



**MIRROR
RESIDENTIAL REENTRY CENTER
3820 NORTH TOBEN STREET
WICHITA, KS 67226-2903**

Welcome to Mirror Wichita RRC (Residential Reentry Center),

Mirror, established in 1972, is a not-for-profit private corporation that provides substance use treatment, reentry, employment, and prevention services to individuals in need. Mirror serves as a Regional Residential Reentry Center for individuals releasing from Federal Bureau of Prisons facilities and returning to Wichita, KS, and the surrounding areas. Residents are placed at the Residential Reentry Center (RRC) to complete the remainder of their term of incarceration as they transition back into the community.

We assist residents in obtaining employment, securing suitable housing, and building support networks and accessing services within the community as they transition from the Federal Bureau of Prisons to the jurisdiction of the United States Probation Office. The goal of our program is to support residents in making a successful transition back into the community.

Accountability and security are paramount at the reentry center. RRC staff utilize a variety of evidence-based measures to ensure the safety of the community, staff, and residents. These measures include, but are not limited to, GPS tracking, facility access and exit systems, camera systems, physical and telephonic monitoring, electronic records systems, headcounts, pat searches, facility searches, breathalyzer testing, and drug testing.

In addition to maintaining accountability and security, the reentry center focuses on proactively assisting residents in developing prosocial skills necessary for a successful transition. This is accomplished by employing professional staff who utilize proven methods to motivate residents to engage in employment opportunities, secure housing, reintegrate into family dynamics, address mental health, medical, and substance use treatment needs, and establish appropriate support systems within the community.

The goal of the residential reentry program is to provide an environment in which residents can successfully transition back into the community. Spending time with family and loved ones during residency at the RRC is an important part of returning as whole, healthy, and productive individuals.

Melissa M. Goodman
MELISSA GOODMAN
Vice President, Reentry Services
MIRROR

Jason A. McAndrews
JASON MCANDREWS
Director, Residential Reentry
MIRROR



Residential Reentry Center (RRC)-Resident PREA Handbook (Intake)

Mirror has a ZERO-TOLERANCE policy regarding sexual abuse and sexual harassment within its residential programs/facilities. In accordance with the Prison Rape Elimination Act (PREA), Mirror is committed to ensuring a safe and humane environment for all residents, where residents have the right to be free from sexual misconduct/abuse. The purpose of this guide is to ensure residents are aware of the safeguards that exist for their protection. Any resident who is the victim or is aware of an incident of sexual misconduct/abuse should report the incident to staff or investigators immediately. All reports will be investigated thoroughly and with respect to the residents' safety, dignity, and privacy, without fear of retaliation.

Definitions

Sexual abuse: includes

1. Sexual abuse of a resident by another resident; and
2. Sexual abuse of a resident by a staff member, contractor, or volunteer

Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

3. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
4. Contact between the mouth and the penis, vulva, or anus.
5. Penetration of the anal or genital opening of another person, however slight, by hand, finger, object, or other instrument, and
6. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to physical altercation.

Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident:

7. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
8. Contact between the mouth and the penis, vulva, or anus.
9. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
10. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
11. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
12. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in this section
13. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks or breast in the presence of a resident, and
14. Voyeurism by a staff member, contractor, or volunteer.



Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is changing clothes in his/her room; requiring a resident to expose his/her buttocks, genitals, or breasts outside of an approved strip search; or taking images of all or part of a residents naked body or of an inmate.

Sexual harassment includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Staff Sexual Misconduct – the following acts when performed by a staff member, contractor, or volunteer when directed at a resident for the purpose of gratifying the sexual desire(s) of any person, encouraging a resident to engage in staff sexual misconduct:

1. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in this guide.
2. Any display by a staff member, contractor, or volunteer of his/her uncovered genitalia, buttocks, or breast in the presence of a resident.
3. Voyeurism by a staff member, contractor, or volunteer.
4. Unwelcome sexual advances, or requests for sexual favors.
5. Dealing, offering, receiving, or giving favors or attention to an offender for purposes of grooming, bribing, or otherwise seeking to engage a resident in activities prohibited by policy.
6. Attempting to perform acts prohibited by this policy; and
7. Aiding or abetting another person to perform acts prohibited by this policy.

Your Rights

No one has the right to pressure you to engage in sexual acts. You do not have to tolerate sexual assault or pressure to engage in unwanted sexual behavior regardless of your age, size, race, ethnicity, or sexual orientation. Sexual acts or sexual contact between any staff person and a resident, even if the resident consents, initiates, or pursues, are always prohibited.

What to do if You Have Been Sexually Assaulted

- **Get to a safe place.**
- **Even if you want to clean up immediately after the assault, it is important to save any evidence.**
- **Don't use the bathroom, brush your teeth, shower, change your clothes, or eat.**
- **Save sheets and any clothing that was involved in the incident**
- **Report the sexual assault.**
- **Once sexual abuse is reported, an investigation will begin.**



Reporting Sexual Misconduct/Abuse

Sexual misconduct/abuse must be reported before action can be taken. Do not rely on anyone else to report misconduct/abuse – when it is experienced or seen report it immediately. There are several ways you may make a confidential report, and you are encouraged to use the reporting method with which you are most comfortable.

- Notify any Mirror staff member. It is part of their job to report any allegation, ensure the resident's safety, and maintain confidentiality
- Notify your Case Manager in person, in writing, or by telephone
- Notify your probation or parole officer
- Placing a grievance in the locked grievance box at the key (which is checked once each business day)
- Placing a note in the PREA Compliance Manager's box (RRC Director)
- Making a written or verbal report to any Mirror employee
- Making a report to the Vice President of Reentry by mail, email, or phone:
 - Melissa Goodman
107 SW 6th Ave, Suite 200
Topeka, KS
316-283-6743
mgoodman@mirrorinc.org
- Contact the National PREA Coordinator/Office of Internal Affairs by calling 1-800-457-2598
- Making a written report to:
Office of Inspector General
U.S. Department of Justice
Investigations Division
950 Pennsylvania Avenue, N.W.
Room 4706
Washington, DC 20530
- Contact the police by calling 911

Services and Protection for Victims of Sexual Assault

Any resident who alleges that he/she has been sexually assaulted will be offered immediate protection and will be referred for a medical examination and a support/advocacy agency.

Do not shower, brush teeth, or wash clothes or underclothing. This could wash away hair or other bodily fluids, which are critical evidence. Also, save anything that touched the perpetrator (e.g., a condom, tissue or a towel, or anything that he/she left behind. You will be checked for the presence of physical evidence which supports your allegation. A medical professional will perform a pelvic and/or rectal examination to obtain samples of or document the existence of physical evidence such as hair, body fluids, tears, or abrasions which remain after the assault.

All medical services resulting from sexual abuse/assault occurring in or facility, or by a facility staff person outside while you are a resident of the facility, will be free of charge for the victim. In these cases, residents will be referred for medical services to Via Christi-St. Joseph Hospital.



If you have been the victim of an assault by a staff person, resident(s) or other individual, you may seek crisis support, victim advocacy, and counseling. If you are the victim of sexual abuse/assault, a crisis support/victim advocacy agency will be contacted for you; however, you may contact a 24-hour Crisis Hotline through the Wichita Area Sexual Assault Center (WASAC) at 316-263-0185. If you wish to call a local number to obtain advocacy, call Wichita Area Sexual Assault Center (WASAC) at 316-263-0185 during the hours of 8:00 am to 5:00 pm, Monday-Friday. **To make a report 24/7, please contact the National PREA Coordinator/Office of Internal Affairs at 800-457-2598.** You have the right to refuse any medical or mental health services offered to you. These services are free and confidential. Please know the WASAC is not subject to mandatory reporting laws; however, local law enforcement, RRC staff, and hospitals are mandated reporters of abuse or neglect.

The Investigation Process

Mirror staff will take seriously and review all allegations of sexual misconduct/abuse. Allegations will be investigated by Mirror unless the allegation is of criminal nature, in which case the allegation will be referred to local law enforcement. The investigation may also include staff from the appropriate corrections contracting body (Federal Bureau of Prisons). The purpose of the investigation is to determine the nature and extent of the misconduct. You may be asked to give a statement during the investigation. If criminal charges are brought, you may be asked to testify during the criminal proceedings.

Keep in mind, a thorough review and/or investigation takes time. Information must clearly support or refute any allegation with evidence, information gathered from witnesses, and documentation. After the review of investigation is finished, one of the following decisions will be reached:

- There is sufficient evidence to conclude the allegation is true.
- There is insufficient evidence to conclude the allegation is or is not true.
- There is enough evidence to prove the allegation is not true. Residents who make a report or allegation in good faith will not be disciplined in any way. However, if it is determined that a resident knowingly made a false allegation of sexual assault, the appropriate corrections contracting body will be notified and may take steps to notify the Federal Probation Office, Bureau of Prisons, or take other disciplinary steps.
- There is not enough evidence to prove the allegation is true, but there is evidence to prove another law, policy, or rule was violated.

When an allegation is proven to be true, a staff member or a resident who sexually abuses or assaults a resident may be disciplined up to and including removal from employment with Mirror and/or prosecution.

Avoiding Sexual Assault

Here are some things you can do to protect yourself against sexual assault:

- Carry yourself in a confident manner at all times. Do not permit your emotions (fear/anxiety) to be obvious to others.
- Do not accept gifts or favors from others. Most gifts or favors come with strings attached to them.
- Find a staff member with whom you feel comfortable discussing your fears and concerns.



- Do not accept an offer from another resident to be your protector.
- Be alert! Do not use contraband substances such as drugs or alcohol; these can weaken your ability to stay alert and make good judgments.
- Be direct and firm if others ask you to do something you do not want to do. Do not give mixed messages to other inmates regarding your wishes for sexual activity.
- Choose your associates wisely. Look for people who are involved in positive activities like educational programs, psychology groups, or religious services. Get involved in these activities yourself.
- Trust your instincts. If you sense that a situation may be dangerous, it probably is. If you are afraid for your safety, report your concerns to staff.

Remember:

Sexual assault is a serious crime. All reported incidents of sexual assault will be investigated. If you are a victim of such an assault, REPORT IT IMMEDIATELY. You will be protected from the assailant.

Staff or residents who engage in sexual abuse or assault of residents will be investigated by law enforcement authorities and if found guilty will be subject to a full range of criminal and administrative sanctions.

Any sexual act between inmates and staff (even when no objection is raised) is ALWAYS illegal.

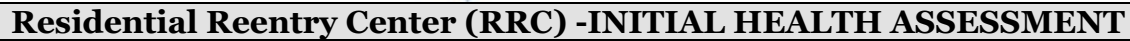
It is NEVER appropriate for a staff member to make sexual advances, comments or to engage in sexual contact with a resident. Even if the resident wants to be involved with the staff member, the staff member is not allowed to respond. It is not appropriate for a resident to approach a staff member sexually.

I acknowledge by signing below that I have reviewed the Mirror PREA Resident Handbook.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

RRC Case Manager (Signature): _____ Date: _____





Residential Reentry Center (RRC)- CONSENT FOR EMERGENCY HEALTH CARE

I, _____, REG#, _____ understand that while I am a resident of a Mirror, Inc. Residential Reentry Center or Work Release Program, I must seek and accept emergency medical care when injury or illness occurs.

If I am unconscious or otherwise unable to act on my own behalf, I authorize Mirror, Inc. staff and emergency medical personnel to obtain medical treatment for me, including ambulance transport when necessary.

Even if I am conscious and aware, if I am instructed by Mirror Inc. staff or emergency responders to be transported by ambulance, I will comply and follow all medical and safety instructions without refusal.

Initials _____

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

Note: I understand that failure to obtain or accept required medical care, including refusal of ambulance transport, may impact my *placement* and may be reported to the Federal Bureau of Prisons and or the United States Probation Office.





Residential Reentry Center (RRC) – Management of Prescribed Medications

RRC Resident Personal Property

This procedure is a supplement to the Mirror policies concerning the management of resident medications. Mirror does not employ staff approved by the State of Kansas to dispense or administer medications. RRC Residents must be able to self-medicate or obtain the assistance of a qualified health care provider in the community. All RRC staff are expected to be familiar with this entire procedure and the Mirror management of RRC resident medications policy. This procedure has been written to cover as many contingencies as possible, but some exceptions may be made for individual RRC residents.

PRN (As Needed Medication)

PRN medication should be monitored closely. PRN means the medication may be taken by the individual on an “**As Needed**” basis and in most cases, limitations are placed on frequency and total dosage. Prior to an RRC resident taking the medication, staff will check the last time the resident took the medication and total doses. In addition, staff will be alert to patterns. RRC staff shall report any concerns about the amount and frequency sought by residents to the Program Director or RRC designee. Residents will only be allowed to take medication exactly as prescribed.

RRC Resident Medication Storage and Refill Notification Requirements

- RRC residents **MUST** notify RRC staff when they have a two-week supply of medication remaining to ensure timely refills and uninterrupted treatment.
- RRC residents **MUST** store all issued medications in their assigned front locker inside a designated medication bag to maintain security, accountability, and privacy standards.
- Medication counts for “Keep on Person” medication will be documented for residents in their Individualized Program Plan. **Please bring your medication bag to each review you have with your Case Manager.**
- Noncompliance with medication will be reported to the BOP and/or USPO. For you to be at the RRC, you must remain med-compliant for your entire stay both in-house and while on home confinement.
- If you are prescribed insulin, needles and supplies will be stored in the tech office. Needles must be disposed of in a Sharps container. Blood sugar levels must be reported to staff for documentation purposes. It is vital that you follow your doctor’s orders when monitoring blood sugar levels and dietary guidelines.

Medication Lock Box - Medication Counts of Narcotics

ALL Narcotics/Controlled Substances shall be stored in a secured lockbox in the RRC tech office. A full count of all **Narcotics/Controlled Substances** must be completed at every shift change before oncoming staff assume responsibility. Two staff members are required to verify and sign that the count is accurate.

ANY medication discrepancy must be reported immediately to the Program Director. RRC staff should limit handling of medications and maintain heightened supervision when residents receive medications to prevent diversion, misuse, or overconsumption.



Admission Medication

Upon admission to the RRC, all medications in a RRC resident's possession must be immediately surrendered to RRC staff.

RRC residents will be advised of this requirement at intake and must disclose whether they have any medications on their person or in their belongings. Prescription medications must be provided in the original pharmacy labeled container or with official documentation identifying the medication name, dosage, administration schedule, and prescribing provider. Medication samples or non-pharmacy issued prescriptions must be accompanied by written authorization from the prescribing provider containing the same information. Failure to disclose or surrender medications is an RRC violation.

Medication Obtained After Admission

Any medication received by a RRC resident after admission must be immediately reported to and surrendered to RRC staff in accordance with facility medication management procedures.

Over the Counter (OTC) Medication

OTC medication must be turned over to RRC staff. Medication should be unopened and must remain in its original packaging for the duration of your RRC placement (i.e., you should not put Tylenol in a bottle for cold medicine). Residents are not permitted to bring open containers of OTC medications into the facility. Residents must keep all OTC in the original packaging. Any OTC not in the original packaging will be considered contraband and disposed per policy. Mirror retains the right to determine which OTC medications will be permitted within the facility. Dietary or protein supplements will NOT be permitted in the facility unless ordered by a physician to treat a medical condition.

Providing Access to Narcotics or Controlled Substance Medications

When controlled access to prescribed medication is needed, RRC staff will first review the date and time the medication was last taken from the controlled substance distribution log and on the computer to verify times. If the frequency of time is outside the prescribed instructions, the medications will not be provided to the resident:

- *Example: narcotic was last taken 4/4/xx at 9 am. Resident is trying to take his second dosage 4/4/xx at 1 pm; the prescription instructions on the bottle states "three times a day every six hours". This is outside the prescribed instructions and should NOT be made available to the resident. The resident should be told proper time they can take their medication.*
- When a RRC resident has consumed the medication, RRC staff will request the RRC resident open their mouth and lift their tongue to ensure the RRC resident is not attempting to retain their medication. The RRC staff and resident are both required to initial for documentation purposes. RRC staff will return the medication to the locked box where narcotics and/or controlled substances are stored.
- RRC residents are authorized to take their medication bottle(s) while at work or on approved pass/furlough; residents are to only take the prescribed dosage. The issuance



will be documented in the medication log, including the time the medication was released. Medication returned upon reentry to the RRC must also be documented. Failure to comply with medication issuance and return procedures is an RRC violation.

- RRC residents prescribed narcotic analgesic medication (pain medication) will be closely monitored by the Program Director. During non-business hours, any questions concerning this type of medication will be directed to the Program Director or the on-call staff member. Staff are alert when a resident returns from a doctor or dentist appointment to ensure any prescribed medication is logged into the facility along with documentation shared by the doctor. This is especially important when a resident returns from a visit to an emergency room or urgent care facility since residents may obtain pain medication or other medications with a potential for abuse.

Medication Upon Release

Upon discharge from the RRC, the RRC staff member responsible for the discharge will provide all remaining medication to the RRC resident and note the balance returned in the official record. The goal for Mirror staff is to foster the discharge of a RRC resident with a supply of at least a **30-day** supply of medication. Please communicate with your RRC Case Manager **60 days** ahead of your release to ensure you have enough medication to establish services upon your release.

Adverse Reactions

ANY adverse reaction to medication must be reported immediately to RRC. You must inform the prescribing physician immediately as well (during their office hours if non-emergent).

Disposal Policy

ANY Medications left behind by RRC residents due to escape, absconding, or abandonment will be treated as unclaimed and disposed of through an approved medication repository or authorized pharmaceutical disposal process in accordance with RRC policy.

Medical Attention

You are required to alert RRC staff immediately if you need medical attention. For any potentially life-threatening symptoms, you will be required to be assessed by medical professionals. Life threatening symptoms can be, but are not limited to chest pain, difficulty breathing, sudden confusion, loss of consciousness, severe headache, confusion/altered mental state, heavy bleeding, signs of stroke (weakness, vision changes, trouble speaking, intense abdominal pain. If a symptom feels severe and sudden, seek urgent help.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

RRC Case Manager (Review): _____ Date: _____

(Refusing medical attention could result in your discharge from the RRC)



**Residential Reentry Center (RRC)
Conditions of Residence in Community Programs**

I, _____, REG#, _____ hereby authorize employees of the U.S. Department of Justice and employees of any facility contracting with the U.S. Department of Justice to release any and all of the contents of information in my inmate central file to educational facilities, social agencies, prospective employers, etc., for the purpose of assisting in all phases of community programming and release planning. I also authorize the above persons to advise prospective employers that I am currently in the custody of the U.S. Attorney General serving sentence or under the supervision of the U.S. Parole Commission or the U.S. Probation Office. This consent will remain in effect until my release from supervision or until revoked in writing by me. Revocation of this authorization may result in my removal from a community-based correctional program.

I understand that urinalysis or other Bureau of Prisons–authorized testing to detect unauthorized drug or alcohol use, including synthetic substances such as K-2, may be required as a condition of residence in a Residential Reentry Center or work release program. If required, I agree to submit to such testing. I further understand that the ingestion of poppy seed products may result in a positive test result for unauthorized drug use and is therefore prohibited. **Initials** _____

I understand that while a resident of a Residential Reentry Center or work release program, I am required to comply with all program rules, regulations, and conditions as established by the Bureau of Prisons, the Residential Reentry Center, and supervising authorities. I further understand that failure to comply may result in disciplinary proceedings and the imposition of sanctions, up to and including removal or expulsion from the program, and notification to the Bureau of Prisons and/or the supervising U.S. Probation Officer. **Initials** _____

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC) - Resident Movement & Accountability Policy

Resident Movement Authorization

- All resident movements must be **approved by the Case Manager** and documented.
- A **Sign-Out/Sign-In Log** will be maintained in each tech office.
- Only Case Managers may authorize movement.
- Residents must provide destination, purpose, contact information, transportation method, and expected return time for each sign-out.

Verification of Resident Movement

- Staff will monitor and verify approved movement via GPS.
- **Transportation:**
 - Only approved visitors may transport residents unless otherwise authorized.
 - Drivers must provide valid license, registration, and insurance documentation.

Late Returns

- Staff will **immediately notify the Director** when a resident is late returning from any authorized activity.

Work & Program Routes

- Residents must provide and follow the **most direct route** to and from approved locations.
- No stops are permitted without prior Case Manager approval.

Use of Vehicles

- Approved residents may maintain a vehicle onsite with proof of title, registration, and insurance.
- If not owner, a notarized permission statement is required.
- Residents may not transport other residents without Director approval.



Registration Requirements

- Residents required to register (violent/sex offenses/drug offenders) will receive written instructions.
- Discharge procedures for address changes will be provided.

Census Verification

- Random head counts will be conducted hourly during day and evening shifts.
- Documentation will be completed according to the established procedure.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

NOTE: These policies are in place to promote RRC resident safety, accountability, and successful community reintegration while ensuring compliance with Bureau of Prisons (BOP) requirements. Adherence to these standards supports fairness, consistency, and clear expectations for RRC residents and RRC staff alike. Understanding and following these policies is a shared responsibility and is essential to maintaining RRC program integrity and community trust.



Residential Reentry Center (RRC) – Facility Rules of Conduct

1. Beds must be made, and rooms must be kept neat and orderly at all times.
2. All trashcans will be emptied daily.
3. Clothing, bed linens, and towels must be washed at least once per week. Posted laundry hours **must** be observed.
4. All food and beverage items **must** be stored in the resident's assigned locker. Food and beverages may only be consumed in designated eating areas and are **NOT** permitted in sleeping areas or other unauthorized locations.
5. Bed checks are conducted during overnight hours. RRC residents experiencing a physical or emotional issue during the night may report to the RRC tech office in their building to speak with the RRC staff member on duty.
6. RRC residents are **NOT** permitted to enter bedrooms or dormitory areas other than their own without staff authorization.
7. Nothing may be left on the bunk when not in use. Towels and washcloths must be hung on designated hooks, placed inside the locker, or hung only at the foot of the bunk.
8. Clothing, towels, or other items may not be hung on the bunk or along the sides of the bunk in a manner that obstructs RRC staff view of a RRC resident's body.
9. RRC residents must be fully clothed and wear footwear at **ALL** times while in all common areas of the RRC facility.
10. **Facility Dress Code** is as follows:

- Cut-off shorts of any kind are not permitted.
- Sleeveless shirts, tank tops, and A-shirts are not permitted.
- Shorts and skirts must extend to at least mid-thigh for all visitors.
- See-through or transparent clothing is not permitted.
- Hats, caps, and other headgear must be removed prior to entering the facility.
- Clothing that promotes or advertises alcohol, drugs, sexual content, or violence is not permitted.
- RRC residents may not wear revealing or mid-riff clothing.

11. Residents are required to bathe or shower daily. Indigent residents will be provided with general hygiene items by RRC staff.
12. Borrowing, loaning, or trading of personal property is prohibited.
13. Headphones must be used at all times while inside the RRC facility when using personal audio or electronic devices.
14. Heat-producing items are **prohibited** in rooms and dormitory areas. Extension cords are **NOT** permitted in rooms or dorms at any time.
15. **Recreation:**

- Residents may utilize the approved Exercise and Walking Route by submitting the appropriate Program Activity Form to their assigned RRC Case Manager for approval.
- As RRC residents gain community access, outside recreation at a public facility may be approved. Use of public facilities must be discussed with the assigned RRC Case Manager in advance. Any dues, fees, or related costs are the sole financial responsibility of the RRC resident.



16. Due to confidentiality, RRC residents are not allowed inside group rooms when group meetings are being held.
17. You must knock and wait for permission to enter **ANY** RRC staff office.
18. It is the RRC resident's responsibility to sign up for a sack lunch and/or late tray if he/she is not present for the posted mealtimes.
19. If you have any questions, ask RRC staff.
20. Show respect to others and their property.
21. **No** profanity or profane gestures.
22. **No** use or possession of drugs and/or alcohol including paraphernalia.
23. **No** violence or threats of violence.
24. **No** sexual contact on the premises.
25. Residents are expected to obey local, state, and federal laws.
26. **No** possession of weapons.
27. Smoking is permitted in designated areas only (OUTSIDE).
28. **No** contraband (this includes pornography).
29. **No** gang representations.
30. **No** refusal to participate in any assigned activities.
31. **No** racial, ethnic, or sexual slurs.
32. **No** gambling.
33. RRC clients will not be in a position of authority over another RRC client.
34. RRC residents will follow all rules, policies and guidelines of Mirror.
35. You are responsible for learning and knowing the rules of the program.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

NOTE: Compliance with these requirements is mandatory as a condition of placement at the RRC. Failure to comply may result in disciplinary or administrative action in accordance with applicable policies and procedures. RRC residents acknowledge responsibility for knowing and following all program rules.



Residential Reentry Center (RRC) – RESIDENT EXPECTATIONS

Contraband and Prohibited Materials

The following items are considered contraband because they constitute sexual risk factors and may contribute to future sexual offending:

- **ANY** pornographic or sexually explicit material, including photographs, drawings, and written materials.
 - **ANY** photograph or cut out from any publication depicting a nude or partially nude adult or child.
 - **ANY** pictures or drawings of nude or partially nude adults or children.
 - **ANY** sexual apparatus or sexual paraphernalia.
 - **ANY** publication or photograph depicting physical abuse or sexual violence.
 - **ANY** collection of photographs, pictures, or drawings depicting individuals in sexually explicit or suggestive poses or situations, including any publication whose primary focus is the display of children for any purpose.
 - **ANY** material that depicts, describes, or encourages activities that may lead to violence, sexual crimes, or exploitation.
 - **ANY** item, material, or content that, in the professional judgment of RRC staff, presents a risk factor for sexual reoffending, grooming behavior, or sexual preoccupation, regardless of whether the item is otherwise permitted.
 - **ANY** written material, song lyrics, journal entries, or published materials containing erotica that may contribute to future sexual offending behavior.
 - **NO** contact, direct or indirect, with any victim, including victims for whom prosecution was avoided, by any means including written, verbal, electronic, in person, or through third parties, unless approved in advance by the Bureau of Prisons (BOP).
-

Conditions of Placement and Supervision for Identified Sex Offenders

- **MUST** register as a sex offender with local and county law enforcement in the jurisdiction of residence **within three (3) days** of arrival at the Residential Reentry Center (RRC), when required by law, USPO, or court order, regardless of designated placement, in compliance with all registration laws and regulations of the jurisdiction of placement. You must make an appointment for registration by calling the local county Sheriff's Office in which you are residing (RRC or Home Confinement) and are employed.
- **MUST NOT** reside with or have **ANY** contact with any person under 18 without prior Bureau of Prisons (BOP) approval. Any approved contact with biological or adoptive children must be continuously supervised by RRC staff or a qualified community treatment provider trained in sex offender management. If you move/release, you must update registration as well.



- **MUST NOT** enter, remain in, or loiter near any location primarily used by minors, including schools, parks, playgrounds, arcades, restaurants with play areas, nurseries, childcare facilities, and church childcare areas. Restrictions may be further defined by age group, including under 5, 5 to 12, 12 to 15, and 15 to 18.
 - **MUST** comply with all BOP directed sex offender evaluations, treatment, polygraph, and PPG testing. Refusal constitutes noncompliance.
 - **NO** Internet access or presence in any location offering public Internet. Limited supervised job search access requires prior RRC approval and employer notification.
 - **NO** use of any device with Internet capability.
 - **NO** entry into or presence at any location providing sexually explicit material or entertainment, including adult venues, bars, or clubs.
-

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

Note: These Conditions of Placement and Supervision are mandatory and enforceable requirements of the Bureau of Prisons, the Residential Reentry Center, and the United States Probation Office. Compliance with these conditions is a requirement of continued placement at the RRC and continued community supervision. Any violation, refusal, or circumvention of these conditions may result in immediate administrative action, removal from the facility, disciplinary sanctions, or referral to the Bureau of Prisons or the United States Probation Office for further action, including possible revocation or re-designation.



Residential Reentry Center (RRC) – RESIDENT TERMS OF PARTICIPATION

Program Requirements

- Residents must complete a mandatory orientation period during their first week of placement. During this time, residents are restricted to approved activities related to employment readiness, identification, required programming, and religious services only. **Initials** _____
- Residents are subject to routine and random urinalysis, blood alcohol, breathalyzer, and synthetic drug testing, including K2, Spice, synthetic cannabinoids, and other emerging or designer substances. Refusal, tampering, or failure to cooperate constitutes a program violation. **Initials** _____
- The possession or use of **ANY** alcohol or alcohol containing products is prohibited, including but not limited to mouthwash, toothpaste, cough and cold medications, and hand sanitizers. A positive alcohol test will result in an incident report and sanctions. **Initials** _____
- Residents are accountable to the facility twenty-four (24) hours per day. All departures and returns must be recorded in the Sign Out and Sign In Log in the presence of RRC staff. Entries must include destination, address, phone number, and purpose. False or incomplete entries are RRC violations. **Initials** _____
- All off site movement must be approved in advance by the RRC Case Manager and reflected on an approved itinerary. Requests must be submitted at least twenty-four (24) hours in advance unless an emergency is verified by RRC staff. **Initials** _____
- Residents must maintain a written budget covering expenses, financial obligations, and release planning. **Initials** _____
- Job searching may occur only after RRC Case Manager approval and on an approved itinerary. **Initials** _____
- Residents must secure full-time employment of at least forty hours (40) per week within twenty-one (21) days of arrival or demonstrate documented, verifiable progress toward employment. Time needed to obtain identification is included in this period. Failure to comply will result in a seven-day (7) corrective action notice and progressive discipline. **Initials** _____
- Personal vehicles may be used only after completion and approval of the Authorization to Drive process, and all required documents are on file. **Initials** _____
- RRC Residents requiring prescription or over the counter medication must notify RRC staff immediately and comply with all medication management policies. **Initials** _____



- Participation in aftercare, treatment, and counseling is mandatory. RRC Residents must adjust work or personal schedules to attend all required sessions. **Initials** _____
- RRC staff will assist RRC residents in developing and securing an approved release housing plan. All release plans must be coordinated with and approved by the RRC Case Manager. **Initials** _____
- All transportation must be approved by staff. Residents may **NOT** borrow or lend vehicles. Residents may **NOT** transport other residents unless approved by the RRC Case Manager. **Initials** _____
- Sexually explicit materials are prohibited anywhere on the premises. **Initials** _____
- Sexual contact, romantic relationships, or sexually suggestive behavior with RRC staff, contractors, volunteers, or other RRC residents is prohibited **on or off** facility property. **Initials** _____
- Mirror is not responsible for lost, stolen, or damaged personal property. **Initials** _____
- Personal property left behind after departure will be held for thirty (30) days. After that time, the property becomes Mirror's and may be disposed of. **Initials** _____
- RRC Residents may be required to participate in electronic monitoring, including GPS, as a condition of placement. **Initials** _____
- RRC Residents are subject to routine and random searches of their person, living area, vehicle, cell phone, personal property, and all common areas at any time. **Initials** _____
- Lights out is **11:00 pm to 5:00 am** Sunday through Thursday and **1:00 am to 5:00 am** Friday and Saturday. During these hours residents must remain in assigned dorms except for approved work-related returns. Reasonable time is allowed for meals and hygiene after returning from work. **Initials** _____

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

Reminder: This facility operates under contract with the Federal Bureau of Prisons (BOP) and in coordination with United States Probation (USPO) and Pretrial Services. All residents are subject to applicable federal regulations, contract requirements, court orders, and supervision conditions in addition to Mirror policies. In the event of any conflict, the legal requirement shall apply. Mirror staff are authorized to enforce all program rules and supervision conditions as required by law and contract.
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CELL PHONE POLICY

Mirror, Inc., a Residential Reentry Center (RRC), operates under contract with the Federal Bureau of Prisons (BOP). The BOP requires an established cell phone policy, which is outlined below. This policy applies to all RRC residents, including those on Home Detention, Public Law placements, and individuals supervised by the U.S. Probation Office (USPO).

The possession and use of a cell phone is a privilege — not a right — and will be searched, restricted, or confiscated at any time in accordance with BOP and Mirror policy.

Authorization Process

Residents will complete and sign the **Cell Phone Authorization Form & Cell Phone Policy**.

Approval is confirmed through Case Manager and Director.

Mirror staff will ensure approval is consistent with court-imposed restrictions outlined in the Judgment and Commitment Order and/or USPO supervision conditions.

A cell phone is defined as any device capable of communication via cellular service or internet connection.

Residents are authorized to possess only the phone identified on the approved authorization form AND/OR the TrackTech phone provided for GPS purposes.

The phone provided for GPS purposes has its own policy that will need to be signed.

Inspection and Access

Approved cell phones are subject to inspection and search at any time. Residents must immediately surrender their device upon staff request.

Residents must provide all passwords, passcodes, and access to the necessary credentials to operate the device and review its contents. Refusal to provide access will result in confiscation and disciplinary action consistent with BOP policy.

Camera & Recording Restrictions

Audio or video recording of staff or residents is strictly prohibited and will result in immediate loss of cell phone privileges.



Prohibited Use

Residents may NOT use cell phones to:

- Access pornographic material, nudity, or violent content
 - Access dating websites
 - Use Apps to share or engage with other RRC residents.
 - Communicate with current or former Mirror residents
 - Communicate with individuals in BOP custody
 - Communicate with individuals under USPO supervision without authorization
-

Facility Rules

- Phones must be kept on the resident's person while inside the facility.
- Phones must remain on silent mode at all times.
- Phone conversations are prohibited after lights out (11:00 PM weekdays; 1:00 AM weekends). Texting is permitted if it does not disturb others.
- Headphones are required when listening to audio. No speakerphone conversations.
- Bluetooth and other connectivity features must comply with the Electronics Use Policy.
- Chargers must be unplugged when not actively charging a device. Unattended chargers may be removed and considered nuisance contraband.

Mirror, Inc., is not responsible for lost, stolen, or damaged phones or accessories.

Violations

Failure to comply with this policy may result in confiscation of the device, loss of cell phone privileges, and/or disciplinary action in accordance with BOP and Mirror policies.

Residents will have access to an RRC phone for essential communication related to reentry, employment, medical care, and family contact if personal privileges are revoked.

Resident Signature: _____ Date: _____ Reg. Number: _____

Staff Signature: _____ Date: _____



Residential Reentry Center (RRC) – Global Positioning System (GPS) Responsibilities

BY USING THE TRACKphone (hereinafter, the “Device”), YOU ACKNOWLEDGE AND AGREE TO ALL OF THE TERMS AND CONDITIONS SET FORTH HEREIN AND CONSENT TO THE TRANSMISSION OF ALL INFORMATION GATHERED DURING USE OF THE DEVICE, INCLUDING INTERNET-BASED USE. IF YOU DO NOT ACCEPT AND COMPLY WITH THESE TERMS, YOU MAY NOT USE OR MUST CEASE USING THE DEVICE, AS APPROPRIATE.

Limitations on Use of Device and Responsibility

You may not use the Device for any purpose that is unlawful or prohibited by these terms or the conditions of your release. You are solely responsible for all uses of and activity on the Device while it is issued to you.

The Device is not your property. You may not sell, convey, barter with, transfer or otherwise dispose of the Device except to return it the Supervising Agency that issued you the device, upon request. You are responsible for the Device for the entire period it is issued to you. You may not use the Device in any manner that could damage, disable, overburden, or impair the Device. You shall be responsible for the cost of repairing or replacing the Device, as necessary, if it is not returned in the same or similar condition it was in when it was issued to you.

None of the information, applications or software on the device belongs to you. You may not modify, copy, publish, license, sell or create derivative works from such information, applications, or software.

Privacy / Collection of User Information

Information, such as your location and usage data, is continuously made available to the Supervising Agency that issued you the device. The Supervising Agency may use all information it receives from the Device in any manner allowable by law.

Collection of User Information

When you use the TRACKphone, your usage/activity data will be sent to TRACKtech’s computer systems. By using TRACKphone, you consent to the transmission, collection, storage and retention of all information by TRACKtech, including the collection and use of biometric data.

Fees

You agree to pay all fees as required by the Supervising Agency and understand that failure to do so is a violation of the terms and conditions of your release. You agree to pay \$500 if you lose or damage your device.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC) – SMOKING POLICY

Smoking Privileges and Restrictions

- Smoking at the RRC is a **privilege** and is subject to sanctions in accordance with the disciplinary process.
- Smoking is **only permitted** in the **designated smoking area**, located **behind the building at the picnic tables**.
- Residents must use the **provided cigarette receptacles** to dispose of all smoking materials.
- Smoke breaks may be **paused or suspended** due to severe weather or at the discretion of staff.
- Smoking is permitted **only during posted smoking times**.

Restrictions & Enforcement

- Smoking privileges will be **restricted** following a positive UA and will remain in place until a **clean UA** is provided.
- This facility has a **zero-tolerance policy** for smoking **inside ANY building**. Violations are subject to disciplinary action.

Prohibited Items

The following items are **contraband** and are not permitted on Mirror property. Any prohibited items discovered will be **confiscated and disposed of by staff**:

- Cigars
- Rolling tobacco or chewing tobacco
- Vapes and electronic cigarettes
- Rolling supplies and accessories
- Where designated, smoking materials may **not be brought into residential areas**. Residents must comply with all posted signage and instructions.
- Smoking in **any area other than the designated smoking area is prohibited**.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

REMINDER: Smoking at the Residential Reentry Center is a privilege, not a right. Continued access to this privilege is contingent upon full compliance with all smoking policies, restrictions, and staff directives outlined above.



Residential Reentry Center (RRC)– EMPLOYMENT POLICY

Employment Requirements

- An employment plan will be developed at intake with the RRC Case Manager.
 - Or during your intake with the RRC Employment Placement Specialist.
 - The approved employment plan will remain active until the RRC resident secures employment.
 - Once a job is offered, all required employer paperwork must be completed and returned before the RRC resident begins work.
 - RRC Residents may only seek employment that meets Bureau of Prisons (BOP) and United States Probation Office (USPO) requirements, including full time, permanent, and gainful employment. RRC Residents may **NOT** exceed **60 hours** per week.
 - All RRC residents are expected to obtain full-time employment within **21 days** of arrival or demonstrate documented progress toward employment. Time spent obtaining required identification documents counts toward this period.
 - **Failure** to meet this requirement may result in a 7-day letter and progressive discipline.
 - RRC Residents may **NOT** work in positions that involve the sale, service, or handling of alcohol, or any contact with weapons, ammunition, or explosives.
 - RRC Residents must submit paystubs showing hours worked, gross wages, deductions, and overtime.
 - The RRC Employment Placement Specialist will document that the employer was made aware of the RRC resident's legal status prior to the resident's first day of work.
 - Staff will verify weekly work schedules. RRC and HC Residents with variable schedules must submit signed schedules in advance of each work period.
 - RRC Residents may work overtime for up to 60 hours per week and no more than six (6) days out of seven (7). Employers must notify the RRC Case Manager or RRC Employment Placement Specialist of schedule changes.
 - Approval from the Bureau of Prisons (BOP) or United States Probation Office (USPO) is required for any work schedule that places a resident outside the RRC for more than **12 hours**.
 - RRC Residents are responsible for their own transportation to and from work using approved methods, including bus, walking, bicycle, employer provided transportation, approved personal vehicles, or approved drivers willing to provide reliable transportation.
 - Employment must be within **100 miles** of the RRC. Any movement during the workday must be approved by RRC staff and documented on the daily log. An employment exception may be granted when the resident's home confinement (HC) residence is within **200 miles** of the RRC.
-

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC) – RESIDENT FINANCIAL RESPONSIBILITY PLAN

Resident Financial Responsibility and Financial Literacy Requirements

IMPORTANT: This policy establishes mandatory conditions of placement at the Mirror Residential Reentry Center. All RRC residents are required to read, understand, and comply with the requirements contained in this document. These rules are enforced under the authority of the Federal Bureau of Prisons (BOP) and United States Probation Office (USPO) and are not optional.

I, _____ acknowledge that I have been informed of my obligation to participate in the Bureau of Prisons Inmate Financial Responsibility Program (IFRP) and understand the consequences of refusing or failing to comply with this requirement.

I understand that I am required to provide all employment pay stubs to RRC staff within twenty-four (24) to forty-eight (48) hours of receipt. Pay stubs are used to verify employment, wages, hours worked, and tax withholding, and are required under my Individualized RRC Program Plan and employment conditions. **Initials** _____

I understand that all court ordered financial obligations, including fines, special assessments, restitution, and other debts, will be documented, monitored, and addressed through my monthly budget and Individualized Program Plan in coordination with my RRC Case Manager. **Initials** _____

I understand that **ALL** child support obligations will be documented and managed as part of my RRC Individualized Program Plan and financial responsibilities. **Initials** _____

I acknowledge that I am required to participate in financial literacy and budgeting training at the first available opportunity as part of my reentry and financial responsibility requirements. **Initials** _____

I understand that failure to comply with any financial responsibility, documentation, or training requirement may result in corrective action, disciplinary sanctions, or referral to the appropriate RRC supervising authority. **Initials** _____

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

RRC Case Manager (Signature): _____ Date: _____

By signing this document, I certify that I have read, understand, and agree to comply with all financial responsibility, documentation, and training requirements outlined above. I acknowledge that these requirements are conditions of my placement at the Mirror Residential Reentry Center (RRC) and are enforced under the authority of the Federal Bureau of Prisons (BOP) and United States Probation Office (USPO). I understand that failure to comply may result in disciplinary action, loss of privileges, or removal from the program.



Residential Reentry Center (RRC) – Prohibited Substances & Contraband Policy

Zero Tolerance Prohibited Substances and Synthetic Drug Enforcement Policy

IMPORTANT: This policy is issued pursuant to Mirror, Inc.'s contract with the Federal Bureau of Prisons and in coordination with United States Probation and Pretrial Services. Compliance with this policy is a condition of placement at the Residential Reentry Center.

In addition to the Federal Bureau of Prisons (BOP) Prohibited Acts 111 and 112, the following policy is in full force and effect at the Mirror Residential Reentry Center (RRC). This policy is mandatory and enforceable and applies to all RRC residents, staff, visitors, and program participants. Compliance is required at all times.

The ingestion, inhalation, injection, use, attempted use, possession, or introduction of any prohibited substance is strictly forbidden. This includes any substance prohibited by the Federal Bureau of Prisons (BOP) or Mirror, Inc., whether natural, synthetic, prescribed, non-prescribed, over-the-counter, herbal, chemical, or otherwise. This prohibition expressly includes synthetic drugs, synthetic cannabinoids, K2, Spice, and all related or derivative compounds, regardless of how they are labeled, marketed, or disguised.

ALL RRC residents are subject to testing for all prohibited substances, including synthetic and designer drugs. The presence, use, or possession of any prohibited substance will result in immediate disciplinary action, up to and including removal from the program and referral to the appropriate federal authority.

In addition to the above policy, the ingestion, inhalation, injection, attempted use, possession, or introduction of any herbal product, supplement, chemical compound, or substance intended to mimic, alter, or simulate the effects of cannabis, cocaine, methamphetamine, amphetamines, **or any controlled substance is strictly prohibited**. This includes, but is not limited to, synthetic cocaine, synthetic stimulants, synthetic amphetamines, synthetic cathinones, and so-called "bath salts," regardless of how they are labeled, marketed, or named.

Any substance designed to produce psychoactive, intoxicating, or mood-altering effects similar to cannabis, cocaine, methamphetamine, or any controlled substance shall be treated as contraband, regardless of whether it is sold legally, marketed as a supplement, or not yet scheduled as a controlled substance.

These substances are prohibited for all **RRC** residents of the Mirror Residential Reentry Center (RRC). Possession, use, attempted use, or introduction of any such substance will result in immediate disciplinary action, up to and including removal from the program and referral to the appropriate federal authority.

RRC Residents are responsible for knowing what they ingest. Claims that a substance was legal, mislabeled, purchased in a store, or not specifically listed will **NOT** be accepted as a defense.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

Questions about this policy must be directed to your RRC Case Manager



Residential Reentry Center (RRC) – Safety Data Sheet (SDS) & Hazardous Communication

Hazardous Materials Safety and Right-to-Know Acknowledgment

I acknowledge that Mirror, Inc. RRC staff have provided me with information and training regarding hazardous materials used at the Residential Reentry Center. These topics have been explained to me, and I understand that I may ask any RRC staff member if I have questions or concerns about hazardous materials in the facility. **Initials** _____

I understand that hazardous materials include cleaning supplies, disinfectants, chemicals, and other substances that may pose a health or safety risk if used incorrectly. **Initials** _____

I understand the proper use of hazardous materials and the potential health hazards associated with them. I understand that detailed safety information is available on the **Safety Data Sheets (SDS)**, which are maintained in the chemical storage area, the Tech Office, and with the Federal Program Director. **Initials** _____

I understand how to recognize the presence or release of hazardous materials. I understand that exposure may occur through smell, skin or body contact, sight, taste, or sound, and that I must immediately notify RRC staff if I see, smell, hear, taste, or come into contact with any hazardous or unknown substance. **Initials** _____

I understand that the RRC facility may use fire or smoke alarms to evacuate the building in the event of a hazardous materials incident. **Initials** _____

I understand the health risks associated with chemical spills and that emergency response supplies are available through the RRC Tech Office. **Initials** _____

I understand that I must not apply water or any other substance to a hazardous or unknown chemical unless directed to do so by the **SDS** or emergency personnel. **Initials** _____

I understand the steps I must take to protect myself, including the use of universal precautions and personal protective equipment (PPE). I know that gloves, masks, goggles, and other PPE are available through the RRC Tech Office when handling hazardous materials. **Initials** _____

I understand the Mirror Hazard Communication Plan, including the labeling system, how to read **SDS** sheets, and how to obtain safety information for any chemical used in the facility. **Initials** _____

I acknowledge that I have been informed of the hazardous materials used at Mirror, Inc. Residential Reentry Center, that I have access to **SDS sheets** in the chemical storage area, and that it is my responsibility to follow all safety rules and instructions when handling cleaning supplies or other hazardous materials. **Initials** _____

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC) - PROHIBITED ACTS AND SANCTIONS

Severity Categories, Prohibited Acts, and Sanctions

Purpose

This policy establishes prohibited acts and corresponding sanctions applicable to residents of the Mirror Residential Reentry Center (RRC), in accordance with the Federal Bureau of Prisons (BOP) Inmate Discipline Program and the RRC Statement of Work.

Authority

This policy is issued pursuant to BOP Program Statement 5270.09, Inmate Discipline Program, and is mandatory and enforceable for all RRC residents.

Applicability

This policy applies to all residents housed at Mirror Residential Reentry Center facilities. Violations may result in disciplinary or administrative action.

Greatest Severity Level (100 Series)

CODE	PROHIBITED ACTS	AVAILABLE SANCTIONS
101	Assaulting any person, or an armed assault on the institution's secure perimeter (a charge for assaulting any person at this level is to be used only when serious physical injury has been attempted or accomplished.	A. Recommend parole date rescission or retardation. B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time (up to 100%) and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended). B.1. Disallow ordinarily between 50% and 75% (27-41 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended). B.2 Forfeit up to 41 days of earned First Step Act (FSA) Time Credits (see 28 CFR part 523, subpart E) for each prohibited act committed. C. Disciplinary segregation (up to 12 months). D. Make monetary restitution.
102	Escape from escort; escape from any secure or non-secure institution, including community confinement; escape from unescorted community program or activity; escape from outside a secure institution.	
103	Setting a fire (charged with this act in this category only when found to pose a threat to life or a threat of serious bodily harm or in furtherance of a prohibited act of Greatest Severity, e.g. in furtherance of a riot or escape; otherwise the charge is properly classified Code 218, or 329).	
104	Possession, manufacture, or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive or any ammunition, or any instrument used as a weapon.	
105	Rioting.	
106	Encouraging others to riot.	
107	Taking hostage (s).	

108	Possession, manufacture, introduction, or loss of a hazardous tool (tools most likely to be used in an escape or escape attempt or to serve as weapons capable of doing serious bodily harm to others; or those hazardous to institutional security or personal safety; e.g., hacksaw blade, body armor, maps, handmade rope, or other escape paraphernalia, portable telephone, pager, or other electronic device).	E. Monetary fine. F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation). G. Change housing (quarters). H. Remove from program and/or group activity.
109	(Not to be used)	
110	Refusing to provide a urine sample; refusing to breathe into a Breathalyzer; refusing to take part in other drug-abuse testing	I. Loss of job.
111	Introduction or making of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	J. Impound inmate's personal property.
112	Use of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	K. Confiscate contraband.
113	Possession of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.	L. Restrict to quarters.
114	Sexual assault of any person, involving non-consensual touching by force or threat of force.	M. Extra duty.
115	Destroying and/or disposing of any item during a search or attempt to search.	
196	Use of the mail for an illegal purpose or to commit or further a Greatest category prohibited act.	
197	Use of the telephone for an illegal purpose or to commit or further a Greatest category prohibited act.	
198	Interfering with a staff member in the performance of duties most like another Greatest severity prohibited act. This charge is to be used only when another charge of Greatest severity is not accurate. The offending conduct must be charged as "most like" one of the listed Greatest severity prohibited acts.	
199	Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Greatest severity prohibited act. This charge is to be used only when another charge of Greatest severity is not accurate. The offending conduct must be charged as "most like" one of the listed Greatest severity prohibited acts.	



High Severity Level (200 Series)

CODE	PROHIBITED ACTS	AVAILABLE SANCTIONS
200	Escape from a work detail, non-secure institution, or other non-secure confinement, including community confinement, with subsequent voluntary return to Bureau of Prisons custody within four hours.	A. Recommend parole date rescission or retardation. B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time up to 50% or up to 60 days, whichever is less, and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended). B.1 Disallow ordinarily between 25% and 50% (14-27 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended). B.2 Forfeit up to 27 days of earned FSA Time Credits for each prohibited act committed. C. Disciplinary segregation (up to 6 months). D. Make monetary restitution. E. Monetary fine. F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation). G. Change housing (quarters). H. Remove from program and/or group activity. I. Loss of job. J. Impound inmate's personal property. K. Confiscate contraband. A. Restrict to quarters. B. Extra duty.
201	Fighting with another person.	
202	(Not to be used).	
203	Threatening another with bodily harm or any other offense.	
204	Extortion; blackmail; protection; demanding or receiving money or anything of value in return for protection against others, to avoid bodily harm, or under threat of informing.	
205	Engaging in sexual acts.	
206	Making sexual proposals or threats to another.	
207	Wearing a disguise or a mask.	
208	Possession of any unauthorized locking device, or lock pick, or tampering with or blocking any lock device (includes keys), or destroying, altering, interfering with, improperly using, or damaging any security device, mechanism, or procedure.	
209	Adulteration of any food or drink.	
210	(Not to be used).	
211	Possessing any officer's or staff clothing.	
212	Engaging in or encouraging a group demonstration.	
213	Encouraging others to refuse to work, or to participate in a work stoppage.	
214	(Not to be used).	
215	(Not to be used).	
216	Giving or offering an official or staff member a bribe, or anything of value.	
217	Giving money to, or receiving money from, any person for the purpose of introducing contraband or for any other illegal or prohibited purpose.	
218	Destroying, altering, or damaging government property, or the property of another person, having a value in excess of \$100.00, or destroying, altering, damaging life-safety devices (e.g., fire alarm) regardless of financial value.	
219	Stealing; theft (this includes data obtained through the unauthorized use of a communications device, or through unauthorized access to disks, tapes, or computer printouts or other automated equipment on which data is stored).	
220	Demonstrating, practicing, or using martial arts, boxing (except for use of a punching bag), wrestling, or other forms	

	of physical encounter, or military exercises or drill (except for drill authorized by staff).	
221	Being in an unauthorized area with a person of the opposite sex without staff permission	
222	(Not to be used).	
223	(Not to be used).	
224	Assaulting any person (a charge at this level is used when less serious physical injury or contact has been attempted or accomplished by an inmate).	
225	Stalking another person through repeated behavior which harasses, alarms, or annoys the person, after having been previously warned to stop such conduct.	
226	Possession of stolen property.	
227	Refusing to participate in a required physical test or examination unrelated to testing for drug abuse (e.g., DNA, HIV, tuberculosis).	
228	Tattooing or self-mutilation.	
229	Sexual assault of any person, involving non-consensual touching without force or threat of force.	
296	Use of the mail for abuses other than criminal activity which circumvent mail monitoring procedures (e.g., use of the mail to commit or further a High category prohibited act, special mail abuse; writing letters in code; directing others to send, sending, or receiving a letter or mail through unauthorized means; sending mail for other inmates without authorization; sending correspondence to a specific address with directions or intent to have the correspondence sent to an unauthorized person; and using a fictitious return address in an attempt to send or receive unauthorized correspondence).	
297	Use of the telephone for abuses other than illegal activity which circumvent the ability of staff to monitor frequency of telephone use, content of the call, or the number called; or to commit or further a High category prohibited act.	
298	Interfering with a staff member in the performance of duties most like another High severity prohibited act. This charge is to be used only when another charge of High severity is not accurate. The offending conduct must be charged as "most like" one of the listed High severity prohibited acts.	
299	Conduct that disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another High severity prohibited act. This charge is to be used only when another charge of High severity is not accurate. The offending conduct must be charged as "most like" one of the listed High severity prohibited acts.	



Moderate Severity Level (300 Series)

CODE	PROHIBITED ACTS	AVAILABLE SANCTIONS
300	Indecent Exposure.	A. Recommend parole date rescission or retardation. B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time up to 25% or up to 30 days, whichever is less, and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended). B.1 Disallow ordinarily up to 25% (1-14 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended). B.2 Forfeit up to 27 days of earned FSA Time Credits for each prohibited act committed. C. Disciplinary segregation (up to 3 months). D. Make monetary restitution. E. Monetary fine. F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation). G. Change housing (quarters). H. Remove from program and/or group activity. I. Loss of job. J. Impound inmate's personal property. K. Confiscate contraband. L. Restrict to quarters. M. Extra duty.
301	(Not to be used).	
302	Misuse of authorized medication.	
303	Possession of money or currency, unless specifically authorized, or in excess of the amount authorized.	
304	Loaning of property or anything of value for profit or increased return.	
305	Possession of anything not authorized for retention or receipt by the inmate, and not issued to him through regular channels.	
306	Refusing to work or to accept a program assignment.	
307	Refusing to obey an order of any staff member (may be categorized and charged in terms of greater severity, according to the nature of the order being disobeyed; e.g., failure to obey an order which furthers a riot would be charged as 105, Rioting; refusing to obey an order which furthers a fight would be charged as 201, Fighting; refusing to provide a urine sample when ordered would be charged as Code 110).	
308	Violating a condition of a furlough.	
309	Violating a condition of a community program.	
310	Unexcused absence from work or any program assignment.	
311	Failing to perform work as instructed by the supervisor.	
312	Insolence towards a staff member.	
313	Lying or providing a false statement to a staff member.	
314	Counterfeiting, forging, or unauthorized reproduction of any document, article of identification, money, security, or official paper (may be categorized in terms of greater severity according to the nature of item being reproduced; e.g., counterfeiting release papers to effect escape, Code 102).	
315	Participating in an unauthorized meeting or gathering.	
316	Being in an unauthorized area without staff authorization.	
317	Failure to follow safety or sanitation regulations (including safety regulations, chemical instructions, tools, MSDS sheets, OSHA standards).	
318	Using any equipment or machinery without staff authorization.	
319	Using any equipment or machinery contrary to instructions or posted safety standards.	



320	Failing to stand count.	
321	Interfering with the taking of count.	
322	(Not to be used)	
323	(Not to be used)	
324	Gambling.	
325	Preparing or conducting a gambling pool.	
326	Possession of gambling paraphernalia.	
327	Unauthorized contacts with the public.	
328	Giving money or anything of value to, or accepting money or anything of value from, another inmate or any other person without staff authorization.	
329	Destroying, altering, or damaging government property, or the property of another person, having a value of \$100.00 or less.	
330	Being unsanitary or untidy; failing to keep one's person or quarters in accordance with the posted standards.	
331	Possession, manufacture, introduction, or loss of a non-hazardous tool, equipment, supplies, or other non-hazardous contraband (tools not likely to be used in an escape or escape attempt, or to serve as a weapon capable of doing serious bodily harm to others, or not hazardous to institutional security or personal safety) (other non-hazardous contraband includes such items as food, cosmetics, cleaning supplies, smoking apparatus and tobacco in any form where prohibited, and unauthorized nutritional/dietary supplements).	
332	Smoking where prohibited.	
333	Fraudulent or deceptive completion of a skills test (e.g., cheating on a GED, or other educational or vocational skills test).	
334	Conducting a business; conducting or directing an investment transaction without staff authorization.	
335	Communicating gang affiliation; participating in gang related activities; possession of paraphernalia indicating gang affiliation.	
336	Circulating a petition.	
396	Use of the mail for abuses other than criminal activity which do not circumvent mail monitoring; or use of the mail to commit or further a Moderate category prohibited act.	
397	Use of the telephone for abuses other than illegal activity which do not circumvent the ability of staff to monitor frequency of telephone use, content of the call, or the number called; or to commit or further a Moderate category prohibited act.	
398	Interfering with a staff member in the performance of duties most like another Moderate severity prohibited act. This	



	charge is to be used only when another charge of Moderate severity is not accurate. The offending conduct must be charged as “most like” one of the listed Moderate severity prohibited acts.	
399	Conduct that disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Moderate severity prohibited act. This charge is to be used only when another charge of Moderate severity is not accurate. The offending conduct must be charged as “most like” one of the listed Moderate severity prohibited acts.	

Low Moderate Severity Level (400 Series)

CODE	PROHIBITED ACTS	AVAILABLE SANCTIONS
405	(Not to be used).	B.1 Disallow ordinarily up to 12.5% (1-7 days) of good conduct time credit available for year (to be used only where inmate found to have committed a second violation of the same prohibited act within 6 months); Disallow ordinarily up to 25% (1-14 days) of good conduct time credit available for year (to be used only where inmate found to have committed a third violation of the same prohibited act within 6 months) (a good conduct time sanction may not be suspended).
406	(Not to be used).	
407	Conduct with a visitor in violation of Bureau regulations.	
408	(Not to be used).	
409	Unauthorized physical contact (e.g., kissing, embracing).	
498	Interfering with a staff member in the performance of duties most like another Low severity prohibited act. This charge is to be used only when another charge of Low severity is not accurate. The offending conduct must be charged as “most like” one of the listed Low severity prohibited acts.	B.2 Forfeit up to 7 days of earned FSA Time Credits (only where the inmate is found to have committed a second violation of the same prohibited act within 6 months; forfeit up to 14 days of FSA Time Credits (only where the inmate is found to have committed a third violation of the same prohibited act within 6 months). D. Make monetary restitution. E. Monetary fine. F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation). G. Change housing (quarters). H. Remove from program and/or group activity.
499	Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Low severity prohibited act. This charge is to be used only when another charge of Low severity is not accurate. The offending conduct must be charged as “most like” one of the listed Low severity prohibited acts.	



		I. Loss of job. J. Impound inmate's personal property. K. Confiscate contraband. L. Restrict to quarters. M. Extra duty.
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Disciplinary Process

Sanctions are imposed in accordance with BOP policy and the RRC Statement of Work. Sanctions will be proportionate to the severity of the violation and documented appropriately.

Resident Responsibility

Residents are responsible for knowing and complying with all prohibited acts and sanctions. Failure to comply may result in disciplinary or administrative action.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC) – CONFIDENTIALITY OF PATIENT RECORDS

CONFIDENTIALITY OF ALCOHOL AND DRUG DISORDER PATIENT RECORDS

The confidentiality of alcohol and drug use disorder patient records maintained by this program is protected by Federal law and regulations. In general, this program may not disclose to any person outside the program that an individual attends or has attended the program, nor may it disclose any information identifying an individual as having or having had a substance use disorder, unless one of the following applies:

1. The patient has provided prior written consent that meets the requirements of 42 CFR Part 2;
2. The disclosure is authorized by a valid court order issued in accordance with 42 CFR Part 2, Subpart E; or
3. The disclosure is permitted under 42 CFR Part 2, including disclosures:
 - To medical personnel in a bona fide medical emergency; or
 - To qualified personnel for purposes of research, audit, or program evaluation, as permitted by regulation.

Any disclosure made under these provisions must be **limited** to the minimum necessary and must comply with applicable federal confidentiality requirements.

Violations

Violation of the applicable federal laws or regulations governing the confidentiality of substance use disorder patient records may result in **civil or criminal penalties**, as provided by law. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Child Abuse and Neglect Reporting

Federal confidentiality laws and regulations **do not protect information related to suspected child abuse or neglect** from being reported under applicable **state or local laws** to appropriate authorities.

Authority

- **Federal Statutes:**
42 U.S.C. §§ 290dd-3 and 290ee-3
- **Federal Regulations:**
42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records), as amended.

This information collection is approved by the Office of Management and Budget under OMB Control Number 0930-0099, in accordance with the Paperwork Reduction Act.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC) – QUALITY CARE POLICY (GRIEVANCE PROCEDURE)

Resident Right to Quality Care and Grievance Procedures

You have the right to receive quality care delivered in a humane manner by trained and competent RRC staff. You also have the right to express concerns, recommendations, and grievances without fear of retaliation, interference, alteration, or delay. All grievances will be handled promptly, objectively, and in accordance with applicable Bureau of Prisons (BOP) and Mirror Inc. organizational requirements.

Mirror Inc. Internal Grievance Process

Mirror Inc. is a multi-site residential treatment provider. RRC residents are encouraged to first submit written grievances to the Program Director of the facility in which they are residing.

Federal Program Director Contact:

Mirror, Inc.
Attn: Program Director
3820 N. Toben St.
Wichita, KS 67226

All written grievances are routinely forwarded to Mirror, Inc. executive leadership for review.

Executive Oversight:

Mirror, Inc.
President and Chief Executive Officer
130 E 5th Street
Newton, KS 67114

Federal Bureau of Prisons Grievance Procedures

RRC residents also have the right to file grievances directly with the **Federal Bureau of Prisons** using established BOP administrative remedy procedures.

RRC residents wishing to pursue a grievance through the Bureau of Prisons must request the appropriate BOP grievance forms and instructions from staff.

Federal Bureau of Prisons Contact: United States Department of Justice Federal Bureau of Prisons
Community Corrections Office
400 State Avenue
Kansas City, KS 66101

Non-Retaliation Assurance

No RRC resident shall be subject to retaliation, discipline, or adverse action for filing a grievance or participating in a grievance investigation. RRC staff are required to ensure confidentiality to the extent permitted and to assist RRC residents who require help submitting a grievance due to literacy, language, or other barriers.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



M I R R O R

MIRROR, INC. NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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

Mirror, Inc. (“Mirror,” “us,” or “we”) understands that information we collect about you and your health is personal. This Notice of Privacy Practices (“Notice”) describes the practices we will follow with regard to your “protected health information” (“PHI”).

PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its regulations (the “Privacy Rule”). PHI means individually identifiable health information (including demographic information) that is created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you. We provide health care to our patients and clients in partnership with physicians and other professionals and organizations. The privacy practices described in this Notice will be followed by members of Mirror’s staff, their physician colleagues and other health care practitioners who provide medical and medical-related services to you, and who cooperate in sharing PHI about you as necessary to carry out treatment, payment, and health care operations at Mirror.

Keeping your health information private is one of our most important responsibilities. We are committed to protecting your PHI and following all laws regarding the use of your PHI. If you have questions about any part of this Notice or if you want more information about the privacy practices at Mirror, please contact the Contact Office listed at the end of this Notice.

A. Our Rights and Obligations

1. We are required by law to maintain the privacy of your PHI.
2. We are required to give you this Notice about our privacy practices, our legal duties, and your rights concerning PHI.
3. We are required to follow the privacy practices described in this Notice. These privacy practices will remain in effect until we replace or modify them.
4. We are required to notify you following a breach of unsecured PHI.
5. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that the change is permitted by law. We reserve the right to have such a change affect all PHI we maintain, including PHI we received or created before the change. We will post a copy of the current notice in waiting areas, exam rooms, and on our website at www.mirrorinc.org. You may receive a copy of the current Notice at any time. The Notice will contain the effective date on the first page. If you are a new patient, you will be provided a copy of the current Notice the first time you register at Mirror for services. You will be asked to acknowledge in writing that you received this Notice.

www.Mirrorinc.org



B. How Mirror May Use or Disclose Your Health Information

The following categories describe the ways Mirror may use and disclose your PHI, as part of our normal operations to assist you, without asking you for permission. For each category of uses and disclosures, we will explain what we mean and present some examples. In each category we will only disclose the minimum amount of information needed to accomplish the task. Not every use or disclosure in a category will be listed. However, the ways we are permitted to use and disclose your PHI will fall within one of the categories.

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

- a. **Treatment:** We may use or disclose your PHI to provide the necessary treatment to you. For example, if you are a client of one of the Mirror treatment programs, we may use your PHI to provide you with treatment or services. We may disclose your PHI to qualified mental health professionals; qualified medical professionals; qualified counselors or other social services professionals. Your treatment team members will internally discuss your PHI in order to develop and carry out a plan for your services. Mirror may share your PHI in order to coordinate the different things you need, such as prescriptions, medical tests, special dietary needs, personal assistance, etc. **It is worth noting that programs offering alcohol and drug treatment services also fall under the Federal Confidentiality Regulations (also known as “Confidentiality of Alcohol and Drug Abuse Patient Records Title 42 CFR Chapter One Part 2). This legislation is fairly detailed and wide sweeping in nature. Under the Federal Confidentiality Regulations, release of information concerning clients enrolled in addiction treatment services is generally limited to disclosures only if permitted in writing by the client. Some exceptions to this apply but will not be discussed in this Notice.**
- b. **Payment Functions:** We may use or disclose your PHI for all activities that are included within the definition of “payment” set out in the Privacy Rule and we may use or disclose your PHI to obtain payment for the services we provide. For example, we may use or disclose your PHI to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services received from providers, determine program responsibilities for benefits, and to coordinate program benefits. In addition, payment functions may include reviewing the medical necessity for health care services, reviewing a plan of care for payment to one of Mirror’s community-based partners, such as a state mental hospital, a Community Mental Health Center, a Regional Alcohol and Drug Abuse Treatment or Assessment Center. We may also use or disclose your PHI to facilitate proper payment for treatment such as providing your Medicaid or other health insurance coverage identification number to a health care provider, a pharmacy, or other health providers who have agreed to provide services for our clients. The definition of “payment” includes many more items, so please refer to the Privacy Rule for a complete list.
- c. **Health Care Operations:** We may use or disclose your PHI for all activities that are included within the definition of “health care operations” set out in the Privacy Rule. For example, we may use or disclose your PHI to carry out necessary program related activities. Such activities may include activities related to plan coverage; conducting quality assessment and improvement activities; conducting or arranging for medical or program reviews, legal services, audit services, and fraud and abuse detection programs; business planning, management and general administration; case management and care coordination; accreditation, certification, licensing, or



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credentialing activities. The definition of “health care operations” includes many more items, so please refer to the Privacy Rule for a complete list.

2. Disclosures to Other Entities

- a. Business Associates: We may disclose your PHI to a “business associate,” such as our billing service, which performs administrative services on our behalf. Business associates are permitted to receive, create, maintain, use, or disclose PHI, but only as provided in the Privacy Rule, and only after agreeing in writing to appropriately safeguard your PHI.
- b. Other Covered Entities: We may disclose your PHI to other health care providers, health care clearinghouse or health plans, in connection with their treatment, payment, or health care operations.

3. Uses and Disclosures for Which Your Permission May Be Sought

For purposes of this subsection only, the following conditions apply. If you are present and able to give your verbal permission, we will only use or disclose your PHI with your permission. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, we will use or disclose your PHI only if we determine (based on our professional judgment) that the use or disclosure is in your best interest.

- a. To Others Involved in Your Care: We may use or disclose your PHI to a relative or other individual who you have identified as being involved in your health care. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual’s involvement in your health care.
- b. For Limited Notification Purposes: We may use or disclose your PHI to help notify a relative or other individual who is responsible for your health care, of your location, general condition or death.
- c. To Assist in Disaster Relief: We may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

4. Other Permitted Uses and Disclosures

- a. Required by Law: We may use and disclose your PHI as required by federal, state or local law. As mentioned in Section B.1 above, the Federal Confidentiality Law also specifies when treatment providers are required to release information to the courts. Again this law is detailed and specific in nature and the court order must meet rigorous criteria set forth in 42 CFR 1-Part 2.
- b. Public Health: As required by law, we may use and disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI to public health authorities for purposes related to preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.



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- c. Disclosures about Victims of Abuse, Neglect or Domestic Violence: We may disclose your PHI, consistent with applicable federal and state laws, if we reasonably believe that you have been a victim of abuse, neglect, or domestic violence. Such disclosure will be made to a government authority, such as a social service or protective services agency which is authorized by law to receive reports of such abuse, neglect or domestic violence.
- d. Health Oversight Activities: We may disclose your PHI to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the Mirror programs. Examples would be sharing health information with the Kansas Department of Social and Rehabilitation Services, Division of Health Care Policy, Mental Health, Addiction and Prevention Services for their licensure activities involving free standing addiction focused facilities, or the Kansas Department of Corrections, Administrative Office of the United States Courts, United States Probation Office and the United States Department of Justice, Federal Bureau of Prisons for their audit and/or compliance activities involving contracting agencies.
- e. Judicial and Administrative Proceedings: We may disclose your PHI in the course of any administrative or judicial proceeding.
- f. Law Enforcement: We may disclose your PHI to a law enforcement official for limited purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or complying with a court order or subpoena or other law enforcement purposes.
- g. Coroners, Medical Examiners and Funeral Directors: We may disclose your PHI to coroners, medical examiners and funeral directors as necessary for them to carry out their duties, such as identifying a deceased person or determining the cause of death.
- h. Organ and Tissue Donation: We may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues, as necessary to facilitate organ or tissue donation and transplantation.
- i. To the Secretary: We will disclose your PHI to the Secretary of the Department of Health and Human Services, when required to do, to enable the Secretary to investigate or determine our compliance with HIPAA and the Privacy Rule.
- j. Public Safety: We may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of you, a particular person, or the general public. Any disclosure, however, would only be made to someone able to prevent the threat.
- k. Proof of Immunization: We will disclose proof of immunization to a school that is required to have it before admitting a student if you have agreed to the disclosure on behalf of yourself or a dependent.
- l. Specialized Government Functions: We may disclose your PHI, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if



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you are a member of that foreign military service. We may disclose your PHI to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations.

- m. Worker's Compensation: We may disclose your PHI as necessary to comply with Worker's Compensation or similar laws.
- n. Appointment Reminders: We may use and disclose your PHI to contact you with appointment reminders for treatment or services provided by Mirror.
- o. Research Activities: We may disclose your PHI for research purposes when an institutional review board or a privacy board has (i) reviewed the research proposal and established protocols to ensure the privacy of the information, and (ii) approved the research.
- p. Additional Services: We may use or disclose your PHI to send you information about alternative medical treatments and programs, or about health-related products and services that may be of interest to you, provided Mirror does not receive financial remuneration for making such communications. We may similarly describe products and services provided by Mirror and tell which plans Mirror participates in. When we see you, we may also use your PHI to encourage you to maintain a healthy lifestyle and get recommended tests, recommend that you participate in a disease management program, provide you with promotional gifts of nominal value, and tell you about government sponsored health programs. Finally, we may receive compensation that covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed to you.
- q. Fundraising: We may use or disclose your PHI to contact you for fundraising purposes. However, you have the right to opt-out of receiving such fundraising communications. If you opt-out, we will not contact you for fundraising purposes.
- r. Inmates, Parolees and Individuals on Probation: If you are an inmate of a federal or state correctional institution or are under the custody or supervision of a law enforcement official, then we may release your PHI necessary (i) for the institution or law enforcement official to provide you with or make referral for proper health care; (ii) to protect your health and safety or to protect the health and safety of others; or (iii) to protect the safety and security of the correctional institution or Mirror programs.

C. When Mirror May Not Use or Disclose Your Health Information.

Except as described in this Notice, we will not use or disclose your PHI without your written authorization. In addition, we are required to obtain your authorization under the following circumstances:



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1. Psychotherapy Notes: Most uses and disclosures of psychotherapy notes will require your authorization.
2. Marketing: Uses and disclosures of PHI which result in Mirror receiving financial payment from a third party whose product or services is being marketed will require your authorization.
3. Sale of PHI: Disclosures that constitute a sale of PHI will require your authorization.

If you do authorize us to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time by sending your written revocation to the Contact Office listed at the end of this Notice. If you revoke your authorization, we will no longer be able to use or disclose your PHI for the reasons covered by your written authorization. **Please understand that criminal justice referrals are unable to revoke authorization(s) to certain parties.**

D. Statement of Your Health Information Rights

1. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI. Mirror is not required to agree to the restrictions you request. Your request must be in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. Again, we are not required to agree to your request. However, if you tell us not to disclose your PHI to your health plan concerning health care items and/or services for which you have paid for in full out-of-pocket, we will abide by your request.
2. Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters and receive your PHI through a reasonable alternative means or at an alternative location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. Your request must be in writing. In your request, you must tell us how or where you wish to be contacted. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. We will make reasonable efforts to accommodate your request.
3. Right to Inspect and Copy: You have the right to inspect and copy your PHI that may be used to make decisions about your treatment or benefits, with the exception of psychotherapy notes, treatment plan evaluations, discharge summaries, alcohol/drug assessments, or information gathered for and used in legal or administrative proceedings. To inspect and copy such information, you must submit your request in writing to the Contact Office listed at the end of this Notice. If you request a copy of the information, we require that you prepay a reasonable fee to cover expenses associated with your request. Typically, we would charge \$1.00 per copied page and \$25.00 per hour of staff time to locate and copy your health information (regardless of the number of pages involved there will be a minimum charge of \$25.00 assessed to you). We may deny your request to inspect and copy in certain very limited circumstances; if we deny you access to your PHI, you may request that the denial be reviewed.
4. Right to Request Amendment: You have the right to request that Mirror amend your PHI that you believe is incorrect or incomplete. Your request must be in writing and must include a reason or explanation that supports your request. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. If we approve your request, we will include the

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amendment in any future disclosures of the relevant PHI. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant PHI. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: is not part of the PHI maintained by Mirror; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. All denials will be made in writing.

5. Right to an Accounting of Disclosures: You have the right to receive a list of “accounting of disclosures” of your PHI made by us, except that we do not have to account for disclosures made for treatment, payment or health care operations (unless the disclosure was made through an electronic health record), disclosures authorized by you or disclosures made to you. If the PHI disclosed is an “electronic health record,” the accounting will include disclosures up to three years before the date of your request. If the PHI disclosed is not an “electronic health record,” the accounting will include disclosures up to six years before the date of your request. Your request must be in writing. Your request must include the time frame that you would like us to cover. Request forms are available from and must be submitted to the Contact Office listed at the end of this Notice. A minimum of \$25.00 will be assessed to you for this request since a brief letter will need to be drafted and sent to you at the location designated by you. Again, we will require that you pre-pay for this service.
6. Right to Paper Copy: You have the right to receive a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this Notice, send your written request to the Contact Office listed at the end of this Notice. You may also obtain a printable copy of this Notice at our website (www.mirrorinc.org).

E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services, Region 7, Office of Civil Rights, Bolling Federal Building, 601 East 12th Street, Kansas City, MO 64106. To file a complaint with us, send a written complaint to the Contact Office listed at the end of this Notice.

You will not be retaliated against for filing a complaint. Your health care services and/or benefits with Mirror will not be affected in any way.

F. Contact Office

Mirror, Inc.
Attn: Compliance Officer
130 E 5th
Newton, KS 67114



M I R R O R

Acknowledgment of Receipt of Notice of Privacy Practices.

Version Effective September 23, 2013

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for Mirror, Inc. ("Mirror"). I further acknowledge that a copy of the current notice will be posted at Mirror's facilities. I am aware that I may obtain an amended Notice of Privacy Practices on Mirror's website at www.mirrorinc.org, by writing to the Privacy Officer, or by requesting one at Mirror.

☐ I **elect** to receive copies of any amended Notice of Privacy Practices by email at:

☐ I **decline** electronic delivery and understand that amended Notices will be available at Mirror facilities and upon request.

Signed: _____

Date: _____

Print Name: _____

Telephone: _____



Residential Reentry Center (RRC) – TUBERCULOSIS (TB)

Tuberculosis (TB) Education and Acknowledgment

What is Tuberculosis (TB)?

Tuberculosis, or TB, is a disease that spreads through the air when a person with active TB coughs, sneezes, laughs, or talks. It most commonly affects the lungs but can also affect other parts of the body. TB spreads more easily in shared living environments.

Who is at Higher Risk for (TB) ?

- People who live or work near someone with TB.
- People in shared or crowded housing.
- People with weak immune systems.
- People with HIV, diabetes, cancer, or those who are underweight.
- People with a history of drug or alcohol use.
- People who have lived in jails, prisons, or shelters.

TB Infection vs TB Disease

- TB infection means germs are in the body, but the person is not sick and cannot spread TB.
- TB disease means the person is sick and can spread TB to others.

Signs and Symptoms

- A cough that does not go away.
- Feeling very tired.
- Weight loss & loss of appetite
- Fever.
- Coughing up blood.
- Night Sweats. (Heavy sweating that soaks your clothes or sheets)

TB Testing

- The TB skin test is placed on the arm to check for exposure to TB.
- The test must be checked by medical staff 48 to 72 hours later to read the result.
- RRC residents may be required to complete TB testing while living at the RRC as part of health and safety procedures.

TB Treatment

- TB infection may be treated with medication for six to twelve months to prevent the disease from developing.
- TB disease is treated with several medicines for six to nine months to cure the infection and stop it from spreading.
- All TB medication must be taken exactly as ordered, even if symptoms improve.

RRC Resident Responsibility

- Tell RRC staff right away if you have any TB symptoms, such as a cough, fever, or night sweats.
- Tell RRC staff if you were near someone who has TB or were told you may have been exposed.
- Take all TB medicine exactly as prescribed and follow all medical instructions.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC) – PROPERTY MATRIX

MAXIMUM ALLOWABLE PROPERTY

ITEM	PERMITTED	ARRIVED WITH	DESCRIPTION
Shoes	3 Pair		Combination of tennis shoes, boots & dress shoes
Shower Shoes	1 Pair		Flip Flop style
Baseball Cap Stocking Cap	2		Combination total
Briefs Boxer shorts	7		Combination of total
Clock	1		Battery Powered
Hygiene Items	1 5 1 1		Comb/Brush/Pick Disposable Razor's Electric Razor Fingernail Clippers
Gym/Walking Shorts	4 Pair		Loose leg/mid-thigh, NO spandex; solid colors
Socks	7 Pair		Total for work or dress
T-shirts	7		No mesh, tank top, or mid-drift types No graphics/logos depicting drugs, alcohol or advertising
Shirts	5		Button style
Pants	7 Pair		Including Blue jeans
Dress Suit	1		Including jacket, pants & vest
Coats	1		1 heavy/1 light
Gloves	1		One pair work or dress
Fan	1		Maximum of 12" Plastic Blades only (Plug in Only)
Wallet	1		No attached chains or clips

My signature below acknowledges that I understand the Mirror, Inc. Property Matrix and that any violations may result in disciplinary action.

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____



Residential Reentry Center (RRC)- TRACKtech Q&A

I, _____, REG#, _____ understand that while I am a resident of a Mirror, Inc. Residential Reentry Center or Work Release Program, I must seek and accept emergency medical care when injury or illness occurs.

You must keep the TRACKphone with you at all times

- ☐ You can unlock the phone with either a fingerprint or your passcode
- ☐ Keep the TRACKphone charged **above 50%**
- ☐ Do not use a screen protector on the phone
- ☐ Where to find phone notifications
- ☐ How to respond to voice check-ins
- ☐ How to respond to face check-ins
- ☐ How to respond to fingerprint check-ins
- ☐ How to send an email to the case manager
- ☐ How to accept a video call
- ☐ How to send an in-app message in TRACKphone Comms
- ☐ Who to contact when there is a support question with the TRACKphone

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____

RRC Case Manager (If applicable): _____ Date: _____

Note: I understand that accountability is my responsibility as a resident of the RRC. Failure to comply with accountability measures will result in progressive discipline. In an RRC, accountability is the foundation for successfully transitioning back into the community.



Residential Reentry Center (RRC) – RESIDENT ORIENTATION CHECKLIST

Resident Orientation and Acknowledgment

Residential Reentry Center staff shall ensure that each required orientation topic is presented to every newly admitted RRC resident. RRC staff are responsible for providing clear explanations of each topic and for allowing the RRC resident the opportunity to ask questions.

Each new RRC resident shall formally acknowledge that all required topics have been presented and explained by RRC staff. Documentation of the RRC resident's acknowledgment shall be maintained in the RRC resident's file in accordance with Bureau of Prisons (BOP) requirements and organizational record retention policies.

Resident Initial	Date
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_____	_____	Expectations for first week (7-day orientation phase) See RRC staff for hygiene bags.
_____	_____	Emergency Plan Review and Life Safety
_____	_____	Using Chemicals at the RRC- SDS, PPE (gloves, mask, goggles), chemical dispenser.
_____	_____	Hazardous Materials
_____	_____	Medical Assessment Form (See Director or Case Manager for medical requests)
_____	_____	Emergency Contact Information Form and Release of Property Form
_____	_____	Schedule of Operations – meals, lights out, smoke breaks, chores.
_____	_____	Facility's program opportunities, tour, and waiting to be “buzzed” in/out.
_____	_____	Sanitations Standards—chores, no food in rooms, food only in dayroom
_____	_____	Facility's disciplinary system
_____	_____	Universal precautions; HIV and Hepatitis B and C prevention; risk regarding sexual behavior and drug use.
_____	_____	Sexual abuse/assault intervention (PREA Education/Training)
_____	_____	Suicide prevention
_____	_____	Medication requirements, to include over the counter and prescribed medication and expectations of medication compliance
_____	_____	Requirements for urine surveillance and testing
_____	_____	Decision making and consequences of decisions.
_____	_____	Personal accountability
_____	_____	Grievance system (boxes located by resident phone in each building)
_____	_____	Resource person(s) in the facility and where their offices are located.
_____	_____	Consequences of escapes— damaging property, taking a GPS unit, new charges.
_____	_____	Sign-in/sign-out procedures (must have date, full address, phone #, transp.& type)
_____	_____	Inventory and Property Matrix—limitations on what you can have.
_____	_____	Component assignments; Components and what they mean (CC, PR, HC); pass and furlough procedures; review itinerary
_____	_____	Appropriate behavior in the community and they RRC; Personal management of challenges during RRC residency

RRC Resident (Signature): _____ Date: _____

RRC Staff (Signature): _____ Date: _____