving staff verification by signed card, (5) requesting and verifying with group a demonstration of completing all above projects within one month.

**Level II** - Once residents demonstrate their willingness and ability to engage in the therapeutic community, and commit to changing their behaviors, they request to be promoted to Level II. Level II residents work towards changing or extinguishing negative behaviors. This is accomplished by working in groups, working and interacting on job crews, and confrontation.

**Level III** - Having successfully changed their major negative behaviors, residents request to be promoted to Level III. On this level, they are responsible for the “tone” of the house, assigning job crews, conducting meetings, teaching newer residents, and acting as liaison between residents and staff. During this period each Level III thoroughly examines their past in order to understand the motivating factors for drug use and self-destruction.

**Respite care** - Once residents successfully change their negative behaviors, and thoroughly examine the motivating factors for their life-style, they are free to “re-enter” society at large. During this period, residents seek and secure employment, attend schools, etc, but still enjoy the help and support of the residents and staff. At this stage the resident is “testing the water” and using Alpha House as a home base from which to operate in order to reflect, and discuss any and all issues that surface with their new-found freedom. Securing a respite care promotion involves submitting a detailed plan to the staff and residents, discussing how they intend to cope with daily living activities. This plan is collectively reviewed by staff and residents. Once done, the resident is called up for staffing, at which time staff questions the resident, makes suggestions and recommendations for their continued sobriety. Once a resident is promoted, he/she signs an agreement contract, which details respite care requirements that must be adhered to while on respite care.

## New Resident Information

### A. Introduction

Upon entering the program, a new resident:

will be taken on a tour of the house

will be assigned to and shown his/her room

will be shown the location of the bulletin boards, fire exits, fire alarms, and floor plans and have their functions explained

will be instructed on bathroom uses and courtesy

will have shopping procedures explained to them

will be assigned a primary counselor

### Daily Schedule

(Schedule may vary depending on particular circumstances.)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30	Wakeup	Wakeup	Wakeup	Wakeup	Wakeup	Wakeup	
8:00	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	
8:30	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	
9:00	Morn. Mtg	Morn Mtg	Morn Mtg	Morn Mtg	Morn Mtg	Morn Mtg	
9:45	JobCrews/ School	JobCrews/ School	JobCrews/ School	JobCrews/ School	JobCrews/ School	Job Crews	
11:15							On Floor
11:30	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Brunch
12:15	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup
1:00	Thought Pot	Thought Pot	Thought Pot	Thought Pot	Thought Pot	Free/Str. Time	Free/Str Time
2:30	Groups	JobCrew/ Struc.	Groups	JobCrew/ Struc	Groups	Free/Str. Time	Free/Str Time
5:30	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup	Cleanup
7:00	Level Mtgs	Skills	NA Mtg	Kit. Thoroughs	Comm. Mtg.	Free/Str	Issue Mtg
8:00	Respon	Respon	Respon	Respon	Respon	Respon	Respon
9:15	Free/Str	Free/Str	Free/Str	Free/Str	Free/Str	Free/Str	Free/Str
10:30	Off Floor	Off Floor	Off Floor	Off Floor	Free/Str	Free/Str	Off Floor
11:00	Off Floor	Off Floor	Off Floor	Off Floor	Off Floor	Off Floor	Off Floor
11:15	Bed/ Lights out	Bed/Lights out	Bed/Lights out	Bed/Lights out	Off Floor	Late Night	Bed/Lights out
11:30					Bed/Lights Out	Bed/Lights out	

### B. Expectations of a Resident

Residents are expected to:

Initiate and assume responsibility for their behaviors in all aspects of the program's structure.

Treat staff members and residents with respect.

Develop and maintain relationships that are honest and healthy for oneself and others.

Actively and verbally participate in all meetings.  
 Become familiar with the names of staff and residents.  
 Become progressively more responsible, eventually taking leadership job roles and initiating “teaching and learning” with newer residents.

### **C. Work**

Treatment is organized around various everyday work activities, such as, those related to maintaining one’s home. Since Alpha House temporarily replaces one’s home environment, household chores are considered a part of reconnecting to the activities of daily living. Each resident is required to participate in these activities. Each job assignment is determined by its therapeutic value to the client; i.e., level of responsibility required to conduct each job. Job responsibilities range from bathrooms to Kitchen and House Managers. Alpha House makes no payment for this work since it is part of the client’s treatment plan.

### **D. Learning Experiences**

Learning Experiences are various forms of special attention to address a particular issue. They may be used when a client’s behavior is at an impasse or requires particular consideration. These learning experiences may include, but are not limited to: writing essays and presentations on a particular topic, watching a video on a particular topic, participating in additional groups, receiving a notch or fraction of a notch (Three notches may result in dismissal from the program).

### **E. Clients’ Rights**

A client’s civil rights shall not be infringed upon because he/she is in treatment.

A client has the right to appeal and register complaints to the Residential Director about the administration of rules, regulations, sanctions, disciplinary measures, and modification of rights.

A client has the right to accept or reject any or all copies of treatment consents suggested by Alpha House staff.

A client may request in writing the inspection of and/or removal or correction of inaccurate, irrelevant, outdated, or incomplete information from his/her own records, including the reasons why he/she believes the information to be inappropriate. The staff will address any such client request in writing and a copy will be maintained in the client’s file.

A client may submit rebuttal data, or memoranda to his/her own records.

A client has the right to be free from corporal punishment, physical abuse, and involuntary physical restraints.

While a client has the right to examine his/her own records, the clinical staff may delete portions of the record prior to inspection by the client if the clinical staff determines that the information is detrimental to the client’s ongoing treatment. Client records may be inspected by any member of the Alpha House staff and by reviewing agents of the County and State.

A client has the right to communicate by mail. There is no limit on the amount of mail sent or received. Incoming mail must be opened in the presence of staff to demonstrate the absence of contraband. Outgoing mail is not examined.

A client has the right to discharge himself/herself at any time subject to whatever consequences may be imposed by the criminal justice system.

A client has the right to nutritious food, adequate lodging and personal hygiene facilities.

#### **F. Notice of Privacy Practices – Health Insurance Portability and Accountability Act. (HIPAA)**

##### **Alpha House, Inc. Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.** We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. We must provide you with this Notice about our privacy practices. It explains how, when and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect.

However, we reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in our reception area and on our web site at [www.alphahouseinc.org](http://www.alphahouseinc.org). You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from the HIPAA Coordinator or Residential Counselor. You may view and obtain an electronic copy of this Notice on our web site at [www.Alphahouseinc.org](http://www.Alphahouseinc.org).

We would like to take this opportunity to answer some common questions concerning our privacy Practices:

#### **QUESTION: HOW WILL ALPHA HOUSE, INC. USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?**

**Answer:** We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe

the different categories of our uses and disclosures and give you some examples of each.

A. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations.

1. For Treatment: As a drug and alcohol facility, we cannot disclose information regarding your treatment without your specific written authorization. Information may be released without specific authorization under certain conditions. These conditions are a court order, medical personnel in an emergency medical situation, where an individual's life is in danger and/or requires medical services. Please be aware that any incident of suspected child abuse or neglect is not covered by Federal Confidentiality Laws. If such a situation exists, Alpha House, Inc. would be responsible for the welfare of the child and would have to report circumstances to proper authorities when disclosed by the child. (Revised 11-04)
2. Obtain Payment for Treatment: As a drug and alcohol facility, we cannot disclose information regarding your treatment without specific written authorization. For example, in order to bill or collect payment, we will request your specific written authorization.
3. For Health Care Operations: We may, at times, need to use and disclose your health information to operate our agency. However, as a drug and alcohol facility, we cannot disclose information regarding your treatment without specific written authorization. Even with signed consent, the agency is restricted to the information that can be released:
  - 1) Whether the client is in treatment
  - 2) Client's prognosis
  - 3) Type of treatment
  - 4) Description of client's progress
  - 5) Whether the client has relapsed into drug abuse and the frequency of relapse.

Occasionally we have visitors touring our facility; no individual identifiable information will be disclosed.

B. Certain Other Uses and Disclosures are Permitted by Federal Law. We may use and disclose your health information without your authorization for the following reasons:

1. When a Disclosure is required by Federal, State or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement. For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as suspected child abuse or gunshot wounds.
2. For Public Health Activities. Under the law, we need to report information about certain diseases, and about any deaths, to

- government agencies that collect that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we will need your specific authorization), we also are permitted to provide some health information to the coroner or a funeral director, if necessary, after a client's death.
3. For Health Oversight Activities. For example, we will need to provide your health information if requested to do so by the County and/or the State when they oversee the program in which you receive care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.
  4. For Organ Donation. If one of our clients wished to make an eye, organ or tissue donation after their death, we may disclose with specific written authorization.
  5. For Research Purposes. In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we will ask for specific written authorization.
  6. To Avoid Harm. If one of our counselors, physicians or other staff believes that it is necessary to protect you, or to protect another person or the public as a whole, with a court order, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm. **Rev.10-03**
  7. For Specific Government Functions. For substance abuse treatment information an informed valid consent is always required. Even with signed consent, the agency is restricted to the information that can be released:
    - a. Whether the client is in treatment
    - b. Client's prognosis
    - c. Type of treatment
    - d. Description of client's progress
    - e. Whether the client has relapsed into drug abuse and the frequency of relapse. **42CFR 2.12 (c1,2) Rev. 10-03**
      1. For Workers' Compensation. We may provide your health information as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.
  8. Appointment Reminders and Health-Related Benefits or Services. Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with the appointment reminders and treatments that may help you.
  9. Fundraising Activities. For example, if Alpha House chooses to raise funds to support one or more of our programs or facilities, or some other charitable cause or community health education

program, we, with specific written authorization, will use the specific information that we have about you to contact you. If you do not wish to be contacted as part of any fundraising activities, please contact the HIPPA coordinator or residential counselor.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. Disclosures to Family, Friends or Others Involved in Your Care. We may provide a limited amount of your health information to a family member, friend or other person known to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member comes to your intake appointment and you allow them to come into the counseling office with you, we will not disclose otherwise protected health information to them during the appointment. (This information will not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific written authorization.)
2. Disclosures to Notify a Family Member, Friend, or Other Selected Person. When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are at our facility. With specific written authorization, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. (This information will not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific written authorization.)
3. Disclosures from our Agency Director. If you reside with us, Alpha House, as a drug and alcohol facility cannot disclose information regarding your name and location to be able to direct visitors to call you without specific written authorization.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status.

If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

## **QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?**

**Answer:** You have the following rights with respect to your protected health information:

A. The Right to Request Limits on Uses and Disclosures of Your Health Information. You have the right to ask us to limit how we use and disclose your health information. We will consider your request, but, as a drug and alcohol provider, we must have your specific written authorization to disclose information and/or request limits. In agreement to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.

B. The Right to Choose How We Send Health Information to You or How We Contact You. You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address). We must agree to your request so long as we can easily do so.

C. The Right to See or to Get a Copy of Your Protected Health Information. In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. A request form is available with the HIPAA coordinator or residential counselor. We will respond to you within 30 days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may limit the amount or temporarily remove portions of the record prior to inspection by the resident if it is determined that the information may be detrimental if presented to the resident/client. . If we do, we will tell you, in writing, our reasons for these limitations. These reasons shall be documented and kept on file. The HIPAA coordinator or Residential counselor identifies the information that should be removed and presents that data to the Executive Director (ED). The ED reviews the information, removes it and places it in a temporary file prior to the resident's/clients inspection. After review the information is then placed back into the original file. The documentation stating the reason for temporary removal is maintained with the HIPAA Coordinator and ED. You may have a right to appeal the decision limiting access to his/her record to the HIPAA Coordinator or ED. The appeal is reviewed within five (5) days and a decision will be rendered to the resident/client. Further appeal shall be brought to the Single County Authority of Allegheny County (SCA) Department of Human Services Bureau of Drug and Alcohol services. All residents/clients will be given the grievance and appeal process for Allegheny County and the signature page will be kept on file.

D. The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made. You have the right to receive a list of the release of information that you signed authorizing certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to your family for notification purposes or due to their

involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period.

To make such a request, we require that you do so in writing; a request form is available upon asking with the HIPPA coordinator or residential counselor. We will respond to you within 60 days of receiving your request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged \$35 for each additional request that year.

E. The Right to Ask to Correct or Update Your Health Information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information. You must make the request in writing, with the reason for your request, on a request form that is available with the HIPPA coordinator or residential counselor. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

F. The Right To Get a Paper Copy of This Notice. You have the right to request a paper copy of this Notice.

### **QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT ALPHA HOUSE, INC. PRIVACY PRACTICES?**

**Answer:** If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns, or complaints, please contact our HIPPA coordinator at 412-363-4220. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We may not take any retaliatory action against you if you lodge any type of complaint.

### **QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT?**

**Answer:** This Notice takes effect on April 14, 2003

## **G. Rules of Alpha House, Inc.**

### **Cardinal Rules**

A client has the right to a safe and drug-free environment. Therefore, violence or the threat of violence will not be tolerated. The use or presence of alcohol or non-prescribed controlled substances in the residence will, likewise, not be tolerated. An infraction of either of these rules will be viewed by the staff and residents as voluntary termination from the program.

No illegal or non-prescribed controlled substances

No violence or threat of violence

### **Standard Rules**

In order to maintain a clean, safe, well-organized and civilized environment, the following regulations will be observed:

Relationships are counter-productive to recovery; therefore they are strongly discouraged and may (depending on circumstances) be cause for termination from the program.

No smoking in the bedrooms or bathrooms or on the first floor of both houses.

There will be a 24-hour restriction from smoking and a \$2 charge for burning something while smoking (to be kept in the agency safe and used for replacement of broken or damaged equipment).

Appropriate clothing will be worn at all times.

Shirts must be worn on the first floor of the house and out of doors in front of the house.

Socks and shoes must be worn in the kitchen at all times. Hats, hair nets and aprons are to be worn while working in the kitchen. Plastic gloves are to be used when directly handling food. Rules posted in kitchen for appropriate handling of food are to be followed.

Knock before entering any staff office.

Bedrooms must be kept orderly and cleaned daily.

The last person out of a room is to turn off the lights.

Residents are to be present in the dining room for all meals.

All foods are to be eaten in the dining room, unless the person is ill and confined to his/her room.

Proper table manners are to be observed.

In accordance with our principles of treatment, telephone calls are treated as privileges to be earned by making contracted behavioral changes and are to be awarded by the primary counselor.

Outside influences and pressure can have a negative effect on a client's involvement in his/her treatment. To minimize this potential problem, phone calls during the evaluation period (Level I) will be permitted only based on need and at the discretion of the counseling staff.

- Clothes are to be laundered weekly and changed daily.

During residential treatment, a client is to be physically present in the residential facility unless an activity or appointment is specifically authorized by staff and/or the

client is accompanied by either staff or a responsible resident. Upper levels may be excused from having an escort, as may other responsible residents, for appropriate reason.

All information about clients at Alpha House is strictly confidential except where written permission is given by the client and kept on record in the counselors' office.

- Clients' personal effects are subject to random searches for contraband by Alpha House staff.
- Random urine screenings will be conducted.
- Alpha House is not responsible for any client's personal effects. Such effects will be maintained for a period of only 30 days upon a client's departure. They will then be subject to dispersal among program residents.
- Visitors are received at Alpha House on the second Thursday of each month from 6 to 9 p.m., and on the last Sunday of the month from 2 to 5 p.m. Visitors are subject to the approval of staff
- Any resident who does not have his/her high school diploma must, upon reaching level II, work towards earning this diploma while at Alpha House.

### **Basic House Rules**

- Specific permission must be received from staff before listening to radios, CD's , tapes, etc., in resident's rooms.
- No resident is permitted to have or use headphones without permission from staff.
- Residents must have 14 days in the program before they are permitted to go out to the store, and stay up for late night TV.
- TV is not permitted without staff permission
- LEVEL I's are not permitted to be alone
- LEVEL II's may not enter any unoccupied room without making someone aware of them.
- LEVEL I's and II's may not shake anyone's hand, or embrace anyone while out of the house on or with escort. The only exception is for immediate family. Nor are they allowed to ask anyone for cigarettes, money, lights, etc., while out on or with escort.
- No personal phone calls are to be made while out on or with escort.
- Level I's and II's are to be in bed, under the covers, with the lights out by scheduled bedtime, unless otherwise notified.
- Everyone is to be out of bed, with his or her feet on the floor, not later than 7:30 a.m. except on Sundays at which time they are to be out of bed with their feet on the floor no later than 10:45 a.m.

- Talking is to be kept to a minimum during thought pot.
- Proper protocol is to be followed at all times. Level I's and II's need to notify the upper levels when they wish to see staff. The nature of the reasons for going to staff does not have to be discussed with the upper levels.
- Residents are to call upstairs for room check, room thorough, etc. They are not permitted to bring anything down on the floor with them. Items needed for the day (ID, journals, money, etc.) are to be brought down when you come down on the floor for breakfast.
- Candy and snacks are not permitted to be eaten anywhere in the house except in the dining room during free time. Only cough drops are permitted to be eaten anywhere, at any time, if you have a cold and they are a necessity.
- No more than 10 residents are to be out on the porch at any time.
- When on the porch or around the house, residents are to act appropriately, i.e. no loud, vulgar, crud, slovenly, etc., behavior. This also applies to your behavior away from the house.
- Your laundry is to be brought down to the laundry room when you come down for breakfast on your assigned day only.
- Each resident is to shower daily, either prior to going to bed, or when getting up in the morning.
- If you choose to shower from 7:30 a.m. until 8:00 a.m. you are not to use more than 10 minutes per person.
- No resident is permitted to sit or move around on the landings (upstairs) in his/her underwear. Proper attire is expected at all times.
- Chewing gum must be wrapped in a tissue before being thrown in the waste cans.
- No paper is to be discarded anywhere other than the waste cans.
- Nothing other than toilet paper is to be disposed of in the commodes.
- Sinks and showers are to be cleaned and dried after using the bathroom.
- Level I's must make it important to communicate with the Big Brothers/Big Sisters about anything regarding the program they don't understand.
- If blatants are on the floor and you see them, make it important to pick them up and put them into the waste cans.
- Proper interaction is expected at all times.
- Residents are not permitted to run in the house.
- Everyone is to have a glass of water and a pen before going to the staff office to get any medications.
- When in the game room you are to keep the door open.
- Except for after meals, no more than four residents at a time are to be smoking in the game room. The fan must be on whenever anyone is smoking in the game room.
- Rooms should be appropriately lit. Lights and fans are to be turned off

when the room is vacated.

- Level I's are to ask for help in and out of all rooms. This includes the bathrooms when they are down on the floor.
- Residents are not to associate with former residents who left the program against agency advice.
- Windows should be closed in the event of rain

## H. General Information

### Medical

Alpha house has a qualified service agreement with Shadyside Hospital Family Health Center, which assumes responsibility for physical maintenance of our clients. Each client receives a thorough physical examination within one week of entry. A resident physician follows each of our clients through his/her stay at Alpha House.

Medication is stored in a locked file cabinet in the counselors' office in envelopes identified with the client's name. Medication is self-administered by the client as designated by the physician, which is monitored by a staff person on duty.

### Expenses

Alpha House believes that treatment involves taking responsibility for every aspect of your life. By entering into treatment, you have taken a very important first step. However, there are and remain additional steps to be taken. Another of these important steps is managing your finances. You may be receiving financial assistance while in treatment; therefore, there are expenses of daily living that you are responsible for meeting. Expenses you are responsible for include: ***purchasing personal toiletries, telephone calls, fees for transportation to and from various personally scheduled appointments, unless on Alpha House business; i.e. physicians.***

This list is not meant to be all-inclusive, but is meant to provide an idea of the types of expenses you will have during your stay here.

Personal appointments that require public transportation are your financial responsibility, as well as the phone calls to notify staff of your arrival and departure. It is recommended that each resident keep minimally \$30 biweekly to cover these expenses and others that may arise.

### Notch system

In order to maintain an orderly community and encourage people to do what is expected of them, there are consequences for not adhering to the rules. There is a system of notches and other consequences that is posted. An accumulation of a total of 3 notches will result in a review of the resident by staff with the possibility of dismissal from the program.

**Regarding HIV Infection and Related Conditions**

Because of the high incidence and prevalence of HIV infection among the IV drug using population it is important to have a clear policy regarding education, counseling, management, and referral.

In the 1990's it has become impossible to provide realistic, responsible treatment for IV drug users without addressing the serious problem of HIV infection. Therefore, Alpha House approved that the following procedure shall be applied for all Alpha House residents:

1. At least quarterly, an educational seminar of no less than two hours in length shall be presented to the entire resident population by a staff member, trained by HIDA, the County Health Department, or other suitable training facility and including at least the following information:
  - a. Nature and effects of the Human Immunodeficiency Virus.
  - b. Routes and methods of transmission
  - c. Symptoms of HIV infection, ARC and AIDS
  - d. Prevention methods and techniques
  - e. The impact of AIDS on IV drug users.
2. Within 24 hours of intake each new resident will have a pretest counseling session of no less than 30 minutes in length. During this session the meaning of the HIV antibody test will be explained and pros and cons for testing will be presented.
3. Within the first week after intake each resident will be taken to the Family Health Center of Shadyside Hospital for a complete physical examination. HIV antibody testing will again be discussed with the resident by the FHC Health Care professional.
4. It is at the sole discretion of the resident that he or she is tested for the HIV antibody. If the resident decides in favor of testing, he or she may choose Alpha House, the County Health Department, or FHC as the testing site. The results of those tests are confidential and are shared only with the resident. If the resident wishes, he or she may share that information with Alpha House staff. Staff may not pass that information on to anyone without the express written consent of the resident. The resident shall receive post-test counseling from members of the Alpha House staff regarding the meaning and interpretation of test results and other implications and ramifications depending on the degree of disclosure by the resident.
5. Should a resident be infected with the HIV, he or she may continue to participate in the Alpha House program for as long as he or she remains physically, mentally, and emotionally able to do so, and as long as the basic requirements for the program continue to be met. Should hospitalization be required, the resident will be referred through the FHC to Shadyside Hospital or other facility as may be appropriate. Should other services be required as a result of the HIV infection, the resident shall be referred to the Pittsburgh AIDS Task Force or other ancillary service agency as may be required.

### **Banking – Money**

1. I understand that once I begin to receive income (DPA, wages, SSI, Disability payments, etc.), it is my responsibility to inform the Administrative Assistant; and I agree to allow Alpha House to hold in its safe a minimum of one-half my net total each time I receive any monies. I understand that I may deposit more if I desire, and that the money I deposit with Alpha House is mine, designated for community living arrangements upon successful completion and/or departure from Alpha House. Also, I understand that the other half of my money is mine to do with as I choose, my options being:

- a. To give some additional money to the Adm. Assistant for deposit into my savings, which may not be withdrawn until my departure from Alpha House.
- b. To place some additional money into a hold account, which I may withdraw on Tuesdays and Fridays.
- c. To keep such money on my person, in my room, etc., with full knowledge that Alpha House bears no responsibility should such money be lost, misplaced, or stolen.

### **Alpha House does not accept any responsibility for the loss or theft of any money kept outside of the house safe.**

2. Special Note: If a client does not receive income, and receives money for special jobs\* and is paid:

- a. \$49.99, or less, client may keep all of it.
- b. \$50 to \$100, client may keep \$50 and give the Adm. Assistant the balance for savings.
- c. More than \$100, half of this amount is to be given to the Adm. Assistant for client's savings.

\* Client should receive a minimum of \$5.15 per hour. Client may be paid more for skilled jobs.

### **3. Departure Notes:**

If you owe any money to peers, staff or to Alpha House, etc., this money will be taken from your savings upon departure. If a peer claims he/she loaned you money, and you believe this to be untrue, both of you will be called to the Adm. Assistant's office in an effort to settle the dispute. If it cannot be proven, the amount in dispute will be split in half, and you will give this amount to that peer. Also, if there is a dispute and the person who claims he or she loaned you money is out of the house, this amount will be held in the safe until such time as it can be settled.

### **Level I Project**

Write your history containing no less than five pages (front side only).

Obtain a 3x5 card for residents to sign, verifying that you have verbally communicated your short-term chemical history.

Complete your behavior project, listing your five most blatant behaviors, stating with each behavior (see below).

<b>1. How I was _____ in the streets.</b>
<b>2. How my _____ hurt me in the streets.</b>
<b>3. How I have been _____ in the house.</b>
<b>4. How this _____ hurt me in the house.</b>
<b>5. How I plan to change this _____ behavior</b>

Consider this written project to be your short-term and long-term goals. It will describe both your short-term and long-term plans. Your two highest scoring behaviors are to be written using the above format.

Complete the 3 sections of the ABLE test. See the E.A. for details and forms. All projects must be completed and turned in by your

Last, write your request for your Level II promotion by your 21st day here. Make sure to turn in your work to the E.A.

### STAFF MEMBERS

Veronica Jones	Executive Director
Trudy Cammarata	Admin. Assistant
David Calderone	Accountant
Abdelhadi Elamin	Residential Director
Bernard Parrish	Educational Director
Darlene Hoover	Outpatient Director
Charlene Anderson	Supervising Counselor
Lorie Updyke	Residential Counselor
James Dodd	Residential Counselor
Richard Pirozzi	Residential Counselor
Emily Rischel	Residential Counselor
Harold Agnew	HIPPA Coordinator
Pamela Smith	Harm Reduction Coordinator
Marvin Anderson	Night Time Monitor
Norma Jean Sellers	Night Time Monitor
James (Pete) Watson	Night Time Monitor

<i><b>TOOLS</b></i>	<i><b>CONCEPTS</b></i>	<i><b>BASICS</b></i>
<b>Alpha Room</b>	<b>Openness to Criticism</b>	<b>Know full names of staff &amp; their functions</b>
<b>Omega Room</b>	<b>Uncompromising Honesty</b>	<b>Know full names of all residents</b>
<b>Staff</b>	<b>Responsible Love &amp; Concern</b>	<b>Participate in all group meetings</b>
<b>Support</b>		<b>Participate in all group activities</b>
<b>Slip Box</b>		<b>Develop open and honest relationships</b>
<b>Job Crews</b>		<b>Take responsibility for one's behavior</b>
<b>Residents</b>		<b>Do as you are asked</b>
<b>Interaction</b>		<b>NO FEEDBACK - LISTEN</b>
<b>Peer Group Pressure</b>		
<b>Learning Experience</b>		
<b>Asking for Help</b>		
<b>Meetings</b>		

**BEHAVIORS**

<b>Non-Caring</b>															
<b>Dishonest</b>															
<b>Impulsive</b>															
<b>Manipulative</b>															
<b>Know it All</b>															
<b>Closed &amp; Defensive</b>															
<b>Argumentative</b>															
<b>Non-Assertive</b>															
<b>Childish</b>															
<b>Justifying</b>															
<b>Vindictive</b>															

**SIGNATURES**

1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	