





Impacting Recovery Residences Through Ethical Challenges

Ethics is knowing the
difference between
what you have a right to
do and what is right to
do.

Potter Stewart

NARR CODE OF ETHICS

Operators and staff of residences certified as meeting NARR standards shall value and respect each resident and put each individual's recovery strengths and needs at the forefront of all decision making. To meet this obligation, we adhere to the following principles:

1. Assess each potential resident's strengths and needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.
2. Value diversity and non-discrimination.
3. Provide a safe, homelike environment that meets NARR Standards.
4. Maintain an alcohol- and illicit-drug-free environment.
5. Honor individuals' rights to choose their recovery paths within the parameters defined by the residence organization.
6. Protect the privacy, confidentiality and personal rights of each resident.
7. Provide consistent and uniformly applied rules.
8. Provide for the health, safety and welfare of each resident.
9. Address each resident fairly in all situations.
10. Encourage residents to sustain relationships with professionals, recovery support service providers and allies.

11. Take appropriate action to stop intimidation, bullying, sexual harassment and/or otherwise threatening behavior of residents, staff and visitors within the residence.
12. Take appropriate action to stop retribution, intimidation, or any negative consequences that could occur as the result of a grievance or complaint.
13. Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.
14. Provide an environment in which each resident's recovery needs are the primary factors in all decision making.
15. Promote the residence with marketing or advertising that is supported by accurate, open and honest claims.
16. Decline taking a primary role in the recovery plans of relatives, close friends, and/or business acquaintances.
17. Sustain transparency in operational and financial decisions.
18. Maintain clear personal and professional boundaries.
19. Operate within the residence's scope of service and within professional training and credentials.
20. Maintain an environment that promotes the peace and safety of the surrounding neighborhood and the community at large.

The Code of Ethics must be read and signed by all those associated with the operation of the recovery residence: recovery residence owners, operators, staff and volunteers. Individuals subject to this code are obligated to report unethical practices according to the reporting rules set forth by the affiliate.

By signing below, I affirm that I have read, understand and agree to abide by this Code of Ethics.

Name (print): _____

Date: _____

Signature: _____

Recovery Residence: _____

NARR Affiliate: _____

Some Ethical Dilemmas

- Free “rent” in exchange for going to an IOP
 - Drug screen companies that offer monetary compensation in exchange for their services ... or recovery residences that offer “free rent” in exchange for an insurance card
 - Grateful residents or families offering gifts or money
 - Promoting a resident to “staff” too early, and/or without suitable training
 - Unclear and/or inconsistent financial boundaries
 - Discharging a resident for any reason without a next step plan or recommendation, or allowing relapse to occur without appropriate action taken
 - Sharing information without a release
 - Having “exclusive agreements” with referral sources
 - Embellishing on marketing/outreach
 - Operating outside of the scope of work of the recovery residence (i.e., providing residence and or service for someone who needs a higher level of care).
-

Ethical Problem Solving

- #1. Identify the problem. ...
 - #2. Apply the code of ethics. ...
 - #3. Determine the nature and dimensions of the dilemma. ...
 - #4. Generate potential courses of action. ...
 - #5. Consider the potential consequences of all options and determine a course of action. ...
 - #6. Evaluate the selected course of action. ...
 - #7. Implement the course of action
-

Assess each potential resident's strengths and needs, and determine whether the level of support available within the residence is appropriate. Provide assistance to the residents with appropriate referrals.

What is your policy and what do you use to determine whether the level of support available within your recovery residence is appropriate.

Scenerio: You have a new client who has been with you for a week, they presented well at intake and for the first few days they seemed to do ok but now you are getting feedback about some odd behaviors from the roommates. How do you address this situation?

Maintain an alcohol- and illicit-drug-free environment.

How do you do that? What are the consequences if you find alcohol or drugs on your campus?

Scenerio: You do a sweep through your units and find some alcohol stashed in the laundry room. No one is home at the time – there are 6 people living in the unit – 3 of them are alcoholics – How do you handle this situation?

Befriending Clients On Social Media

The ACA prohibits “personal virtual relationships with clients” or, in other words, being connected with a current client on a social media platform. Even if a client reaches out first, the best practice is to deny the request to connect online.

Accepting a “friend request” from a current or former client may present an ethical issue and blur the line between a professional and personal relationship. While a therapist might really enjoy a client as a person, building a personal relationship outside of their professional relationship is never a good idea when the goal is to remain neutral during counseling.

Do you engage in social media correspondence with your clients? What boundaries do you establish with your clients? Do you attend meetings with your clients?

Provide consistent, fair practices for drug testing that promote the residents' recovery and the health and safety of the recovery environment.

Client fails drug screen but swears they didn't use. You really like this client and they have been doing really well but they failed for a benzo that is way off base – meaning it isn't their normal DOC. You have a zero-tolerance rule? How do you handle this situation?

HIPAA, or Health Insurance Portability and Accountability Act of 1996, is a federal law that protects sensitive patient health information from being shared (disclosed) without a patient's consent or knowledge.¹ This was initially created and enacted to help "improve the use (portability) and accountability of health insurance coverage" for employees between jobs.² HIPAA evolved to include privacy and security rules around Protected Health Information (PHI) in personal medical records.² A person's demographics, health status, where they received care, and how they paid for their care are all examples of PHI that can identify an individual.²

To make HIPAA stronger, the US Department of Health and Human Services (HHS) developed HIPAA's national standards with a Privacy Rule for all healthcare providers to follow as well as other "covered entities" (e.g., health plans, claims processing centers, utilization review, billing departments).¹

In an age of computerized records and the flow of electronic health information back and forth between healthcare providers, HIPAA stands to protect our personal medical information. Regardless of why a person seeks treatment for their health, it is their right to keep information private. The Privacy Rule allows personal medical information to be processed in a standard format while protecting the privacy of people who seek health care.¹ If the person wishes to share their health information beyond the "covered entities" they have the right to give special permission.

Is Rehab Confidential?

People who are being treated for a substance use disorder (SUD) have additional protection in place with the Code of Federal Regulations (CFR) Title 42 Part 2.³ This regulation was enacted in 1975 to address concerns related to using SUD information in domestic or criminal proceedings.³ 42 CFR Part 2 protects a person's SUD information; it cannot be disclosed without consent, as it could present a barrier to treatment lead to adverse consequences for people diagnosed with SUD outside a healthcare setting.³

The confidentiality of alcohol and drug abuse patient records maintained by us is protected by Federal law and regulations. Generally, we may not say to a person outside the treatment center that you are a patient of the treatment center, or disclose any information identifying you as an alcohol or drug abuser unless:

You consent in writing (as discussed below in "Authorization to Use or Disclose PHI");
The disclosure is allowed by a court order (as discussed below in "Uses and Disclosures"); or
The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation (as discussed below in "Uses and Disclosures").

Consent Forms

Rehab centers will also provide you information on consent forms. Consent forms give staff permission to share your health information with others besides your clinical team.⁴ It may be important to you that your family be free to talk to your counselor or doctor about your care during your rehab stay. If you sign a consent for a family member, they can call and receive brief updates.

Consent forms are very specific as to “who” the rehab staff can disclose your health information to and for what purpose.⁴ Consent forms also clearly state the amount and kind of health information to be shared.⁴ For instance, a person may want their spouse to be updated on their progress during treatment. The consent form would identify the spouse by first and last name along with what PHI can be shared from your health record related to your care.

If a patient does not give the rehab team consent to disclose SUD health information, then no one, including their parents, spouse, friends, or family members, will be given any information. The added protection under 42 CFR Part 2 even removes staff from being able to verify your presence in the rehab program altogether should someone call in. Even access to talk to a therapist is denied. Unless a person is on a release of information (consent) form with your expressed approval, information will not be shared. The only way they could discover that you are in rehab or were in rehab is if you tell them.

If a patient does not give the rehab team consent to disclose SUD health information, then no one, including their parents, spouse, friends, or family members, will be given any information. Consent forms can be revoked at any time either in part or in whole. When consent is revoked for Part 2 programs, the revocation should be immediately communicated to the rehab center team. Revoking a consent can be given orally or in writing, and documented in the patient’s record.⁴
