All Care Homecare, LLC
147 Court Street Plymouth MA 02360



ALL CARE WELLNESS INSTITUTE (ACWI)

PATIENT POLICY MANUAL

Outpatient Psychiatric, Behavioral Health, and\nSubstance Use Disorder Treatment and Recovery Services

Program Location	Plymouth Office
Program Director	Dr. Schree Pettigrew, DNP, APRN-BC, CARN-AP
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SECTION 1: PROGRAM DESCRIPTION

1.1 Overview of Program

All Care Wellness Institute (ACWI) is an outpatient behavioral health and substance use treatment provider dedicated to delivering comprehensive, individualized, and recovery-oriented services to adults experiencing mental health conditions and substance use disorders. ACWI provides an integrated approach to behavioral health treatment, emphasizing psychiatric stability, substance use recovery, improved daily functioning, relapse prevention, and overall wellness.

ACWI recognizes that each individual has unique treatment needs and works collaboratively with patients to develop individualized treatment plans that reflect their clinical needs, personal goals, strengths, and preferences.

ACWI operates under a hybrid service delivery model, providing both in-person and telehealth appointments, as clinically appropriate and consistent with applicable regulatory requirements. ACWI operates under a hybrid service delivery model, providing both in-person and telehealth appointments, as clinically appropriate and consistent with applicable regulatory requirements. In-person clinical services are provided exclusively at the ACWI Plymouth office. Telehealth services provide an additional means of accessing appropriate outpatient psychiatric, behavioral health, and substance use treatment services.

1.2 Goals and Objectives

The primary goals and objectives of ACWI include:

1. **Provide accessible, evidence-based psychiatric, behavioral health, and substance use disorder treatment and recovery services.**
2. Support individuals experiencing mental health conditions through psychiatric assessment, medication management, and psychotherapy.
3. Provide medication treatment for opioid use disorder (MOUD), including appropriate medication treatment options.
4. Promote sustained recovery from substance use disorders through medication treatment, counseling, education, and recovery support.
5. Reduce psychiatric symptoms, emotional distress, and functional impairment.
6. Promote relapse prevention, harm reduction, and strategies to reduce the risks associated with substance use.
7. Improve patients' coping skills, emotional regulation, interpersonal relationships, and daily functioning.
8. Encourage patient participation in treatment planning and shared clinical decision-making.
9. Coordinate care with primary care providers, specialists, community agencies, and other treatment providers when appropriate and authorized.
10. Promote continuity of care through ongoing monitoring, follow-up appointments, referrals, and discharge planning.



1.3 Types of Services Provided

ACWI provides comprehensive outpatient psychiatric, behavioral health, and substance use disorder (SUD) treatment and recovery services. These services address mental health conditions, alcohol and addiction disorders, opioid use disorder, and co-occurring mental health and substance use conditions. Services are individualized according to each patient's clinical needs and may include psychiatric evaluation, medication management, medication treatment for opioid use disorder (MOUD), individual psychotherapy, group therapy, substance use counseling, relapse prevention, recovery support, care coordination, and referrals to additional levels of care when clinically indicated.

Services are delivered through a hybrid model of in-person and telehealth appointments, as clinically appropriate and consistent with applicable regulatory requirements.

A. Psychiatric Evaluation and Medication Management

ACWI provides comprehensive psychiatric assessments, diagnostic evaluations, medication initiation and management, medication monitoring, and ongoing evaluation of treatment effectiveness.

Services may include:

- Psychiatric evaluations and diagnostic assessments.
- Substance use disorder evaluation
- Medication prescribing and management.
- Monitoring of medication effectiveness, adherence, and potential adverse effects.
- Medication education and counseling.
- Assessment and monitoring of psychiatric symptoms.
- Individualized treatment planning and ongoing clinical reassessment.
- Coordination with other medical and behavioral health providers as appropriate.

B. Medication Treatment for Opioid Use Disorder (MOUD)

ACWI provides outpatient medication treatment for individuals diagnosed with opioid use disorder. Treatment is individualized based on clinical assessment, patient preference, treatment history, and applicable clinical guidelines.

Medication treatment options include:

- Buprenorphine/naloxone (Suboxone).
- Extended-release injectable buprenorphine (Sublocade).
- Extended-release injectable buprenorphine (Brixadi).
- Extended-release injectable naltrexone (Vivitrol).

MOUD services may include:



- Assessment and evaluation for medication treatment.
- Medication initiation and ongoing management.
- Administration of injectable medication when clinically indicated.
- Monitoring of treatment response, cravings, withdrawal symptoms, and potential adverse effects.
- Medication education and adherence support.
- Relapse prevention and recovery planning.
- Overdose prevention education and naloxone counseling.
- Coordination with other treatment providers and recovery support services.
- Ongoing reassessment and individualized treatment planning.

Medication treatment is provided as part of an individualized, comprehensive approach to recovery. Patients are encouraged to participate in appropriate counseling and supportive services based on their clinical needs.

C. Individual Psychotherapy and Counseling

ACWI provides individual psychotherapy and counseling to address psychiatric symptoms, emotional and behavioral concerns, substance use disorders, and psychosocial stressors.

Therapeutic interventions may include:

- Cognitive Behavioral Therapy (CBT).
- Dialectical Behavior Therapy (DBT).
- Eye Movement Desensitization and Reprocessing (EMDR), when clinically appropriate.
- Brain spotting, when clinically appropriate.
- Supportive psychotherapy.
- Motivational Interviewing (MI).
- Relapse prevention counseling.
- Behavioral modification and coping skills development.
- Emotional regulation and stress management.
- Trauma-informed therapeutic approaches, when appropriate.
- Interpersonal relationship and communication skills.
- Problem-solving and development of healthy coping strategies.

Treatment is individualized according to the patient's clinical presentation and established treatment goals.

D. Group Therapy and Psychoeducation

ACWI provides both mental health-focused and substance use recovery-focused group therapy and psychoeducational services. Groups are designed to promote recovery, improve emotional wellness, strengthen interpersonal relationships, and develop effective coping skills.

Mental health groups may address:

- Depression and anxiety management.

- Emotional regulation and stress management.
- Coping skills and behavioral strategies.
- Improving interpersonal relationships and communication.
- Medication education and treatment adherence.
- Developing healthy routines and improving daily functioning.
- Managing psychosocial stressors and improving overall wellness.

Substance use recovery groups may address:

- Substance use recovery and relapse prevention.
- Identification of triggers and high-risk situations.
- Cravings management and coping strategies.
- Recovery maintenance and accountability.
- Harm reduction and overdose prevention.
- Development of healthy relationships and recovery supports.
- Education regarding substance use disorders and treatment options.
- Strengthening motivation and commitment to sustained recovery.

Group participation provides patients with opportunities to increase self-awareness, develop coping skills, strengthen recovery behaviors, and benefit from supportive interactions with others experiencing similar challenges.

E. Substance Use Disorder Treatment and Recovery Support

ACWI provides outpatient clinical services addressing substance use disorders, including alcohol and drug use disorders, through assessment, individualized treatment planning, medication management when appropriate, counseling, relapse prevention, and ongoing clinical monitoring.

Services may include:

- Substance use assessments and evaluation of treatment needs.
- Identification and monitoring of substance use patterns and associated risks.
- Counseling and education regarding substance use disorders.
- Recovery planning and relapse prevention strategies.
- Identification of triggers and development of strategies to manage cravings.
- Harm reduction and overdose prevention education.
- Medication treatment when clinically indicated.
- Support for sustained recovery and treatment engagement.
- Referrals to detoxification, residential treatment, or other levels of care when clinically indicated.
- Coordination with community-based recovery resources and support organizations.

F. Care Coordination and Referrals



ACWI recognizes the importance of coordinated care in achieving positive treatment outcomes. With appropriate patient authorization, ACWI may coordinate services with primary care providers, specialists, hospitals, community behavioral health providers, substance use treatment programs, and other relevant organizations.

Referrals may be made for:

- Higher levels of psychiatric or substance use treatment.
- Detoxification and withdrawal management services.
- Residential treatment.
- Primary and specialty medical care.
- Community-based recovery programs.
- Social services and other supportive community resources.
- Additional supportive services based on identified needs.

1.4 Aftercare and Follow-Up Services

ACWI promotes continuity of care through ongoing clinical monitoring, follow-up appointments, treatment plan reviews, medication monitoring, and coordination of appropriate services.

Patients transitioning from one level or type of treatment to another are provided with appropriate referrals and recommendations based on their clinical needs. When clinically indicated, ACWI assists with coordination of care to support treatment continuity and reduce interruptions in services.

Aftercare and follow-up may include:

- Scheduled psychiatric and medication management appointments.
- Continued MOUD follow-up and monitoring.
- Individual or group therapy, as clinically appropriate.
- Relapse prevention planning.
- Coordination with community recovery supports.
- Referrals to higher or alternative levels of care when needed.

1.5 Staff Qualifications

ACWI employs and engages appropriately licensed, credentialed, and qualified professionals to provide services within their respective scopes of practice.

Clinical services may be delivered by psychiatric nurse practitioners, physicians, licensed mental health clinicians, therapists, counselors, and other qualified behavioral health professionals, as appropriate to the services provided.

ACWI's clinical leadership and providers bring extensive experience in psychiatric care, addiction treatment, and the treatment of individuals with serious mental illness (SMI) and substance use

disorders (SUD). This includes a doctoral-prepared psychiatric nurse practitioner who holds the Certified Advanced Alcohol and Drug Counselor (CARN-AP) credential and has approximately 30 years of experience in addiction treatment, as well as an additional psychiatric nurse practitioner with approximately 50 years of experience working with individuals with serious mental illness and substance use disorders.

All personnel are expected to maintain applicable professional licenses, certifications, training, and competencies required for their assigned responsibilities and comply with applicable Massachusetts laws, regulations, and professional standards.

1.6 Scheduling Restrictions

Services are primarily provided by scheduled appointment. Appointment availability, frequency, and duration are determined by clinical need, provider availability, treatment recommendations, and the nature of the service being provided.

ACWI offers limited walk-in availability for established patients, subject to provider availability and the nature of the clinical concern. Walk-in visits are intended to provide an additional access option for existing patients and do not guarantee immediate evaluation or treatment.

ACWI also reserves designated appointment slots, when available, to accommodate urgent clinical needs and facilitate timely follow-up when a patient's condition or treatment circumstances warrant more immediate attention. The determination of urgency and appropriate scheduling is made by clinical staff based on the patient's reported needs and clinical presentation.

ACWI operates under a hybrid service delivery model. In-person and telehealth appointments are scheduled based on the service being provided, clinical appropriateness, patient needs, patient preference when feasible, and applicable regulatory requirements.

Patients are expected to attend scheduled appointments and notify ACWI when they are unable to attend. Patients experiencing a medical or psychiatric emergency should call 911 or proceed to the nearest emergency department rather than rely on walk-in availability or reserved appointment slots.

1.7 Program Hours of Operation

The ACWI Plymouth office is open Monday through Friday, 9:00 AM to 5:00 PM.

Administrative and clinical services are provided during designated operating hours based on provider availability and scheduled appointments. Appointment availability may vary depending on the type of service and the treating provider's schedule.

ACWI operates under a hybrid service delivery model, offering both in-person and telehealth appointments when clinically appropriate and consistent with applicable regulatory requirements.



Patients may contact ACWI during regular business hours for appointment scheduling, general inquiries, and assistance with accessing services.

ACWI is not an emergency department or crisis stabilization facility. Patients experiencing a medical or psychiatric emergency should call 911 or proceed to the nearest emergency department. Individuals experiencing a mental health or substance use crisis may also contact 988 for crisis support.

2.1 Patient Orientation and Admission Materials

At admission, ACWI provides patients with orientation materials designed to familiarize them with the program, available treatment services, patient expectations, and resources to support their treatment and recovery. Orientation is intended to help patients make informed decisions about their care, understand available treatment options, and participate actively in the development of their individualized treatment plans.

Orientation materials and information provided to patients include, but are not limited to:

- **Program Description and Available Services:** An overview of ACWI's outpatient psychiatric, behavioral health, and substance use disorder treatment services, including psychiatric evaluations, medication management, individual psychotherapy, mental health and substance use recovery groups, care coordination, and referrals when clinically indicated.
- **Treatment Options for Substance Use Disorders:** Information regarding available treatment approaches for alcohol and drug use disorders, including counseling, psychotherapy, relapse prevention, recovery support, and medication for addiction treatment (MAT), also referred to as medications for opioid use disorder (MOUD), when clinically appropriate.
- **Medication for Addiction Treatment:** Education regarding medication options offered through ACWI, including Suboxone (buprenorphine/naloxone), Sublocade and Brixadi (extended-release injectable buprenorphine), and Vivitrol (extended-release injectable naltrexone). Information may include the purpose of treatment, potential benefits, risks, possible adverse effects, treatment expectations, and the importance of ongoing clinical monitoring and follow-up.
- **Mental Health Treatment Options:** Information about psychiatric evaluation, medication management, individual psychotherapy, group therapy, and other clinically appropriate behavioral health interventions.
- **Family Support and Involvement:** Information about family support services, caregiver education, and available community resources for family members and significant others affected by mental health conditions or substance use disorders. Patients are encouraged to identify supportive individuals who may participate in their treatment when appropriate and with the patient's authorization and consent, consistent with applicable confidentiality requirements.
- **Recovery and Community Resources:** Information about available peer support, recovery-oriented services, mutual-support groups, community-based substance use resources, and other supports that may assist patients and families throughout treatment and recovery.



- **Patient Rights and Responsibilities:** Information regarding patient rights, confidentiality, privacy practices, grievance procedures, program expectations, appointment scheduling, and responsibilities while receiving services at ACWI.
- **Crisis and Emergency Resources:** Information about accessing emergency and crisis services, including calling 911 for emergencies and contacting 988 for mental health or substance use crisis support.

Patients are provided an opportunity to ask questions and seek clarification regarding the program, available services, treatment options, and their rights and responsibilities. Orientation information is reviewed as appropriate to the patient's individual needs, clinical presentation, and treatment recommendations.

Family participation, communication, and involvement in treatment are voluntary and subject to the patient's consent and applicable federal and Massachusetts confidentiality laws and regulations.

3.1 Admission Requirements and Eligibility

ACWI provides outpatient psychiatric, behavioral health, and substance use disorder treatment services to individuals who meet the program's admission criteria and whose clinical needs can be appropriately addressed within the scope of ACWI's services and regulatory approvals.

Admission is based on an initial assessment of the individual's presenting concerns, psychiatric and substance use history, treatment needs, clinical appropriateness, and ability to safely participate in outpatient services.

Individuals seeking admission must:

- Be appropriate for outpatient psychiatric, behavioral health, or substance use disorder treatment.
- Participate in an initial intake assessment and provide information necessary to determine clinical needs and treatment recommendations.
- Provide accurate demographic, contact, medical, psychiatric, and substance use information to the extent available.
- Participate in the development of an individualized treatment plan, as clinically appropriate.
- Review and acknowledge applicable patient rights, responsibilities, program policies, and confidentiality practices.
- Meet any additional clinical or administrative requirements applicable to the requested services.

ACWI may recommend referral to a more appropriate level of care when an individual's clinical condition, safety needs, or treatment requirements exceed the scope of outpatient services. This may include emergency evaluation, inpatient psychiatric treatment, medically supervised withdrawal management, residential treatment, or other specialized services.

3.2 Intake Procedures

Individuals seeking services at ACWI undergo an initial intake process to gather relevant information, identify presenting concerns, evaluate treatment needs, and determine the appropriateness of services.

The intake process may include completion of registration and intake forms, review of available medical and behavioral health history, assessment of psychiatric symptoms and substance use concerns, medication reconciliation, and identification of immediate treatment needs and safety concerns.

The intake assessment is conducted by an appropriately qualified clinical professional within their scope of practice. Additional assessments, screening tools, referrals, or evaluations may be completed when clinically indicated.

Following the intake assessment, the clinical provider determines appropriate treatment recommendations, which may include psychiatric evaluation and medication management, individual psychotherapy, group therapy, medication for addiction treatment (MOUD), substance use disorder counseling, care coordination, or referral to additional services.

3.3 Minimum Information Collected at Intake

At a minimum, ACWI collects the following information during the intake process, as applicable to the individual and the services being requested:

A. Patient Identification and Demographic Information

- Full legal name and preferred name, if applicable.
- Date of birth.
- Address and contact information.
- Emergency contact information, when provided.
- Insurance information and other applicable coverage details.
- Preferred language and communication needs, when applicable.

B. Presenting Concerns and Reason for Seeking Treatment

- Primary reason for seeking services.
- Current psychiatric, behavioral health, or substance use concerns.
- Patient-identified treatment needs and goals.
- Relevant psychosocial stressors and current support systems.

C. Psychiatric and Behavioral Health History

- Current and previous psychiatric diagnoses, when known.
- History of psychiatric treatment, counseling, and hospitalization.
- Current psychiatric symptoms and relevant clinical history.



- History of self-harm, suicidal ideation, suicide attempts, or other safety concerns, as clinically appropriate.

D. Substance Use History

- Current and previous alcohol and drug use.
- Substances used, frequency, duration, and patterns of use.
- History of withdrawal symptoms, overdose, and substance use treatment.
- Previous and current medication for addiction treatment, when applicable.
- Recovery history, relapse concerns, and available recovery supports.

E. Medical History and Medication Information

- Relevant medical conditions and medical history.
- Current prescription medications, over-the-counter medications, and supplements.
- Medication allergies and reported adverse reactions.
- Relevant medical providers and other treating professionals.
- Additional medical concerns that may affect psychiatric or substance use treatment.

F. Clinical Assessment and Treatment Needs

- Initial assessment of psychiatric and behavioral health needs.
- Assessment of substance use treatment needs, when applicable.
- Evaluation of functional status and relevant psychosocial factors.
- Preliminary treatment recommendations and appropriate level of care.
- Identification of immediate clinical concerns requiring further evaluation or intervention.

G. Safety and Risk Assessment

- Assessment of immediate safety concerns, including suicidal or homicidal ideation, when clinically indicated.
- Identification of overdose risk, withdrawal concerns, or other substance-related safety risks, when applicable.
- Identification of protective factors, available supports, and crisis intervention needs.
- Safety planning and referral for emergency or higher-level care when clinically indicated.

H. Consents, Authorizations, and Administrative Documentation

- Signed consent for treatment and applicable admission documents.
- Acknowledgment of receipt of the Patient Policy Manual.
- Acknowledgment of patient rights and responsibilities.
- Review of privacy practices and confidentiality requirements.
- Releases of information, when authorized by the patient and clinically or administratively necessary.
- Insurance and financial information, as applicable.

Information collected during intake is documented in the patient's clinical record and used to support clinical decision-making, individualized treatment planning, coordination of care, and ongoing assessment of treatment needs.

ACWI recognizes that certain information may not be available at the initial intake appointment. When necessary, additional information may be obtained through subsequent appointments, authorized communication with other providers, review of available medical records, or follow-up assessments.

4.1 Fee Policies and Payment Responsibilities

ACWI maintains fee policies designed to communicate the financial responsibilities associated with receiving services. Fees and payment responsibilities are determined based on the type of service provided, applicable reimbursement rates, insurance coverage, and the patient's financial circumstances, when applicable.

A. Determination of Fees

Fees for services are established according to the services provided, applicable billing and reimbursement guidelines, and ACWI's established fee schedule. Patients are informed of applicable fees and potential financial responsibilities, including copayments, deductibles, coinsurance, and charges for services not covered by their insurance plan, when applicable.

ACWI recognizes that financial circumstances may affect an individual's ability to access treatment. Patients experiencing financial hardship or limited income may request consideration for reduced fees or alternative payment arrangements, consistent with ACWI's established financial policies and applicable requirements. Requests are reviewed individually, and patients may be asked to provide information necessary to determine eligibility for available financial accommodations.

Patients are encouraged to discuss financial concerns or questions regarding their anticipated costs with ACWI administrative staff.

B. Insurance and Third-Party Reimbursement

ACWI accepts applicable public and private third-party reimbursement and funding sources for covered services, subject to payer eligibility requirements, benefit limitations, authorization requirements, and provider participation status.

Public and private payment sources may include:

- MassHealth and applicable Medicaid coverage.
- Medicare, when applicable to the service and provider.
- Commercial and private health insurance plans.
- Self-pay/private payment by patients who do not have insurance coverage or elect to pay directly for services.



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- Other authorized third-party reimbursement or funding sources, when accepted by ACWI.

Insurance coverage and payment are subject to the individual patient's benefits and the requirements of the applicable payer. Verification of insurance eligibility does not guarantee payment or eliminate patient financial responsibility.

Patients are responsible for providing accurate and current insurance information and notifying ACWI of changes in coverage. When services are not covered by insurance or third-party reimbursement, applicable charges and payment arrangements will be discussed with the patient in advance, when feasible.

C. Questions Regarding Fees and Financial Responsibility

Patients may contact ACWI administrative staff to request information regarding service fees, insurance coverage, billing questions, financial hardship, or available payment arrangements. ACWI will communicate applicable financial policies and patient responsibilities in a manner intended to support informed decision-making and access to appropriate treatment.

5.1 Patient Access to Medical and Clinical Records

ACWI maintains patient records in accordance with applicable federal and Massachusetts laws and regulations governing medical record documentation, privacy, confidentiality, security, and patient access.

Patients have the right to request access to their medical and clinical records, subject to applicable legal requirements and any permitted limitations under federal and state law.

A. Requesting Access to Records

Patients or their legally authorized representatives may request access to or copies of their records by submitting a written request to ACWI. Requests should identify the patient, specify the records being requested, and include appropriate authorization or documentation of legal authority when the request is made by a representative.

ACWI may require verification of the patient's identity or the representative's legal authority before releasing records to protect patient privacy and confidentiality.

B. Processing Record Requests

ACWI will review and process requests for access to records within the timeframes required by applicable federal and Massachusetts laws and regulations. Patients will be informed if additional information or clarification is needed to process a request.

Records may be provided in the format requested when readily producible and permitted by applicable law. Patients may request copies of records or, where permitted, arrange to inspect their records.



C. Fees for Copies of Records

ACWI may charge reasonable fees for copying, preparing, or transmitting medical records when permitted by applicable law. Any applicable fees will be communicated to the patient before the records are provided. Fees will not exceed amounts permitted under applicable federal and Massachusetts requirements.

D. Confidentiality and Restrictions on Access

Patient records are maintained as confidential and are accessed only by authorized personnel for legitimate treatment, payment, healthcare operations, or other purposes permitted by law.

Certain information may be subject to additional confidentiality protections, including substance use disorder treatment records protected under 42 CFR Part 2. Disclosure of such information requires the appropriate patient consent or other legal authorization, unless an exception under applicable law permits disclosure.

ACWI may limit or deny access to specific portions of a record only when permitted or required by applicable law. When access is restricted, the patient will be provided an explanation and information regarding any applicable review or appeal rights.

E. Requests by Personal Representatives and Third Parties

Requests for records by healthcare providers, family members, legal representatives, insurance companies, or other third parties must comply with applicable privacy and confidentiality requirements. Written authorization or other legally sufficient documentation may be required before information is released.

Patients may revoke an authorization for disclosure of information in accordance with applicable law. Revocation does not affect disclosures already made in reliance on a valid authorization.

F. Questions and Assistance

Patients who have questions about accessing their records or obtaining copies may contact ACWI administrative staff for assistance with the request process.

6. Program Rules, Patient Responsibilities, and Safety Policies

6.1 Patient Expectations and Responsibilities

ACWI is committed to maintaining a safe, respectful, professional, and supportive treatment environment. Patients are expected to participate in treatment in a manner that promotes their well-being, respects the rights of others, and supports the delivery of quality clinical services.

All patients are expected to:

- Treat staff, providers, other patients, and visitors with courtesy, dignity, and respect.
- Participate honestly and appropriately in evaluations, treatment planning, medication management, counseling, and other recommended services.
- Provide accurate and current information regarding medical history, psychiatric symptoms, substance use, medications, allergies, and other relevant clinical concerns.
- Attend scheduled appointments and notify ACWI when unable to attend.
- Follow treatment recommendations and communicate concerns regarding medications, treatment goals, or changes in clinical status.
- Maintain respectful and appropriate boundaries with staff, providers, and other patients.
- Refrain from threatening, intimidating, harassing, discriminatory, disruptive, or violent behavior.
- Respect the privacy and confidentiality of other patients and refrain from discussing or disclosing information learned about other patients through participation in ACWI services.
- Refrain from recording, photographing, or otherwise capturing conversations, treatment sessions, or other patients without appropriate authorization.
- Follow applicable office safety procedures and staff instructions.
- Refrain from possessing or using weapons, illegal substances, or other prohibited items on ACWI premises.
- Notify staff of immediate safety concerns, medical emergencies, or situations that may affect their ability to participate safely in treatment.

ACWI reserves the right to address conduct that interferes with treatment, compromises safety, or disrupts the rights and well-being of others. Responses will be based on the circumstances, clinical considerations, and applicable policies and laws.

6.2 Tobacco and Vaping Restrictions

Smoking, tobacco use, and the use of electronic cigarettes or vaping products are prohibited inside ACWI offices and indoor clinical service areas.

Patients must comply with applicable Massachusetts laws, local ordinances, and ACWI property rules regarding smoking and tobacco use. Patients may not use tobacco, vaping products, or electronic nicotine delivery devices in areas where such use is prohibited.

Patients are expected to refrain from using these products during clinical appointments and group treatment sessions. Staff may address violations of this policy and may request that patients discontinue prohibited use or leave restricted areas.

6.3 Prohibition of Sexual Harassment

ACWI maintains a zero-tolerance policy regarding sexual harassment, sexual misconduct, exploitation, or inappropriate sexual behavior involving staff, providers, patients, or visitors.

Sexual harassment may include, but is not limited to:



- Unwelcome sexual advances, requests for sexual favors, or other unwanted sexual conduct.
- Inappropriate sexual comments, jokes, gestures, or sexually suggestive communications.
- Unwanted touching or other inappropriate physical contact.
- Displaying or sharing sexually explicit or offensive material.
- Sexual intimidation, coercion, exploitation, or conduct that creates a hostile or uncomfortable treatment environment.
- Retaliation against an individual for reporting or participating in the investigation of a sexual harassment concern.

Reporting and Investigation Procedures

Patients who experience or witness sexual harassment or inappropriate sexual conduct are encouraged to report the concern promptly to the Program Director or another designated ACWI administrative representative. Reports may be made verbally or in writing.

ACWI will:

- Take reports seriously and respond promptly and appropriately.
- Document the complaint and initiate an investigation appropriate to the nature and severity of the concern.
- Interview relevant individuals and review available information as necessary.
- Take appropriate corrective or protective action when warranted.
- Maintain confidentiality to the extent reasonably possible and consistent with the investigation and applicable law.
- Prohibit retaliation against anyone who makes a good-faith complaint or participates in an investigation.

Complaints involving a staff member or provider may be referred to an appropriate administrative or clinical leader for review. When necessary, ACWI may take immediate steps to protect the safety and well-being of the individuals involved. If a complaint involves the Program Director, the matter will be referred to another appropriate organizational leader or independent reviewer.

6.4 Prohibited Interactions and Professional Boundaries

ACWI requires all staff, providers, and patients to maintain appropriate professional and interpersonal boundaries.

Staff and Provider Conduct

Staff and providers are prohibited from engaging in inappropriate, exploitative, or dual relationships with patients. Prohibited conduct includes:

- Sexual or romantic relationships with current patients.
- Sexual harassment, exploitation, intimidation, or abuse.
- Requesting or accepting inappropriate personal, financial, or sexual favors.



- Borrowing money from or lending money to patients outside authorized organizational procedures.
- Using the professional relationship for personal, financial, or other unauthorized benefit.
- Disclosing confidential patient information without appropriate authorization or legal justification.
- Engaging in personal communications or interactions that compromise professional boundaries or the therapeutic relationship.

Staff and providers are expected to maintain professional conduct and report suspected boundary violations through appropriate ACWI reporting procedures.

Interactions Among Patients

Patients are expected to maintain respectful and appropriate interactions with one another. Harassment, bullying, threats, intimidation, physical aggression, sexual misconduct, exploitation, solicitation, or other inappropriate conduct is prohibited.

Patients may not pressure other patients to disclose personal or confidential information, engage in financial transactions, exchange medications or controlled substances, or participate in activities that compromise safety or treatment.

ACWI may intervene when patient-to-patient interactions disrupt treatment, create safety concerns, or violate program expectations.

6.5 Criteria for Termination of Services

ACWI makes reasonable efforts to support continuity of care and address barriers to treatment before terminating services, when clinically and operationally appropriate.

Services may be discontinued or terminated when:

- The patient no longer requires or wishes to receive services from ACWI.
- The patient completes treatment or achieves the established treatment goals, when applicable.
- The patient's clinical needs exceed the scope or level of care provided by ACWI.
- The patient requires a higher or more appropriate level of care, such as inpatient psychiatric treatment, medically supervised withdrawal management, or residential substance use treatment.
- The patient repeatedly fails to attend appointments or does not participate in treatment despite reasonable efforts to address barriers and communicate expectations.
- The patient engages in threatening, violent, abusive, harassing, exploitative, or otherwise seriously disruptive behavior.
- The patient repeatedly violates program rules or engages in conduct that compromises the safety of staff, providers, other patients, or visitors.

- The patient requires services that ACWI is unable to provide because of clinical, staffing, operational, or regulatory limitations.
- The patient relocates or otherwise becomes ineligible for services under applicable program or regulatory requirements.

Termination decisions will be based on the individual circumstances, clinical needs, applicable laws and regulations, and ACWI policies. When appropriate, ACWI will discuss alternative treatment options and provide referrals to other qualified providers or levels of care.

6.6 Procedures for Involuntary Termination

Involuntary termination refers to the discontinuation of services initiated by ACWI when continued treatment is no longer appropriate, feasible, or consistent with program requirements or safety considerations.

The Program Director, **Dr. Schree Pettigrew, DNP, APRN-BC, CARN-AP**, is responsible for overseeing involuntary termination decisions in consultation with the treating clinician and appropriate administrative personnel.

When considering involuntary termination, ACWI will, when clinically and operationally appropriate:

1. Review the circumstances leading to the proposed termination, including relevant clinical, behavioral, attendance, and safety concerns.
2. Consider whether reasonable interventions, treatment modifications, or other measures may address the concerns and support continued treatment.
3. Discuss the concerns and potential consequences with the patient, when appropriate.
4. Provide written notification of the termination decision, including the reason for termination and the effective date, when feasible and clinically appropriate.
5. Provide information regarding alternative treatment providers, community resources, or referrals to a more appropriate level of care when indicated.
6. Address continuity-of-care needs, including medication-related concerns and follow-up recommendations, consistent with applicable law and clinical standards.

In circumstances involving an immediate threat to safety, serious misconduct, or an urgent clinical concern, ACWI may take immediate protective action, including restricting access to the premises or discontinuing an appointment, while arranging appropriate emergency intervention or referral when necessary.

ACWI will not use involuntary termination as a substitute for appropriate emergency assessment or necessary clinical intervention. Decisions will be documented in the patient's record, including the reason for termination, relevant communications, referrals, and continuity-of-care arrangements.

6.7 Patient Grievance and Complaint Procedure

ACWI encourages patients to communicate concerns regarding treatment, staff interactions, services, billing, scheduling, privacy, or any other aspect of their experience. Patients have the right to express complaints without intimidation, discrimination, or retaliation.

The designated person responsible for receiving, reviewing, and overseeing the resolution of patient grievances is the Program Director, **Dr. Schree Pettigrew, DNP, APRN-BC, CARN-AP**.

Patients may submit a grievance verbally or in writing to the Program Director or another ACWI staff member. Patients who are uncomfortable reporting a concern directly to the Program Director may submit their complaint to another designated member of ACWI administration.

Grievance Resolution Process

Upon receiving a grievance, ACWI will:

1. Receive and document the patient's complaint, including the date, nature of the concern, and individuals involved, when known.
2. Acknowledge receipt of the complaint and explain the review process.
3. Refer the matter to the Program Director for review and investigation or designate an appropriate individual to investigate when necessary.
4. Obtain additional information from relevant individuals when necessary.
5. Determine appropriate corrective action or resolution based on the findings.
6. Communicate the outcome to the patient, to the extent permitted by confidentiality requirements.

ACWI will maintain a written grievance log documenting complaints received, dates of receipt, the nature of the concerns, investigative actions, resolutions, and follow-up, as applicable.

ACWI will make reasonable efforts to acknowledge grievances promptly and provide a written response or resolution within 30 calendar days, when feasible. If additional time is required, the patient will be informed of the delay and anticipated follow-up.

Complaints involving immediate safety concerns, abuse, neglect, discrimination, or serious misconduct will receive appropriate priority and attention.

Patients will not be subjected to retaliation or denial of appropriate services for submitting a good-faith grievance.

If a grievance involves the Program Director personally, the complaint will be referred to another appropriate organizational leader or an independent reviewer to ensure an impartial review. The Program Director will not be responsible for investigating or determining the outcome of a complaint involving their own conduct.

If a patient is dissatisfied with ACWI's response, the patient may request further review by ACWI leadership or pursue an external complaint through the applicable Massachusetts Department of

Public Health, Bureau of Substance Addiction Services, licensing authority, or other appropriate regulatory agency. Patients may request assistance from ACWI staff in understanding the grievance process or identifying the appropriate external complaint resource.

6.8 Visitation and Communication Policies

ACWI recognizes the importance of supportive relationships and encourages appropriate communication and involvement of family members, friends, caregivers, and other supportive individuals in a patient's treatment and recovery.

Family and Support-Person Involvement

Patients may identify family members, friends, or other supportive individuals whom they wish to involve in their care. Family participation, communication, and involvement in treatment are voluntary and subject to the patient's consent and applicable confidentiality requirements.

ACWI may facilitate communication with authorized family members or support persons when clinically appropriate and consistent with the patient's preferences, treatment goals, and applicable privacy laws.

Visitors

Visitors may accompany patients to the ACWI office when appropriate and consistent with clinical needs, patient preferences, office capacity, and privacy and safety considerations. Visitors may be asked to remain in designated waiting areas and may not participate in treatment sessions without the patient's authorization and the provider's approval.

ACWI reserves the right to address visitor conduct that disrupts services, compromises confidentiality, or creates safety concerns.

Telephone and Electronic Communication

Patients may communicate with family members, friends, and other individuals through telephone, email, and other available communication methods, subject to ordinary office operations, privacy protections, and applicable laws.

Patients are responsible for providing accurate contact information and informing ACWI of any communication preferences or restrictions.

Mail and Written Correspondence

ACWI does not maintain residential mail services for patients. Patients receiving outpatient services remain responsible for their personal mail and correspondence.

ACWI will not hold, restrict, interfere with, or prevent patients from sending or receiving personal mail. ACWI will not open or inspect patient mail as a condition of receiving services.

Confidentiality of Communications

ACWI respects patients' rights to communicate with family, friends, and other individuals of their choosing. Communication involving treatment information or protected health information will be handled in accordance with applicable HIPAA, 42 CFR Part 2, and Massachusetts confidentiality requirements.

7. Policies, Practices, and Procedures to Ensure Compliance with the Americans with Disabilities Act (ADA)

7.1 Purpose and Policy Statement

All Care Wellness Institute (ACWI) is committed to providing equal access to its outpatient psychiatric, behavioral health, and substance use disorder treatment and recovery services to individuals with disabilities. ACWI prohibits discrimination against qualified individuals with disabilities and strives to ensure that patients have an equal opportunity to participate in and benefit from the services, programs, and activities offered by the organization.

ACWI will comply with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, when applicable, and other applicable federal and Massachusetts laws and regulations concerning disability discrimination and accessibility. ACWI will also take reasonable steps to provide meaningful access to individuals with limited English proficiency in accordance with applicable language-access requirements.

ACWI will not deny admission, limit participation, or provide unequal treatment solely because an individual has a physical, mental, sensory, intellectual, developmental, or other qualifying disability.

7.2 Equal Access to Services

ACWI will make its outpatient services available to eligible individuals without discrimination based on disability. Decisions regarding admission, treatment planning, medication management, psychotherapy, group participation, and discharge will be based on individual clinical needs, eligibility criteria, safety considerations, and the organization's scope of services.

ACWI will not impose eligibility criteria that unnecessarily screen out individuals with disabilities. When a patient requires an accommodation to participate in treatment, ACWI will consider reasonable modifications to its policies, practices, and procedures unless doing so would fundamentally alter the nature of the service or create an undue administrative or financial burden.

7.3 Reasonable Accommodations and Modifications

Patients or prospective patients may request reasonable accommodations at any point during the admission or treatment process. Requests may be made verbally or in writing to any ACWI staff

member, who will communicate the request to the appropriate administrative or clinical representative.

Depending on the individual's needs, reasonable accommodations may include:

- Additional time or assistance completing admission documents and required forms.
- Providing information in an alternative format, when reasonably available.
- Allowing additional time for appointments or clinical discussions when appropriate.
- Providing reasonable communication assistance for individuals with hearing, vision, speech, or other communication disabilities.
- Making reasonable adjustments to appointment scheduling or check-in procedures.
- Providing qualified interpreters, auxiliary aids, or other appropriate communication supports.
- Making reasonable modifications to group participation procedures when clinically appropriate.
- Allowing service animals in accordance with applicable ADA requirements.

ACWI will engage in an individualized, interactive process when evaluating accommodation requests. The organization will consider the patient's stated needs, the nature of the requested accommodation, available resources, and applicable legal requirements.

ACWI will not charge a patient an additional fee solely for providing an accommodation required under the ADA.

7.4 Effective Communication and Language Assistance

ACWI will take reasonable steps to ensure effective communication with patients and prospective patients who have disabilities affecting communication or who have limited English proficiency.

When necessary, ACWI may use appropriate communication aids and resources, including:

- Qualified interpreters, including sign language interpreters, when required.
- Electronic or handheld translation devices and applications to assist with communication in different languages.
- Written materials and translated documents, when available and appropriate.
- Accessible electronic communications and other alternative formats.
- Assistive listening devices or other communication supports.
- Other appropriate auxiliary aids and services based on the individual's communication needs.

ACWI may use electronic or handheld translation devices and applications as a resource to facilitate communication during routine interactions, scheduling, check-in, and other appropriate situations.

When the complexity or nature of the communication requires a qualified interpreter, including discussions involving informed consent, clinical assessments, treatment planning, medication education, or other significant clinical matters, ACWI will arrange appropriate language assistance

consistent with applicable legal requirements. Translation devices will not be used as a substitute when a qualified interpreter or other communication assistance is legally required.

For individuals with disabilities, ACWI will give primary consideration to the communication method requested by the individual when required by applicable law and when appropriate under the circumstances.

ACWI will not require a patient to bring a family member, friend, or companion to interpret when a qualified interpreter or other required communication assistance must be provided by ACWI. Family members or companions may assist only when permitted by applicable law and with appropriate patient consent.

7.5 Physical Accessibility

ACWI will make reasonable efforts to ensure that its Plymouth office, where in-person clinical services are provided, is accessible to individuals with disabilities in accordance with applicable accessibility requirements.

ACWI will address accessibility concerns involving entrances, pathways, waiting areas, clinical spaces, restrooms, and other areas used by patients, as applicable to the facility.

Patients who anticipate difficulty accessing the office or participating in an in-person appointment are encouraged to notify ACWI so that staff may discuss available accommodations or alternative arrangements.

If a requested accommodation cannot be provided at the scheduled location, ACWI will consider reasonable alternatives that allow the patient to access appropriate services, including telehealth when clinically appropriate and legally permissible.

7.6 Telehealth Accessibility

ACWI provides certain outpatient services through telehealth as part of its hybrid service delivery model. When clinically appropriate, telehealth may provide an alternative means of accessing care for individuals who experience barriers to attending in-person appointments.

ACWI will consider reasonable accommodations for patients with disabilities who participate in telehealth services. These may include appropriate communication methods, accessible electronic materials, additional assistance with the telehealth process, or alternative appointment arrangements when feasible.

Telehealth will not automatically be considered an appropriate substitute for an accommodation or an accessible in-person service. The suitability of telehealth will be evaluated based on the patient's clinical needs, communication requirements, privacy, technology access, and applicable regulatory requirements.

7.7 Service Animals

ACWI will permit service animals in areas of the facility where patients and members of the public are permitted, consistent with applicable ADA requirements.

Staff will not impose additional fees or deposits because an individual uses a service animal. Staff may ask the limited questions permitted under the ADA when the animal's status as a service animal is not readily apparent.

Service animals must remain under the handler's control and be housebroken. Any concerns involving a service animal will be addressed in accordance with applicable law and without automatically denying the individual access to services.

7.8 Staff Responsibilities and Training

ACWI staff are responsible for treating individuals with disabilities respectfully and assisting patients in accessing reasonable accommodations and communication assistance.

Staff will:

- Respond respectfully to accommodation and language-assistance requests and promptly communicate them to the appropriate representative.
- Avoid making assumptions about an individual's abilities or treatment needs based solely on a disability or language preference.
- Maintain the confidentiality of information concerning a patient's disability and accommodation needs.
- Follow established procedures for arranging communication assistance, translation resources, and other reasonable accommodations.
- Refer questions or concerns involving accessibility, language assistance, or disability discrimination to the Program Director or designated administrative representative.

ACWI will provide staff education regarding disability awareness, nondiscrimination, reasonable accommodations, effective communication, use of translation resources, and applicable ADA and language-access requirements as appropriate to staff roles and responsibilities.

7.9 Complaints and Grievances Regarding Accessibility

Patients who believe they have experienced discrimination, been denied reasonable accommodation, or encountered an accessibility or communication barrier may submit a verbal or written complaint through ACWI's grievance procedure.

Complaints may be directed to the Program Director or another designated administrative representative. ACWI will review and address accessibility complaints in a timely manner, document the concern and response, and take corrective action when appropriate.

No patient will be retaliated against for requesting an accommodation, raising an accessibility concern, or filing a complaint in good faith.

If a complaint involves the Program Director, it will be referred to another appropriate organizational representative or independent reviewer who is not involved in the complaint.

7.10 Documentation and Review

ACWI will document accommodation requests and the actions taken to evaluate and respond to those requests in the appropriate administrative or clinical record, consistent with confidentiality requirements.

When communication assistance or translation resources are used for significant clinical interactions, staff will document the assistance provided when appropriate, including the method used and any follow-up communication needs identified.

The organization will periodically review its accessibility practices, staff procedures, and patient feedback to identify barriers and opportunities for improvement.

The Program Director, Dr. Schree Pettigrew, DNP, APRN-BC, CARN-AP, or designee, will oversee implementation of this policy and coordinate corrective actions when accessibility or communication concerns are identified.

8. Patients' Rights

8.1 Purpose and Policy Statement

All Care Wellness Institute (ACWI) recognizes and protects the rights and dignity of every individual receiving outpatient psychiatric, behavioral health, and substance use disorder treatment and recovery services. ACWI is committed to providing services in a respectful, ethical, culturally responsive, and non-discriminatory manner.

All patients will be informed of their rights upon admission or at the beginning of services. Staff are responsible for respecting and protecting these rights throughout the treatment process. Patients will not be subjected to discrimination, intimidation, retaliation, coercion, abuse, neglect, or exploitation.

ACWI will comply with applicable federal and Massachusetts laws and regulations governing patient rights, including HIPAA, 42 CFR Part 2 when applicable, and other applicable confidentiality and patient-protection requirements.

8.2 Patient Rights

Every patient receiving services through ACWI has the right to:

A. Respect, Dignity, and Nondiscrimination

- Be treated with dignity, courtesy, respect, and consideration at all times.



- Receive services without discrimination based on race, color, national origin, language, religion, age, sex, sexual orientation, gender identity, disability, or any other status protected by applicable law.
- Receive care in an environment free from verbal, physical, sexual, emotional, or psychological abuse, harassment, intimidation, neglect, and exploitation.
- Have personal beliefs, cultural practices, values, and individual preferences respected, provided they do not interfere with applicable legal or clinical requirements.

B. Appropriate Treatment and Participation in Care

- Receive services consistent with ACWI's scope of practice, program capabilities, and applicable clinical standards.
- Participate in the development, review, and modification of an individualized treatment plan.
- Receive information about recommended services, treatment options, medications, and available alternatives.
- Ask questions and receive understandable explanations regarding diagnoses, treatment recommendations, medication benefits and risks, and anticipated treatment goals.
- Participate in treatment decisions to the extent permitted by applicable law.
- Request a second opinion or referral to another qualified provider when appropriate.
- Decline or discontinue a recommended service or treatment, subject to applicable legal requirements and an explanation of potential risks and alternatives.
- Be informed when a requested service is outside ACWI's scope of practice or when another level of care is clinically indicated.

C. Informed Consent

- Receive an explanation of the nature and purpose of proposed treatment before consenting to services.
- Be informed of the potential benefits, risks, side effects, and reasonable alternatives associated with recommended medications and treatments.
- Provide or withhold consent in accordance with applicable law.
- Have the opportunity to ask questions before agreeing to treatment.
- Receive information regarding telehealth services, including their nature, potential limitations, privacy considerations, and alternatives, when applicable.
- Withdraw consent for treatment or telehealth services in accordance with applicable law and clinical requirements.

D. Privacy and Confidentiality

- Have personal, medical, psychiatric, and substance use treatment information maintained confidentially in accordance with applicable federal and Massachusetts laws.
- Receive information regarding ACWI's Notice of Privacy Practices and applicable confidentiality protections.

- Expect that information will not be disclosed without appropriate authorization unless disclosure is permitted or required by law.
- Receive appropriate privacy during in-person and telehealth appointments.
- Be informed of the circumstances under which confidential information may be disclosed, including applicable legal exceptions.
- Request restrictions on certain uses or disclosures of protected health information when permitted by law.

E. Access to Medical and Clinical Records

- Request access to their clinical and medical records in accordance with applicable federal and Massachusetts laws.
- Request copies of records and information regarding applicable fees and procedures.
- Request an amendment or correction to their records in accordance with applicable law.
- Receive an explanation if a request for access or amendment is denied, including information about any available review or appeal rights.
- Authorize the release of records to other providers, family members, or designated representatives, subject to applicable confidentiality requirements, including 42 CFR Part 2 when applicable.

F. Communication and Language Assistance

- Receive information in a manner they can understand, consistent with applicable accessibility and language-access requirements.
- Request reasonable accommodations for disabilities.
- Request appropriate communication assistance, including qualified interpreters, when required.
- Have access to appropriate translation resources, including electronic or handheld translation devices when suitable for the communication.
- Receive assistance with communication needs without being required to rely on family members or friends when qualified language assistance must be provided by ACWI.

G. Freedom from Abuse, Coercion, and Retaliation

- Be free from physical punishment, threats, intimidation, humiliation, harassment, exploitation, and retaliation.
- Be free from unnecessary or unauthorized restraint or seclusion. ACWI is an outpatient program and does not provide restraint or seclusion as a treatment service.
- Report concerns about staff conduct, patient interactions, safety, or treatment without fear of retaliation.
- Receive protection from inappropriate financial, personal, or sexual relationships or exploitation involving staff or other individuals associated with the program.

H. Grievances and Complaints



- Express concerns or file a verbal or written grievance regarding services, staff conduct, treatment, accessibility, or violation of patient rights.
- Receive information about how to submit a grievance and who is responsible for reviewing it.
- Have grievances reviewed in a timely and impartial manner.
- Receive a response regarding the outcome of the grievance, consistent with ACWI's grievance procedure.
- Contact appropriate external regulatory or oversight agencies when they believe their rights have been violated.
- Be free from retaliation for filing a complaint or participating in a grievance review.

I. Financial Information and Billing

- Receive information regarding applicable service fees, insurance billing, copayments, deductibles, coinsurance, and other financial responsibilities.
- Be informed when a service may not be covered by insurance or may result in an out-of-pocket expense, when reasonably known in advance.
- Receive information about available self-pay arrangements and applicable financial policies.
- Ask questions about billing, payment expectations, and financial responsibility.

J. Scheduling, Access, and Continuity of Care

- Receive information about ACWI's hours of operation, appointment procedures, walk-in availability for established patients, and procedures for requesting urgent appointments.
- Be informed that walk-in services and reserved urgent appointments are subject to provider availability and clinical appropriateness.
- Receive information about available in-person and telehealth services and the circumstances under which each may be appropriate.
- Receive referrals to other providers or levels of care when clinically indicated and when services needed are outside ACWI's scope or capabilities.
- Receive reasonable notice and information regarding planned termination or transition of services, when feasible and clinically appropriate.
- Receive information about emergency and crisis resources, including calling 911 or going to the nearest emergency department for emergencies and contacting 988 for mental health or substance use crisis support.

K. Family and Support Person Involvement

- Identify individuals they wish to involve in their treatment, subject to applicable consent and confidentiality requirements.
- Request that family members, caregivers, or other support persons participate in treatment discussions when clinically appropriate and authorized by the patient.
- Decline family or support person involvement unless participation is otherwise authorized or required by law.



8.3 Patient Responsibilities

Patients are expected to:

- Provide accurate and complete information regarding their medical history, psychiatric symptoms, substance use history, medications, allergies, and other relevant treatment information.
- Participate honestly and respectfully in treatment planning and clinical appointments.
- Make reasonable efforts to attend scheduled appointments and notify ACWI when unable to attend.
- Treat staff, providers, and other patients respectfully.
- Follow ACWI's established program rules and safety procedures.
- Inform staff of changes in health status, medications, substance use, or other circumstances that may affect treatment.
- Ask questions when they do not understand treatment recommendations, medication instructions, or program expectations.
- Respect the privacy and confidentiality of other patients.
- Provide current contact and insurance information and communicate changes when they occur.
- Discuss concerns or disagreements about treatment with their provider or the Program Director.

8.4 Notification and Acknowledgment of Patient Rights

ACWI will provide patients with a copy of the Patient Rights policy or make it available as part of the admission and orientation process. Staff will review the rights with patients in a manner that is understandable and appropriate to their communication needs.

Patients will be given an opportunity to ask questions and request clarification regarding their rights and responsibilities.

ACWI will document that the Patient Rights policy was provided or made available and reviewed with the patient. Patient acknowledgment of receipt does not constitute a waiver of any legal rights.

If a patient is unable to review or acknowledge the policy at the time of admission, staff will document the circumstances and make reasonable efforts to provide the information at a later time.

8.5 Responsibility for Implementation

The Program Director, Dr. Schree Pettigrew, DNP, APRN-BC, CARN-AP, or designee, is responsible for overseeing implementation of this policy and ensuring that staff understand and uphold patient rights.

All ACWI personnel are responsible for protecting patient rights and promptly reporting suspected violations, concerns, or incidents to the appropriate administrative or clinical representative.

Allegations of violations will be reviewed and addressed in accordance with ACWI's grievance, incident reporting, confidentiality, and corrective action procedures.

9. Department of Public Health – Bureau of Substance Addiction Services (BSAS) Complaint Line

9.1 Purpose and Policy

All Care Wellness Institute (ACWI) recognizes the right of every patient to contact the Massachusetts Department of Public Health (DPH), Bureau of Substance Addiction Services (BSAS), regarding concerns, complaints, or alleged violations of patient rights or applicable substance use disorder treatment regulations.

ACWI will provide patients and interested parties with current contact information for the BSAS confidential complaint line and will ensure that the information is readily accessible and distributed in accordance with 105 CMR 164.081.

Patients may contact BSAS directly without first submitting a grievance to ACWI. Patients will not be subjected to retaliation, intimidation, discrimination, or adverse treatment for contacting BSAS or exercising their right to file a complaint.

9.2 BSAS Confidential Complaint Line Contact Information

Massachusetts Department of Public Health (DPH)
Bureau of Substance Addiction Services (BSAS)

BSAS Confidential Complaint Line: (617) 624-5171

The complaint line is monitored Monday through Friday during normal business hours.

Patients may contact BSAS to report concerns involving patient rights, treatment practices, admission decisions, discrimination, program conduct, or other potential violations of applicable regulations.

Additional complaint submission options:

- Fax: (617) 887-8787
- Mailing Address:

  Quality Assurance and Licensing Unit – CIB BSAS
  Department of Public Health
  67 Forest Street, 3rd Floor
  Marlborough, MA 01752

Interpreter services are available through the BSAS complaint line to assist individuals who need language assistance when filing a complaint.

Additional information is available through the Massachusetts Department of Public Health website:
https://www.mass.gov/how-to/file-a-complaint-against-an-ladc-or-substance-use-disorder-treatment-program

9.3 Availability and Public Posting of the Policy Manual

ACWI will maintain a current copy of its Patient Policy Manual and BSAS complaint line contact information at the Plymouth office.

The manual and complaint information will be:

- Maintained in a designated central location accessible to patients and interested parties.
- Made available for review upon request.
- Accompanied by a conspicuous notice posted in a public area frequented by patients, informing them that the Patient Policy Manual and BSAS complaint line information are available.
- Made accessible to patients who require assistance reviewing or understanding the information.

ACWI will ensure that the posted complaint line information remains visible, legible, and current.

9.4 Distribution During Admission and Upon Request

ACWI will provide each new patient with a copy of the Patient Policy Manual, including the BSAS confidential complaint line contact information, during the admission and orientation process.

A copy will also be provided:

- To any current patient upon request.
- To any interested party upon request.
- When requested in an alternative format or with reasonable communication assistance, when appropriate.

Staff will explain that patients may contact BSAS directly and that filing a complaint with BSAS does not require the patient to first complete ACWI's internal grievance process.

9.5 Documentation and Acknowledgment

ACWI will document the distribution of the Patient Policy Manual and BSAS complaint line information during the admission process.

The patient will be asked to sign and date an acknowledgment confirming receipt of the manual and complaint line contact information. The signed acknowledgment will be maintained in the patient's record.

If a patient declines to sign the acknowledgment or is unable to sign, staff will document that the materials were provided or made available and record the circumstances.

The Program Director, Dr. Schree Pettigrew, DNP, APRN-BC, CARN-AP, or designee, will oversee implementation of this policy and periodically verify that the manual and complaint line information remain available and appropriately posted.

10. Policy Manual Revisions and Changes

10.1 Policy Review and Revisions

All Care Wellness Institute (ACWI) will maintain an accurate and current Patient Policy Manual that reflects its policies, practices, and procedures and complies with applicable Massachusetts Department of Public Health regulations.

Whenever ACWI makes a change to an existing policy, practice, or procedure contained in the Patient Policy Manual, the organization will prepare a written revision or policy change notice.

Each revision will identify:

- The policy section being changed.
- The nature of the revision or amendment.
- The effective date of the revised policy.
- The individual responsible for approving the change.

The Program Director, Dr. Schree Pettigrew, DNP, APRN-BC, CARN-AP, or designee, will oversee review and approval of policy manual revisions.

10.2 Implementation and Distribution of Policy Changes

In accordance with 105 CMR 164.081(C), no change to the Patient Policy Manual will become effective until the written change has been incorporated into the manual and distributed in accordance with the requirements of 105 CMR 164.081(B).

ACWI will:

- Incorporate the approved written revision into the Patient Policy Manual.
- Update the manual's revision date and version information.

- Make the revised manual or written policy change available at the designated central location at the Plymouth office.
- Post or update the notice advising patients and interested parties of the manual's availability.
- Distribute the written change or revised policy manual to patients and interested parties in accordance with applicable requirements.
- Obtain and maintain signed and dated receipts as required under Section 11 of this policy.

Staff will be informed of policy changes that affect their responsibilities and will receive updated instructions or training when appropriate.

11. Patient Receipt and Acknowledgment of Policy Manual

11.1 Written Acknowledgment Requirement

In accordance with 105 CMR 164.081(D), whenever ACWI furnishes a patient with a copy of the Patient Policy Manual or a written change to the manual, ACWI will obtain a dated and signed receipt acknowledging that the materials were provided.

The signed receipt will be maintained in the patient's clinical record.

11.2 Initial Distribution

During the admission and orientation process, patients will receive a copy of the current Patient Policy Manual, including the BSAS confidential complaint line information.

Staff will obtain the patient's signature and date acknowledging receipt of the manual. The acknowledgment will be placed in the patient's record.

11.3 Distribution of Policy Changes

Whenever ACWI issues a written change to the Patient Policy Manual, the organization will distribute the change in accordance with 105 CMR 164.081(B).

ACWI will obtain a separate dated and signed receipt acknowledging that the patient received the written change or revised manual. The receipt will be maintained in the patient's record.

11.4 Refusal or Inability to Sign

If a patient declines to sign the receipt or is unable to sign, staff will document the circumstances, including the date the materials were provided or made available and the reason a signed acknowledgment could not be obtained.

Staff will make reasonable efforts to ensure that the patient receives the manual or written policy change in an understandable and accessible format.

Documentation of a refusal or inability to sign will not be treated as a substitute for the required signed receipt when a signature can reasonably be obtained.

12. Copying and Reproduction Fees

12.1 Policy

In accordance with 105 CMR 164.081(E), ACWI may charge an interested party for the reasonable cost of copying and assembling the Patient Policy Manual.

ACWI may also charge a patient for the cost of providing a second copy of the Patient Policy Manual or a replacement copy, consistent with applicable law and ACWI's established administrative fee schedule.

12.2 Initial Patient Copy

The initial copy of the Patient Policy Manual provided to a new patient during the admission process will be provided without a copying or assembly charge.

12.3 Additional Copies

If a patient requests a second copy or an interested party requests a copy of the manual, ACWI may assess a fee limited to the reasonable cost of copying and assembling the requested materials.

Any applicable fee will be communicated to the requesting individual before the copy is provided.

12.4 Financial Administration

Administrative staff will be responsible for communicating applicable copying fees, processing requests, and documenting payment when a fee is assessed.

No patient will be denied access to the initial Patient Policy Manual or the opportunity to review the manual at ACWI because of an inability to pay for an additional copy.

9.2 BSAS Confidential Complaint Line Contact Information

Massachusetts Department of Public Health (DPH)
Bureau of Substance Addiction Services (BSAS)

BSAS Confidential Complaint Line: (617) 624-5171

The complaint line is monitored Monday through Friday during normal business hours.



Patients may contact BSAS to report concerns involving patient rights, treatment practices, admission decisions, discrimination, program conduct, or other potential violations of applicable regulations.

Additional complaint submission options:

- Fax: (617) 887-8787
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  Quality Assurance and Licensing Unit – CIB BSAS
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