

Sunlight Wellness & Recovery

# Client Handbook



*Wake Up to Life & Connection!*

Version 1 **2025 Edition**



Welcome to Sunlight Wellness & Recovery!

*Together, we build a future where meaningful recovery is within reach for all.*

We're glad you're here & we want you to know that our focus is you, your family and helping you heal.

## 1.1 Purpose of the Handbook

Welcome to our Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP). Our mission is to provide you with comprehensive, compassionate care that supports recovery, personal growth, and long-term wellness. This handbook is designed to outline your rights, responsibilities, and the expectations of our program.

As part of your care, we make **five key commitments** to you.

**You come first.** Your safety, health, and recovery will always remain our top priority. **You're unique, and your treatment plan will reflect that.** We recognize that every individual comes to us with different experiences, needs, and goals, and we tailor your care accordingly. **We're always evolving.** Our team is dedicated to ongoing growth, improvement, and learning to provide the highest quality services. **We live by example.** As a team, we live what we believe. **We'll partner with you to rebuild and strengthen relationships.** Recovery is not just about abstinence — it's about reconnecting with yourself, your community, and your support system in meaningful ways.

## What You'll Find in This Handbook

- **Client Rights** Information on your rights as a participant in treatment.
- **Program Rules & Expectations** An overview of our expectations and guidelines to a successful treatment experience.
- **Referral Resources** Resources for additional help & crisis support if you need it.
- **Care Plan** Understanding your level of care & the services we offer



## 1.2 Why This Handbook Matters

### ➤ Clarity

It ensures you are informed about your rights and responsibilities within treatment and early recovery.

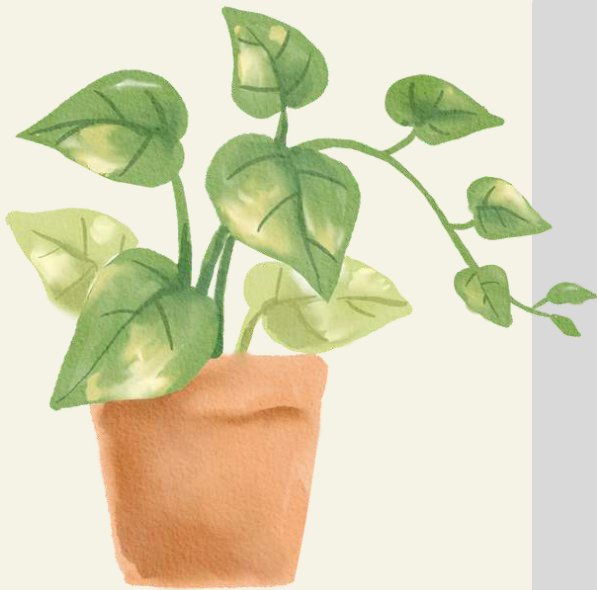
### ➤ Consistency

It provides a unified understanding of sunlight wellness's policies and procedures.

### ➤ Support

It is a valuable resource to help you navigate any questions or concerns during your treatment.

## Important Note



The Client Handbook is a living document and may be updated periodically to reflect changes in policies, laws, or best practices. If you have questions reach out to your primary therapist or any member of the management team.

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Phone	<b><u>(215) 650-9810</u></b>
Website	<b><u><a href="https://sunlightaddictiontreatment.com/">https://sunlightaddictiontreatment.com/</a></u></b>



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# 01

## Welcome

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## 1.1 Our Mission



Our Mission: At Sunlight Wellness and Recovery, we support individuals on their recovery journey by honoring diverse pathways to healing. We provide compassionate, peer-led care that meets people where they are and strengthens family dynamics for lasting recovery.

As an organization, we value shared lived experiences and foster a community of dignity, respect, and hope. We are dedicated to fostering a work environment in which employees find joy and purpose.

Together, we build a future where meaningful recovery is within reach for all.

## Our Commitments to You

### 1. You come first

Your wellness & recovery is our first priority and guides everything we do. We focus on long-term positive outcomes to help you achieve sustained, lasting recovery.

### 2. You're unique, and your treatment plan will reflect that

We provide compassionate, personalized care designed to meet you exactly where you are. Together, we'll create a roadmap of recovery that works for you.

### 3. We're Always Evolving

We're continually improving our approach; we stay open to new ideas; we are always looking for new ways to provide the best care possible.

### 4. We live by example

Run for people in recovery by people in recovery, our team lives what we believe.

### 5. We'll partner with you to re-build & build relationships

Connection is the opposite of addiction; we'll involve your loved ones in your care and help you strengthen your connection to community.

## What we do

We're an outpatient treatment center offering hope and healing specializing in:

- Alcohol use disorder
- Substance use disorder
- Opiate Use Disorder
- Dual Diagnosis
- Family Support
- Medication Management
- Community Support
- Life Skills
- Medication Assisted Treatment
- Trauma Informed Addiction Treatment





# 02

## Programing & Treatment



## Your Care Plan

At intake, we'll conduct an assessment to determine the appropriate level of care for your unique needs. This process typically includes a clinical evaluation conducted by trained professionals, who assess your use history, mental and physical health, support system, and readiness for change. Based on the findings, you'll be placed in the most suitable level of outpatient care, such as standard outpatient, intensive outpatient (IOP), or partial hospitalization (PHP), ensuring you receive the right balance of structure and flexibility for your recovery journey.

We'll work with you to create an individualized treatment plan that will be your roadmap to sustained recovery. As you progress in your recovery, you'll transition to lower levels of care in alignment with your plan. This step-down process is guided by clinical assessments, treatment goals, and your overall stability in recovery.

For example, a client in a partial hospitalization program may move to intensive outpatient care once they demonstrate improved coping skills and stability in their daily life. Similarly, as they continue to build independence and maintain progress, they may transition to standard outpatient treatment, which provides continued support with less intensive scheduling.

The goal of this process is to gradually empower you with the tools and confidence needed to sustain long-term recovery while ensuring you receive the appropriate level of care at each stage.



## Our Philosophy on Relapse: Real Talk About Return to Use

At Sunlight Wellness & Recovery, we see relapse as information. When someone returns to use, our first question isn't "Why did you mess up?" It's "What do we need to understand about what happened, and how can we help?"

### You Come First When Things Go Sideways

- When you relapse, you're still our priority. We're not worried about our success rates or what funding sources will think. We're worried about you. Are you safe? Are you okay? What do you need right now?

### A Return to Use Tells Your Story

- Every return to use is different because every person is different. We want to understand your specific situation, not fit you into some generic explanation about addiction. That understanding shapes how we move forward.

### We Learn Too

- When you relapse, it teaches us something about how to better support you. Maybe we missed signs that you were struggling. Maybe there was a gap in our services that left you without the help you needed. Maybe our approach needs tweaking. We take that seriously and use it to do better next time.

### Relationships Take Hits, But They Can Heal

- Relapse often damages relationships with family, friends, coworkers — sometimes with us too. We'll work with you to rebuild those connections when you're ready. We'll help you have hard conversations, navigate broken trust, and strengthen your support network. We know isolation often comes before and after relapse, so we actively work against it.

### We Practice What We Preach

- When we say relapse can be part of recovery, we mean it. You won't get lectures about letting people down or speeches about how disappointed we are. You'll get genuine curiosity about what happened and partnership in planning what's next.

### Starting from Where You Actually Are

- Whether you've been using for a day or a year, whether this is your first return to use or your fifteenth, we start from where you are right now. **You don't have to feel sorry enough or motivated enough or insightful enough to deserve help.** You just have to be here.

### Looking at the Whole Picture

- Relapse doesn't happen in a vacuum. We look at everything that was going on — your relationships, your health, your living situation, your mental state, trauma that might have been triggered.

### Building on What You've Got

- We don't start over from zero after relapse. You've learned things in your recovery journey, developed skills, built relationships, gained insights. We build on those strengths while addressing what needs to be different this time.
- Recovery isn't a straight line for most people. If you've relapsed, you're not broken, you're human. That's what you'll find here — not judgment, not giving up, but renewed commitment to figuring out what works for you.
- We believe in recovery for everyone, no matter how many times they've returned to use. We'll keep believing in it, and working toward it with you, for as long as it takes.





## Partial Hospitalization Programming

Our Partial Hospitalization Program offers a high level of care for individuals with substance use disorders who need more intensive support than traditional outpatient treatment but do not require 24-hour inpatient care. Clients attend daily therapy sessions, including individual and group counseling, focusing on recovery skills, coping mechanisms, and relapse prevention. The program provides a structured environment while allowing clients to return home in the evenings. With personalized treatment plans and evidence-based therapies, our Partial Hospitalization Program helps individuals build a strong foundation for long-term recovery.

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## Intensive Outpatient Programming

Our **Intensive Outpatient Treatment Program** offers structured, personalized care ideal for those who need more support than traditional outpatient services but do not require a higher level of care. Intensive Outpatient treatment involves multiple weekly therapy sessions, including individual and group counseling, to address the physical, emotional, and mental aspects of recovery. We focus on developing coping strategies, managing triggers, and preventing return to use in a flexible, outpatient setting that fits with work or family life. With evidence-based therapies and individualized treatment plans, our program provides the support needed for long-term sobriety and recovery.

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## Outpatient Programming

Our **Outpatient Care Program** offers flexible treatment for individuals recovering from substance use disorders who have completed or who do not require more intensive levels of care. Clients attend scheduled therapy sessions, including individual and group counseling, while maintaining their daily routines.

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## Medication Assisted Treatment & Medication Management

Our **Medication Assisted Treatment- MAT** provides for the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of substance use disorder and can help some people to sustain recovery. We will also assess and prescribe medications to support mental health conditions and other co-occurring disorders to help support sustained recovery and wellbeing.



## Admission Criteria

During intake, we'll talk about different areas of your life to make sure Sunlight Recovery is the right fit for you and can best address what you're going through. We use the ASAM Client Placement Criteria to help determine if this is the right level of care for you. This looks at six important areas:

1. **Withdrawal Risk:** We'll make sure you're not at risk for severe withdrawal symptoms.
2. **Physical Health:** We'll check that you don't have any physical conditions that would make it hard for you to participate in treatment here.
3. **Mental and Emotional Health:** We'll assess whether you're emotionally and mentally able to participate and benefit from what we offer at Sunlight Recovery.
4. **Motivation for Change:** We'll talk with you about whether you're ready and willing to set treatment goals and work toward them.
5. **Current Struggles:** We'll explore whether you're dealing with substance use problems that are affecting important areas of your life.
6. **Support System:** We'll look at whether you have people in your life who can support your recovery, or whether we can help you build that network.

Our goal is to make sure you get the most appropriate level of care for your situation. If we think you might benefit from a different type or intensity of treatment, we can help connect you with other resources and provide referrals.

We want you to know that Sunlight Recovery welcomes people from all walks of life and make determination on our ability to help you based on your needs and not on any other criteria such as age, gender, race, mental health diagnosis or disability.

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## Discharge & Completion Criteria

You'll be ready to complete treatment with us when any of these situations apply:

1. **You've met your goals:** You've achieved the goals we set together in your treatment plan and resolved the issues that brought you here in the first place.
2. **Despite our best efforts, we don't seem to be helping you:** We've made changes to your treatment plan, but don't seem to be able to help you make significant progress.
3. **Your needs have changed:** Your situation has gotten more serious, or new issues have come up that require a more intensive level of care or different services than we can provide here.
4. **If you stop coming to treatment:** We'll reach out to you at least three times to check in and see how you're doing. We'll document each time we try to contact you in your file.
5. **If there are behavioral concerns:** If your conduct is disruptive or negatively affecting the program, we may need to transfer you to a different level of care or to a facility better equipped to support your specific needs.

### If You Choose to Leave or Need to Be Discharged

Regardless of your reason for leaving, your counselor will work with our team to connect you with community resources and aftercare support to help you continue your recovery.

# 03

## Client Rights and Expectations

## Client Rights & Expectations

It is the policy of Sunlight Wellness & Recovery to value each client as an individual with basic rights of independence, freedom of expression, independent decision-making, and the right to be treated with personal dignity.

We will ensure individual clients' rights and privileges are preserved and protected for all participating clients.

### **Clients Responsibilities:**

1. Clients are advised to provide accurate and complete information to their care team regarding their health status, significant prior illnesses or injuries, medications, and other matters which may be pertinent to their health.
2. Clients are advised to communicate their questions or concerns to a staff person about their treatment or condition. If unclear about expectations, they should ask for clarification.
3. Clients are advised to follow the prescription and treatment of the physician and others responsible for their treatment. If they are not willing or capable of complying with treatment plan, they are advised to communicate this to their care team.
4. Once the consequences and probable impact of non-compliance have been clearly explained and alternatives outlined, clients are responsible for the consequences of their non-compliant behavior with treatment plans.
5. Clients are expected to comply with established Sunlight Wellness & Recovery rules and regulations governing their care and conduct while at the facility. This includes, but is not limited to, such matters as smoking, control of noise and behavior.



# Client Rights

1. **Your Civil Rights** You keep all your civil rights and liberties while you're in treatment with us. You won't lose any civil rights just because you're receiving treatment.
2. **Non-Discrimination** We don't discriminate against anyone. We provide services to all people regardless of your age, race, creed, sex, ethnicity, color, national origin, marital status, sexual orientation, disability, or religion.
3. **Access to Your Records** You have the right to look at your own records. If our director thinks certain information might be harmful to you, they may temporarily remove those parts before you see them. If this happens, we'll document why in your file.
4. **Appealing Record Access** If we limit your access to any part of your records, you can appeal that decision to our Project Director.
5. **Correcting Your Records** You have the right to ask us to correct any information in your records that's inaccurate, irrelevant, outdated, or incomplete.
6. **Adding to Your Records** You have the right to add your own statements or responses to your records if you disagree with something in them.
7. **Accepting or Refusing Treatment** You have the right to accept or refuse treatment at Sunlight Wellness & Recovery.
8. **Safe and Comfortable Environment** You have the right to a humane environment that protects you from harm and gives you appropriate privacy. We'll provide you with safe, healthy, and comfortable accommodations that meet your needs.
9. **Freedom from Abuse** You have the right to be free from any verbal, emotional, or physical abuse, inappropriate sexual behavior or contact, exploitation, humiliation, harassment, or neglect.
10. **Dignity and Respect** You have the right to be treated with dignity and respect by our staff, governing board members, and everyone else you interact with here.
11. **Understanding Your Rights** You have the right to have your rights explained to you in simple, easy-to-understand language within 24 hours of admission.
12. **Respecting Your Values** You have the right to have your cultural, social, spiritual, and personal values, beliefs, and preferences respected.
13. **Least Restrictive Setting** You have the right to receive appropriate treatment in the least restrictive setting available that meets your needs.
14. **Information Before Admission** You have the right to be told before you're admitted: what condition will be treated; what treatment we're proposing; the risks, benefits, and side effects of all proposed treatments and medications; what could happen if you refuse treatment; what other treatment options are available and which might be appropriate for you; how long you can expect to stay; what to expect from treatment; and our program's rules and regulations.
15. **Your Treatment Plan** You have the right to a treatment plan designed specifically for your needs, and you have the right to help create that plan. You also have the right to meet with staff regularly to review and update your plan.
16. **Confidentiality** You have the right to confidentiality as provided by federal law (Title 42, Code of Federal Regulations, Part 2), HIPAA, and Pennsylvania regulations. Your information will be kept private, and we'll explain to you the circumstances when information can be released without your permission.
17. **Cost Information** You have the right to be told in advance about all estimated charges and any limitations on the length of services that we know about.
18. **Asking Questions** You have the right to receive an explanation of your treatment or your rights if you have questions while you're in treatment.
19. **Grievances and Appeals** You have the right to know how to file a grievance or appeal a discharge without fear of retaliation, and to receive a fair response from us within a reasonable time. You also have the right to file complaints directly with the Pennsylvania Department of Drug and Alcohol Programs.
20. **Controlling Re-Disclosure** You have the right to prohibit others from re-disclosing your personal information.
21. **Alternative Communications** You have the right to request that we communicate with you in an alternative manner if needed.
22. **Accounting of Disclosures** You have the right to get a list of when and to whom we've disclosed your personal information.
23. **Provider Preferences** You have the right to express preferences about which counselor or service providers you'd like to work with.
24. **Marketing and Advertising** You have the right to refuse to participate in any marketing or advertising unless you authorize it in writing.
25. **Freedom from Intrusive Procedures** You have the right to be free from intrusive procedures like strip searches or pat downs.
26. **Timely, Qualified Care** You have the right to receive timely treatment from qualified professionals.
27. **Informed Consent for Information Release** You have the right to give informed consent by signature before we release your information to communicate with other agencies.
28. **Privacy in Sessions** You have the right to privacy during your interview and counseling sessions.
29. **Legal Counsel** You have the right to hire and consult with your own legal counsel and private practitioners at your own expense.
30. **Freedom from Restraint** You have the right to be free from physical restraint or seclusion.
31. **Confidentiality of Treatment Status** You have the right to confidentiality about the fact that you're in treatment and about your records.
32. **Legal Representation** You must be informed that you have the right to be represented by an attorney in any involuntary proceeding for assessment, stabilization, or treatment. If you're a minor, your parent, legal guardian, or legal custodian can do this. You or your guardian can apply to the court immediately to have an attorney appointed if you can't afford one.
33. **Right to Habeas Corpus** At any time and without notice, if you're being held involuntarily, you (or your parent, guardian, custodian, or attorney) can petition for a writ of habeas corpus to question why you're being held and whether it's legal, and request that the court order your release.
34. **Staff Liability** Our staff members are liable for damages if they violate or abuse any of your rights or privileges.
35. **Good Faith Immunity** People who act in good faith, reasonably, and without negligence in preparing documents or helping with your care are protected from liability, whether civil or criminal.
36. **Protection Under Law** All of these rights are protected under applicable laws and regulations, and we're committed to upholding them.

# Grievance Procedure

## 1. Filing a Grievance

- Clients may file grievances verbally or in writing to any staff member without fear of retaliation.
- Staff receiving verbal grievances shall document them on the standard grievance form.
- Assistance shall be provided to clients who need help documenting their grievances.
- Receipt of grievances shall be acknowledged in writing within 2 business days.

## 2. Informal Resolution

- When appropriate, clients shall be encouraged to first discuss concerns directly with involved parties.
- Staff shall attempt to resolve minor concerns informally when possible.
- Documentation of informal resolution attempts shall be maintained.

## 3. Formal Review Process

- The Program Director shall review all formal grievances within 5 business days of receipt.
- Clients shall have full and fair opportunity to be heard regarding their grievance.
- Clients shall have the right to question and confront persons and evidence used against them.
- Investigations shall include interviews with all relevant parties and review of pertinent documentation.
- If the grievance is filed against the Program Director, the review shall be conducted by either:
  - A multi-representative committee of the program, or
  - A subcommittee of the governing body established specifically for grievance adjudication.

## 4. Resolution and Response

- Written responses to grievances shall be provided within 10 business days of receipt.
- Responses shall include findings, conclusions, and actions to be taken.
- If additional time is needed for investigation, the client shall be notified in writing.
- Appeals of grievance decisions may be made to the Governing Body within 10 days of receiving the decision.
- The Governing Body shall review appeals and provide written responses within 15 business days.

## 5. Safety Exceptions

- In cases where a client has committed acts of physical violence or has threatened to commit acts of physical violence in or around the premises, immediate safety measures may be implemented prior to final resolution of a grievance.
- Documentation of safety concerns and actions taken shall be maintained.
- Even in these circumstances, the client retains the right to a fair and timely review of their grievance.

To report abuse, neglect or exploitation call Abuse Hotline # 1-800-799-SAFE (National); 1-833-727-2335 (PA)

Report an Anonymous Concern



# Confidentiality & Limits of Confidentiality

The confidentiality of mental health, alcohol abuse, drug abuse, and/or eating disorder Client records maintained by this program are protected by Federal laws and regulations. Generally, the program may not say to a person outside the program that a Client attends the program, or disclose any information identifying a Client as an alcohol abuser, drug abuser UNLESS:

1. The Client consents in writing;
2. The disclosure is allowed by a court order;
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation;
4. The Client reports thoughts of suicide or homicide;
5. The Client reports child or elder abuse.

Violation of the Federal laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a Client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Clients attest to understanding that their records are protected under Federal Confidentiality regulations (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations) published August 10, 1987, and cannot be disclosed without their written consent unless otherwise provided in the regulations. Clients attest to understanding that their medical record may contain information concerning psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions.



# Consent to Treatment

1. Consent: I voluntarily consent to this admission to Sunlight Recovery Solutions.

2. Emergency Treatment and/or Hospital Transfer: I understand while at Sunlight Recovery Solutions, the need for emergency treatment and/or transfer to a hospital may become necessary and appropriate. Should the need for such treatment and/or transfer be deemed necessary and appropriate by my attending physician, their assistants and designees, I consent to such emergency treatment and/or transfer to a hospital and indemnify Sunlight Recovery Solutions and its staff, or any physician who may be in attendance, from any loss resulting from such emergency treatment and/or transfer.

3. Medical Consent: The Client is under the care of their attending physician, or the physician assigned by Sunlight Recovery Solutions, and the undersigned consents to examination and laboratory procedures. Medical treatment is rendered under the order of the physician, or his designee.

4. Consent for Labs: I understand I may be requested to provide a urine or blood sample upon admission, randomly, upon suspicion of drug or alcohol use, or at the request of any staff member, including but not limited to the physician, nurse practitioner, or physician assistant for treatment planning purposes. I hereby acknowledge these protocols and consent to the administration of any lab test requested. I also understand that these tests may or may not be covered by insurance and carry an extra cost which will be passed on to me for payment.

5. Conditions of Treatment: I acknowledge and understand that the practice of substance abuse treatment is not an exact science and that there are no promises or guarantees have been made to me regarding the final outcome of my treatment by Sunlight Recovery Solutions, and I do hereby absolve Sunlight Recovery Solutions from any liability in the event its treatment of my person is unsuccessful either in the short or long term or any events that may due to my addiction and/or treatment.

6. Rules & Regulations: I hereby agree to comply with and abide by the policies, rules, and regulations of Sunlight Recovery Solutions during my treatment.

7. Release of Information: I understand that Sunlight Recovery Solutions may disclose any part or all of my medical record to any person or corporation which is or may be liable under a contract to Sunlight Recovery Solutions, or the Client, or to a family member of the Client, including all or part of the facility charges. Sunlight Recovery Solutions may further disclose all or said part of the Client's record to the referring doctor, hospital, or clinic.

8. Personal Valuables: Sunlight Recovery Solutions shall not be liable for the loss or damage to any money, jewelry, eyeglasses, contact lenses, dentures, documents, or other articles of value of which is not placed in the safe.

9. Drugs: I agree that I shall neither use, nor keep, any drugs or drug appliance/apparatus not prescribed by or on behalf of the attending physician. All medications should be dispensed / taken as directed by the physician during the Client's current stay. Any such contraband found in the Client's possession will be removed and destroyed.

10. Authorization for Treatment: I agree I have voluntarily enrolled in treatment at Sunlight Recovery Solutions and do hereby voluntarily consent to such care-encompassing procedures and treatment by Sunlight Recovery Solutions that it's Director, employees, staff physician and designees deem necessary in their judgment.

11. Intern Disclosure: I understand that some services may be provided by an alcohol and drug counselor intern, social work or other discipline intern, under the clinical supervision of a qualified clinical supervisor. The clinical supervisor will oversee the treatment provided in such cases.

12. In consideration of the acceptance of the undersigned for voluntary care at Sunlight Recovery Solutions, I do hereby waive, release and indemnify Sunlight Recovery Solutions, it's officers, agents, employees and professional associates of all any kind of liability (legal, financial, medical, and otherwise) for any claim of loss or damages, because of any injuries, direct or indirect which may occur to me or to my family or friends, or for loss, damage or theft of any of my personal property during my enrollment, whether or not the professional associates, and whether or not such injury, loss of damage occurs on or off the premises or in or out of a vehicle, surveillance, or supervision of Sunlight Recovery Solutions, or its officers, agents, employees or professional associates.

I hereby certify that I am capable of mentally and physically sustaining my life.

The undersigned certifies to understand and agree to above, receiving a copy thereof, and is the Client, or is duly authorized by and on behalf of the Client to execute the above and accepts its terms personally and upon the Client's behalf.

## CONFIDENTIALITY IN GROUP



To reinforce the feelings of closeness and willingness to share with others your feelings, thoughts and consequences of your dependency, confidentiality is a must in group therapy. Use this as your golden rule: What is said in Group, stays in Group. Breaking this rule violates the trust of the total group and the effectiveness of group therapy is lost.

The following guidelines will help you maintain this rule:

1. Group issues are not discussed with others outside your group.
2. Do not discuss group issues with your roommate unless he/she is in your group.
3. Do not discuss at any outside meetings or places where others may overhear you.

Your group therapists have the same responsibilities for group confidentiality as you, with the exception that your therapists share group issues and your participation in the group process with other staff members. This is a vital part of the staff team approach to support you in your recovery.

The staff values your confidentiality so highly that anyone who breaks confidentiality - whether to another Client of Sunlight Recovery Solutions, or to family, significant others, etc., may be subject to discharge from this program.

## Program Rules & Regulations



1. Use of alcohol or other drugs and/or bringing alcohol, drugs or other substances on premises is grounds for immediate discharge from the program.
2. Possession of weapons, acts of violence, or threats of violence are grounds for immediate discharge.
3. Smoking or the use of smokeless tobacco, including vape pen products are allowed in designated outside areas only.
4. Clients must attend all treatment activities unless excused by staff.
5. Program vehicles are to be operated by only by staff.
6. If you see something, say something, rule violations not reported to staff may result in discharge from the program.
7. Clients will respect the personal property of other Clients and staff. Clients will not borrow the property of others.
8. Clients are responsible for their behavior and are expected to communicate, cooperate, and show respect to other Clients and staff.
9. All visitors must be pre-approved by staff.
10. Failure to abide by program rules may result in administrative discharge.
11. Sexual relationships with peers are grounds for dismissal as they are considered detrimental to the community and to the individual's recovery process.
12. Being on time to all scheduled activities is required.
13. All treatment assignments are to be completed in a timely manner.
14. If you don't know, ask.
15. Verbal abuse of staff and clients is not permitted.
16. Gambling is not permitted.
17. Logos on clothing that are gang or drug related are not permitted.
18. Appropriate attire is required. No tank tops, halter-tops, backless or low-cut clothing. No short shorts, or other tight clothing is permitted. Undergarments must be worn at all times.
19. No medications of any kind are allowed unless approved and prescribed by your physician.
20. No stealing, borrowing, or lending of money is permitted.
21. Phones are to be stored with sounds off while in treatment to minimize distractions and maximize treatment.
22. No use of video or audio recording devices is permitted.
23. No material other than recovery related material.
24. Knowledge and awareness of all rules is expected.
25. These rules are not exhaustive and do not cover every possible scenario. Behavior that undermines treatment rules and expectations will not be tolerated.
26. Violation of these rules will result in consequences and may result in dismissal from the program. Illegal activity is subject to administrative discharge and criminal prosecution regardless of whether charges are filed.

# Infection Control

Universal Precautions refer to the usual and ordinary steps you need to take in order to reduce the risk of infectious disease such as HIV or Hepatitis C. The prevention of transmission of infectious diseases is based on the avoidance of skin and mucous membrane contact with blood and other body fluids.

## AVOID UNNECESSARY RISKS

-If a fellow patient or client needs assistance, please call a staff member immediately.

- When avoidable, don't expose yourself to other person's blood or body fluids.
- Never share needles, razors or any other personal sharp objects.
- Always call on trained individuals to clean up blood or other body fluid spills.
- If you have sustained an exposure or puncture wound, immediately flush the exposed area and notify a staff member.



## RESPIRATORY HYGIENE/COUGH ETIQUETTE:

Respiratory Hygiene/Cough Etiquette is an important element of Standard Precautions. As a result, Sunlight Recovery Solutions has implemented various mechanisms and tools in an attempt to educate and inform patients, volunteers, and staff. Throughout the main areas, group rooms, kitchen, offices and all bathrooms we have placed informative/education based laminate signs that promote Cough Etiquette. Additionally, non-alcohol based hand sanitizers have been placed throughout the facility to ensure cleanliness of hands after a possible sneeze or cough. Further, paper towels/napkins in close proximity to trash receptacles are also located throughout the facility to cough or sneeze into.

## HANDWASHING

Following safe hand washing practices is important in Sunlight Recovery Solutions. The goal in our organization is to improve hand hygiene compliance amongst staff and patients. Hand washing can lessen the ability to transmit diseases like the common cold and the flu, along with more serious illnesses, which is important with the population we serve. Presently, signs are posted in the bathrooms on hand washing and all employees are educated on the company policy regarding hand washing. Hand sanitizers are provided for staff, and in areas that can be safely supervised by staff. They are especially encouraged to be used in cold and flu season. Frequently used equipment such as telephones, computer keyboards and similar items are breeding grounds for bacteria. Our goal is to limit exposure and follow basic hygiene practices and improve staff and patient compliance with hand washing. By improving Handwashing, limits the exposure to airborne illnesses such as but not limited to, influenza.





# Urine Testing

Urine drug testing at Sunlight Wellness & Recovery is conducted in compliance with federal and state regulations and to support patient recovery through accurate and dignified substance monitoring.

## 1. Testing Frequency

- An initial drug-screening urinalysis shall be completed for each prospective patient prior to admission.
- Random urinalysis shall be conducted randomly for all patients in the program.
- Additional testing may be conducted based on clinical judgment, treatment plan requirements, or as required by referral sources with appropriate consent.

## 2. Required Substances for Testing

- All urine tests may include, but is not limited to, screening for the following substances:
- Opiates
- Methadone
- Amphetamines
- Barbiturates
- Cocaine
- Benzodiazepines
- Ethoh (Alcohol)
- And other substances as deemed necessary by the Clinical Team.

## 3. SPECIMEN COLLECTION PROCEDURES

### 1. Ensuring Specimen Integrity

- To ensure that urine collected from patients is unadulterated:
- Temperature strips shall be used on all specimen containers to verify appropriate temperature (90-100°F).
- Specific gravity and creatinine levels shall be tested on all specimens to identify potential dilution.
- Patients shall be asked to leave outer garments, bags, and other personal items outside the collection area.
- Colored dye shall be added to toilet water in collection facilities.

### 3. Specimen Identification and Chain of Custody

- To minimize misidentification of urine specimens and ensure that tested specimens can be traced to the donor:
  - Each specimen container shall be labeled with the patient's unique identifier at time of collection.
  - Specimens shall be stored in a secure location with controlled access until transport to the laboratory.
  - Any break in the chain of custody shall result in specimen invalidation and recollection.
  - Written agreements with testing laboratories shall specify testing procedures, turnaround times, and reporting protocols.

### 2. Result Reporting and Clinical Response

- Positive test results shall be reviewed by clinical staff and discussed with the patient.
- Treatment plans shall be adjusted as clinically indicated based on test results.
- Recurring positive results shall trigger a treatment team review.
- False positives shall be investigated and documented appropriately.

# Activities Release & Waiver of Liability

**Notice:** This form contains a release and waiver of liability and when signed is a contract between the undersigned participant and Sunlight Recovery Solutions with legal consequences. Please read this Agreement, consisting of one (1) pages in its entirety, carefully before signing your name at the bottom of the page. This form must be signed in the presence of one (1) witness who should sign as witness.

**Date of Execution of Release and Waiver of Liability:**

The undersigned agrees that this “Activities Release and Waiver of Liability” form agreement is valid from the date of execution through the date of discharge.

**Acknowledgments and Representations by Client:**

The undersigned is currently a client of Sunlight Recovery Solutions. The undersigned has voluntarily consented to participate in voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and other such type of voluntary sports or physical activities, which may not be specifically identified herein, while being a client at such facility. The undersigned acknowledges and represents that his participation in such sports activities and physical activities is not a mandatory requirement of Sunlight Recovery Solutions, and that any participation by the undersigned in any and all sports related activities and physical activities, is purely voluntary and of the undersigned's own free will. The undersigned acknowledges and represents that there has been no coercion or force on the part of Sunlight Recovery Solutions for the undersigned to execute this release and waiver of liability agreement. The undersigned has knowingly, freely and voluntarily consented to execute this release and waiver of liability agreement. The undersigned acknowledges and understands that it is the undersigned's sole decision to participate in such voluntary activities. The undersigned acknowledges and represents that he has been informed that he has an absolute right to refuse to participate in any and all sports related activities or physical activities.

To Sunlight Recovery Solutions: In consideration of the opportunity afforded to me, by Sunlight Recovery Solutions, to participate in voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, the undersigned client freely agrees to make the following contractual representations and agreements with Sunlight Recovery Solutions.

The undersigned client, does hereby knowingly, freely, and voluntarily assume all liability for any damage or injury that may occur as a result of my (or my dependent/ward) participation in the activities described herein and agree to release, waive, discharge, and covenant not to sue Sunlight Recovery Solutions, its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of participation in the activities described herein, whether caused in whole or in part by the negligence of Sunlight Recovery Solutions, or otherwise.

The undersigned client, has read this form, fully understand its terms, and understand that, I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law, and I agree that if any portion of this contract is held to be invalid the balance notwithstanding, shall continue in full legal force and effect.

I also agree, that the rules provided to me by the Sunlight Recovery Solutions, will be followed during the course of my voluntary participation in the activities described herein. Otherwise, my privilege of participating in such activities will be revoked immediately. Each client must sign a release and waiver of liability form in order to participate in the voluntary activities described herein. I acknowledge that due to the nature of the activities described herein, Sunlight Recovery Solutions staff will not be able to prevent injuries from occurring during the course of such activities; therefore, I am choosing to participate in such activities at my own risk and agree to assume all risks associated therewith.

**Indemnification of Sunlight Recovery Solutions:** The undersigned client shall at all times hereafter indemnify, hold harmless and, at Sunlight Recovery Solutions Attorney's option, defend or pay for an attorney selected by Sunlight Recovery Solutions to defend Sunlight Recovery Solutions, its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of the client, other clients, Sunlight Recovery Solutions, its employees, agents, servants, or officers, or accruing, resulting from, or related to the undersigned client engaging in any voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. The provisions of this section shall survive the expiration or earlier termination of this Agreement or the discharge of the client from the residential/outpatient facility operated by Sunlight Recovery Solutions.





## Emergency Evacuation Procedures:

- In case of emergency, clients and/or staff shall immediately call 911
- In the event of an emergency requiring evacuation or shelter in place, (fire, flood, weather), instructions will be provided.
- Evacuation meet point is in the grassy area between Sunlight Wellness & Recovery and the shopping center.
- Shelter in place in the hallway between the group rooms.
- Evacuation plans are located in each room.
- Emergency exits are at the front and rear of the office suite.





## Cell Phone & Attendance Policies



As part of your commitment to the therapeutic process and respect for fellow group members, you agreed to the following:

### Cell Phone Use



During Group Therapy Sessions:

- Cell phones must be turned off or placed in silent mode before entering the group room
- No use of cell phones, tablets, or other electronic devices during group sessions
- Devices should be stored out of sight (in bags, pockets, or designated areas)
- Emergency exceptions may be made only with prior approval from the group facilitator

This agreement ensures:

- Full engagement in the therapeutic process
- Respect for other group members' privacy and sharing
- Maintenance of confidentiality
- Creation of a safe, distraction-free environment
- Development of present-moment awareness and interpersonal skills

As part of your commitment to the therapeutic process and respect for fellow group members, you agreed to the following attendance requirements:

Regular Attendance:

- Attend all scheduled group therapy sessions as outlined in your treatment plan
- Commit to consistent participation for the duration of the group cycle
- Notify the therapist at least 24 hours in advance of any anticipated absence when possible
- Understand that regular attendance is essential for therapeutic progress and group cohesion
- Punctuality:
- Arrive on time for all group sessions (sessions begin promptly at 9 AM, 12:30 PM & 6 PM)
- Plan to arrive 5-10 minutes early to allow for check-in and transition
- Enter quietly if arriving late to minimize disruption to the group process
- Remain for the entire session unless granted prior permission to leave early



This policy ensures:

- Continuity of care and therapeutic progress
- Maintenance of group cohesion and trust
- Respect for other members' time and commitment
- Optimal use of therapeutic resources
- Development of accountability and reliability skills

Allowable Absences:

- Medical emergencies or serious illness
- Pre-approved appointments (medical, legal, work-related with advance notice)
- Family emergencies (with notification as soon as possible)
- Severe weather or transportation issues

# 04

## Referral Resources





## Referral Resources & Information

Please Reach Out To Your Primary Therapist Or Our Main Office For Referral Support. However, If In Need Of Any Crisis Services In-Between Appointments, Future Reference, Or For Immediate Crisis Support, You May Contact The Following Local And National Referral Sources Below:

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### Mental Health

- \* Bucks County Mental Health 24-Hour Crisis Intervention: 1-800-499-7455
- \* Lenape Valley Mental Health Crisis Centers:
  - \* Central Bucks Area: 215-345-2273
  - \* Lower Bucks Area: 215-785-9765
  - \* Warm Line: 215-896-9717
- \* St. Luke's Penn Foundation Crisis Center (Upper Bucks County): 215-257-6551
  - \* National Suicide and Crisis Lifeline: 988
  - \* Domestic Violence Hotline: 1-800-799-7233
  - \* Childline: 1-800-932-0313
- \* 911- Emergency Services (Police, Fire, Medical)
- \* Bucks County Non-Emergency Police Dispatch- 215-357-8700

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### Substance Abuse

- \* Magellan Health Services: 1-877-769-9784
- \* PA Drug and Alcohol Helpline- 1-800-662-HELP (4357)
- \* SAMHSA Treatment Information Hotline: 1-800-662-4357
- \* Bucks County Drug & Alcohol Commission- 215-444-2730

Your well-being is important to us, and we encourage you to seek support whenever needed. Please don't hesitate to reach out if you have any questions or require further assistance.