

Pirate Springs's

Clean Living Homes

Rules for the Houses

The good news is the process of recovery does work if you are willing to take suggestions and do the work. We are an organization committed to helping others stay clean. The changes and miracles you will experience are amazing.

Pirate Springs is a great fit for some people, but it might not be a good fit for others. Pirate Springs and has ZERO tolerance for drugs and alcohol. Through a phone interview process; we assess the willingness, character and overall needs for the potential clients to determine if you will be a good fit for our program. In the event you are not a good fit we will offer referrals to other programs that might housing more suitable to your particular needs. Residents of Clean Living Homes may choose utilize services and resources available through Pirate Springs, or self navigate certain aspects of their recovery, but all of the following rules must be adhered to regardless of which services are desired.

Minimum Requirements for Residency

1. Commitment to stay at least 90 Days. _____
2. **Complete abstinence from all Drugs and alcohol.** This refers to illegal drugs, alcohol, prescription drugs (certain medical exceptions can be made), or any other substance used to alter your mind or mood that are not for mental health purposes. We do random drug & alcohol screening and may use lab testing if we feel we have reason to. We ensure that you will have a safe drug and alcohol-free place to recover. We discharge immediately with zero tolerance for a failed drug or alcohol screen. _____
3. You must be willing to get a "sponsor", which is a person who will guide you through the 12 Steps of recovery. We expect everyone to have, **at very least**, a temporary sponsor within 3 weeks. The importance of working with a competent sponsor is vital to good recovery and the sooner you find someone to start guiding you through the steps the better your chances of staying clean. _____
4. Willingness to learn how to stay clean through the 12 Steps of Recovery. Active step-work with your sponsor, and attendance of outside 12 Step meetings is mandatory (three if you also attend church, four if you do not). Realizing that your own best efforts got you where you are today. _____
5. Willingness to follow all rules. We will discharge anyone who does not follow the rules, for the safety and well-being of those who are serious about long term recovery. Our goal is for residents to have a safe and respectable place to thrive. _____
6. Socializing with clients in a Pirate Springs residential program **is not** permitted unless it is a pre-existing relationship. _____
9. Understand that passes **are necessary for overnight stays away.**

Policy for the Payment of Program Fees

Bed Fee is \$630 per month and includes Utilities and Wifi.

The first two weeks paid in advance are required for acceptance. All fees paid are **non-refundable** and unpaid fees are subject to collection. Fees are due in advance and considered earned and non-refundable when invoiced. _____

Billing is for the month and prorated for partial months. _____

If your fees are unpaid for 5 days past due a \$50 late charge will be added, if they remain unpaid for 10 days we reserve the right to immediate termination of services. _____

Program fees can be paid by cash, check, money order, or via debit or credit card. We use PayPal for our online payments, but you do not have to have a PayPal account to pay with your credit/debit card.

Online Payments need to be made by the appropriate payment deadlines. If processing fees or late charges are not included in the online payments, they are still due and will be collected from the clients.

Meeting Attendance

Program requirements include 12 step meeting attendance. Meeting attendance sheets need to be signed.

- 4 minimum twelve step meetings per week.

In addition to outside meetings there will be a house meeting each week that **you must** attend and participate in.

These meetings are generally on Sunday Evenings at 7pm.

Legal Advocacy / Letters of Residency or Acceptance

Once you have been accepted in our program, we are happy to provide you with any documentation you may need for probation or parole, legal cases, food stamps, or any other reason.

The address for correspondence is:

Pirate Springs
[Your Name]
339 Old Chattanooga Pike NW.
Cleveland, TN 37311

Medications

Medications must be kept in a lock box. _____

Personal Items

Pirate Springs cannot be held liable for any personal items brought to the facility. If there is something you will get upset about if you lose it, don't bring it.

Other Program Rules & Policies

Curfew is 10pm on weeknights and 12 midnight on Weekends

Room Cleanliness

Rooms will be kept clean and orderly. Room checks will be performed by Pirate Springs Staff on a regular basis.

Staff has the right to inspect (search) the premises, including your dressers, closets, pockets, etc., at any time. Refusal is grounds for immediate termination and discharge and a direct violation of the contract for services.

Absolutely no one (including family) is allowed in the bedrooms without staff approval. If this occurs, it is grounds for immediate termination and a direct violation of the contract for services.

This is for the safety and comfort of all of our residents.

The house phone may be used but **DO NOT USE THE HOUSE PHONE TO CALL DIRECTORY ASSISTANCE, THESE CALLS COST \$2.95 each!**

Absolutely no calls are to be accepted from jails, prisons, or any other institutions under any circumstances. No collect calls, period.

Passes

Passes may be requested by text and must be approved by staff for stays away from the house for any hours inside curfew. Staff must be aware when you are offsite during these hours. Overnight passes may be granted up to two nights per week. Failure to do so is grounds for immediate termination and a direct violation of the contract for services.

All common areas and your room must be clean prior to leaving on pass. If this rule is violated you will lose your passes for one month.

Visitation

1. Pre- approved visitors only!
2. Visitors must not have a fever or any other sign of sickness. If they do, they will be asked to leave. Please let them know this before they travel.
3. If visitors are suspected of being under the influence they can take a drug test or will be asked to leave and visits with them will be suspended, and the authorities can be called.

4. No one allowed in Client rooms except residents.
5. Respect other client's privacy.
6. Residents are allowed up to two visits weekly not to exceed two hours per visit.

Transportation _____

You are responsible for your own transportation expenses. Our facility is served by SETHRA. People with vehicles in our program work together to offer rides to help those who do not have vehicles. If you receive a ride from staff or another resident, you are required to help pay for gas expenses.

Bikes are allowed and must be stored on patios, and security of these is not the responsibility of Pirate Springs or the staff.

Residents who have vehicles must certify that vehicles have current tags, registration, and insurance. Vehicles will be parked in designated areas and security of vehicles is your responsibility. There will not be storage of inoperable vehicles on the premises and all vehicle maintenance must be performed off the premises.

Food _____

Residents are responsible for purchasing their own food. Food taken to your room is allowed subject to clean room policy.

Food may only be kept in your room if you keep in sealed containers and ARE CLEAN ENOUGH IN YOUR NORMAL ROUTINES TO BE EXCEPTABLE AND KEEP BUGS-RODENTS AWAY. No household utensils, bowls, plates, are allowed to be left in your room.

In a shared living environment, it is an exercise in cooperation and respectfulness to ensure that each person eats only the snacks they buy. There will be no tolerance for arguments about food – learning to coexist with respect and care of one another is the key to living in any group environment.

Dismissal Violations

The following actions can result in immediate discharge from the program and will be reported to your probation officer if applicable: (In other words – here's what NOT to do):

1. Being under the influence of alcohol and/or drugs.
2. Refusal to submit to requested drug screen.
3. Possession/distribution of drugs or paraphernalia. Kratom, Delta (s) and other convenience store mind altering substances are considered drugs by Pirate Springs.
4. Contact with clients of any other residential program or facility unless there is a long term pre-existing - relationship, other than at a 12 step meeting. This includes phone calls, Instagram, and Facebook. Do not ask for their numbers.
5. Sexual Contact with any other client.
6. Possession of weapons or wielding any object as a weapon.
7. Threats either verbal or physical, overt acts of violence and/or fighting.
8. Property destruction or altering the physical construction of the premises.

- 9. Chronic bad attitude
- 10. Refusing an inspection (search).
- 11. Being in violation of curfew or pass restrictions.
- 12. Bringing unauthorized visitors onto the facility premises.
- 13. Dishonesty, giving false information, theft, unusual behavior and/or any form of Criminal activity.
- 14. Failure to comply with rules and/or staff directions.
- 15. Smoking in any building of the facility will not be tolerated. Only smoking in designated areas is Permitted.
- 16. Failure to report another client for any of the above violations.

Other Violations/Misconduct _____

Failure to keep rooms clean and orderly, maintain meeting requirements, pay rent and/or adhere to payment plan, or any other violation of rules or expected conduct may result in loss of visits, or discharge.

NOTICE OF PRIVACY PRACTICES

Pirate Springs is required by law to maintain the privacy of certain health care information about our residents. The law also requires health care providers like Pirate Springs to give you a Notice like this one and to follow its standards.

Pirate Springs and your Protected Health Care Information

Pirate Springs us a recovery resource and addiction recovery program provider partially funded by the Tennessee Department of Mental Health and Substance Abuse Services.

As a part of our daily activities, Pirate Springs may need to use and disclose (share) your protected health care information for several purposes without first getting your written approval. Those purposes include:

- Pirate Springs may contact you based upon your protected health care information. For example Pirate Springs may call to arrange your appointments, provide you with information about new medications, treatments, benefits and services that are available to you.
- Pirate Springs may provide information to government officials who oversee health care or are working on threats to public safety. Your personal identity will remain confidential unless written permission is provided.
- Pirate Springs may report Protected Health Care Information regarding unsafe diseases, neglect, abuse, and other crimes, according to laws in specific circumstances per Pirate Springs Informed Consent Policy.
- Pirate Springs will exercise diligence in providing maximum protection of your personal identity where possible.
- Pirate Springs may provide information to licensed researchers who are under strict rules regarding how they use and disclose protected health care information. Those researchers, as an example, may use the information about patients with your condition for a study to improve ways to combat disease. Your personal identity will remain confidential.

No other uses and disclosures of your protected health care information will occur without your written authorization. And, if you sign an authorization, you have the right to cancel it at any time.

HOW TO OPT OUT

You have the right to opt out of authorized uses and disclosures at any time. This opt out by law will not apply to disclosures that are legally permitted, disclosures we make to companies that perform services on our behalf, or companies that process or service transactions you request or authorize.

Once your request is received, Pirate Springs will, in a reasonable amount of time, stop disclosures. You may always contact us for assistance if you wish to revoke your opt out election. You may direct us not to make disclosures (other than disclosures permitted by law) by writing a formal request to rescind disclosures. This letter can be mailed to the attention of:

Paul G. Hook, Chief Executive Officer
 Pirate Springs
 4053 Old Freewill RD. NW
 Cleveland, TN 37312

Rights Regarding Your Protected Health Care Information:

Under the law, you have several rights that Pirate Springs is committed to upholding.

Those rights include:

- The right to request restrictions on some of the ways Pirate Springs uses and discloses your information. These restrictions can go beyond the restrictions already in the law. Pirate Springs is not responsible for consequences that may occur legally, financially, or professionally if Pirate Springs is restricted from communicating or advocating on your behalf. However, Pirate Springs may not always agree to implement these additional restrictions.
- The right to receive confidential communications. However, this right is not absolute and may be restricted on the patient's treatment plan.
- The right to inspect and get copies of your health care information held by Pirate Springs by making a request in writing. Pirate Springs, however, may charge a reasonable fee to cover only the cost of providing this information. Staff may restrict access to some information based on clinical or psychiatric conditions.
- The right to request that Pirate Springs amend or correct any information in your record. To make such a change, Pirate Springs will ask you to make the request in writing with the reason you want your record changed. Pirate Springs may not always agree to such requests.

If you have any questions or complaints about the way Pirate Springs handles your protected health care information or if you believe your privacy rights have been violated, contact the Program Director or CEO in person. You can also contact the Secretary of the U.S. Department of Health and Human Services. Please note that there will be no retaliation against you for filing a complaint or making requests regarding your health care information, or for disagreeing with Pirate Springs related decisions.

Pirate Springs may need to change its privacy practices from time to time. Before making such changes however, Pirate Springs will modify this Notice and begin distributing it to patients when they are treated by Pirate Springs.

These new practices will then apply to all information held by Pirate Springs. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking Pirate Springs staff.

CLIENT RESPONSIBILITIES (Addiction Recovery Program Services)

Provision of Information

Clients have the responsibility to provide, to the best of their knowledge, accurate and complete information about presenting problem(s), identifying information, past treatment(s), medical issues, medication usage, legal issues, or other matters asked by the staff of Pirate Springs.

They have a responsibility to report any changes of condition, or relapse to the staff of Pirate Springs. They have a responsibility to report any violation of rules and regulations, of their own or of other clients, to the staff of Pirate Springs. Clients are responsible for making it known whether they clearly comprehend a contemplated course of action and what is expected of them.

Contract Agreement

I, _____ have read this document in its entirety and understand what I am agreeing to. I further understand that I will have a copy to reference any time I need to, and that it is my responsibility to know the rules, and that violations could cause my dismissal without discussion.

I further understand that this is a financially binding document and that if I leave or am discharged with a balance due, I am responsible for the balance and that all unpaid balances are subject to a 1.5% per month finance charge for balances older than 30 days past due. Unpaid balances are also subject to collections and credit reporting.

I have asked all of the questions I have at this time pertaining to this contract, and further agree to abide by each and every provision.

Print Name

Signature

Date