



**Opera Don Guanella**  
**CENTRO DI RIABILITAZIONE**  
**Casa San Giuseppe**

# **SERVICE CHARTER and Regulation**

Rev. 3 of 20.03.2024

**REHABILITATION CENTRE - CASA SAN GIUSEPPE**  
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*The "Service Charter" aims to facilitate users in the use of services and can be considered a tool to protect the right to health, as it allows patients effective control over the quality of the services provided.*

*It is subject to periodic checks, improvements and additions, in order to offer an ever-improving service.*

*In particular, it lists the services and benefits that can be provided.*

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## 1- INTRODUCTION

In a context characterised by continuous changes and a constantly changing regulatory framework, where attention to the needs and problems of people with different abilities requires ever diversifying interventions, the Service Charter intends to be an easy, comprehensible, verifiable tool for citizens to get to know the Casa S. Giuseppe.

The activities and services that are guaranteed to the persons accommodated are briefly illustrated. Also described are the various services offered, the educational, care, health, rehabilitation, animation and integration interventions for the best wellbeing of the persons and to protect their privacy.

The purpose of this Service Charter is therefore to present the operational structures of the Casa San Giuseppe Rehabilitation Centre and their organisation, in order to make it easier for the user to get to know them and thus make the services offered more understandable and accessible.

It refers to the institutional regulations in force, to the Ministry of Health guidelines and in particular to the principles contained therein of universality, equality and equity of access to benefits and services, impartiality, right to privacy, continuity, effectiveness, efficiency, and participation.

The valorisation of the human and professional resources of the social and health workers as well as the aims and objectives of the Guanellian Educational Project are the focus of the daily work that is carried out in the rehabilitation activities.

## 2- PRESENTATION OF THE STRUCTURE AND EXPLANATION OF FUNDAMENTAL PRINCIPLES

### 2.1 About us

The 'Casa San Giuseppe' rehabilitation centre of the Opera Don Guanella is a vast and articulated facility where people with neurodevelopmental disorders have been received for almost 100 years through three types of services: residential, semi-residential and non-residential.

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The 'House' covers an area of about 10 hectares and is located in the north-west of Rome on Via Aurelia Antica 446, in a large park with numerous tree-lined avenues and socialising areas. This rehabilitation centre is a branch of the Italian Province of the Congregation of the Servants of Charity, which carries out health, social welfare and pastoral activities in 23 countries around the world. The Italian Province of the Congregation of the Servants of Charity is recognised as a single legal entity with its head office in Rome at Vicolo Clementi 41. However, the "Casa S. Giuseppe" Rehabilitation Centre is accredited as a single branch in accordance with DCA U00147 of 15 April 2015 with the Lazio Region, and is and operates in the territory of the Municipality XIII and ASL RM 1.

The Saint Joseph House is a branch of the Italian Province of the Congregation of the Servants of Charity "Opera Don Guanella".

## 2.2 Mission and Principles

The mission of the Opera Don Guanella is founded in the thought and inspired by the example of the Founder, Don Luigi Guanella, who stated that "no one should be left behind in the course of life", and also argued that at the basis of any intervention with the differently abled there must be a "global approach". These principles fit in perfectly with recent institutional regulatory guidelines that highlight the shift from a sectoral conception and vision to a global vision of the person's conditions and needs. The fundamental contents of the educational, rehabilitation and care model of the St. Joseph Home in particular, spring from the following Guanellian principles: in a climate of professional seriousness and meaningful human relations, the operators are committed to ensuring that each guest receives, as the Founder wished, "Bread and Lord", that is, care, rehabilitation, education, love, attention and adequate means for the full development of his or her personality.

In particular, the facility aims to offer the person with neurodevelopmental disorder an intervention oriented according to the following principles:

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- The firm belief in the original value of the unique and unrepeatable human person;
- faith in the dignity and educability of the differently abled person;
- Realist optimism allows one to avoid utopias or overly pragmatic attitudes and to value everyone's real capabilities.
- Privileged attention to the poor or those who have less physically and morally (cf. Guanellian Educational Project, 1994).

## 2.3 The founder

Luigi Guanella was born at Fraciscio in Val Chiavenna on 19 December 1842 and became a priest in 1866. He was a parish priest in worship, teaching and religious education and was an apostle of charity: in his pastoral experience in Valtellina and through contacts with Don Bosco and Cottolengo, he matured the vocation to care for all the needy.

He experienced difficult years due to misunderstandings with the civil and religious authorities; relegated to the mountains, he was then recalled and took care of a work for orphans, leading a small group of young consecrated women; in Como he opened 'the little House of Divine Providence' for all the needy, which was followed by several other works. He continued his work of charity among the poorest of the poor.

He founded two religious congregations; he died in Como on 24 October 1915, was beatified on 25 October 1964 by Paul VI and canonised on 23 October 2011 by Pope Benedict XVI.

His closeness to the figure of Don Bosco and the years spent with him, made him mature the idea of an educational framework based on the "preventive method": for Fr Guanella the preventive system is the central core that unifies educational activity.

Throughout his life Fr. Luigi Guanella always showed great esteem and love and a special predilection for creatures "poor in mind" whom he affectionately called "Good Sons", in imitation of Cottolengo, to indicate their state of innocence. This is how he urged his priests and nuns: 'do not put at the last place of the house those who must be at the first, the most abject and the most abandoned'.

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From the heart of St. Louis, the Guanellian family of two Congregations and committed lay people has arisen:

1. I Servi della Carità
2. Le Figlie di Santa Maria della Provvidenza
3. I Cooperatori guanelliani.

The two Congregations carry out their mission in Italy, Europe and other continents.

## 2.4 The Structure

The 'House' covers an area of about 10 hectares and is located in the north-west of Rome on Via Aurelia Antica 446, in a large park with numerous tree-lined avenues and socialising areas.

Inside the park are the four wards of the Residential Service and the building dedicated to the Outpatient Service and Day Care Centre.

The centre has a large gymnasium where physiotherapy activities take place and rooms dedicated to occupational therapy and speech therapy.

Each residence has a personal activity room, equipped for our guests to use and access educational and recreational activities.

In particular, the Residential Service Wards or Residences are equipped with a doctor's office, infirmary, chapel, common room, lounges with TV and each room has an en-suite bathroom.

The centre has several spaces suitable for carrying out rehabilitation, therapeutic and educational activities.

A greenhouse and a vegetable garden are also present and available to the guests to enable them to carry out their ortho-therapy activities throughout the year regardless of the weather.

The centre also offers a Bar Service, an important meeting and socialising place managed entirely by the users.

There is a room called 'Ausilioteca' where our guests can benefit from tools for Alternative Augmentative Communication and technological means for rehabilitation activities.

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- A view of the new Betania residence



### 3- INSTITUTIONAL LINKS

The Opera Don Guanella Rehabilitation Centre has **relations and/or agreements** with **Universities and other Training Institutes** for the professional training of Psychologists, Professional Educators, Social Workers, Occupational and Neuropsychomotricity Therapists and OSS. By way of information only, we indicate channels open for this purpose with:

- La Sapienza University Faculty of Psychology 2
- Roma Tre University
- Catholic University, Faculty of Clinical Psychology, Rome
- LUMSA, Rome
- European University, Rome
- University of L'Aquila, Faculty of Psychology
- Bambino Gesù Children's Hospital, Rome
- St. John B. Hospital, Knights of Malta, Rome
- Permanent Education Centre Music Section/Pro Civitate Christiana, Assisi (PG)
- School of Specialisation in Integrated Cognitive Behavioural Psychotherapy of the Italian Institute of Cognitive Science



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- School of Cognitive Interpersonal Psychotherapy - SCINT
- School of Cognitive Behavioural Psychotherapy - A.T. Beck Institute
- Salesian Pontifical University
- Experimental Research Centre, Cantalupo (RI)
- J. Piaget Institute, Rome
- Istituto Superiore Statale V. Colonna, Rome
- State High School, V. Gioberti, Rome
- Istituto comprensivo M. Capozzi, Rome
- Capodarco Cooperative, Rome
- The Thousand and One Nights Cooperative, Rome
- Cesc-Project for National and International Civil Service, Rome
- ReTe Institute - Institute of Neuropsychiatry Research and Therapy in Developmental Age
- SaveTheDreams-Amici di Don Guanella Association - Onlus, for Volunteering, Rome  
[www.savethedreams.org](http://www.savethedreams.org)

## 4- SERVICES

The Rehabilitation Centre is dedicated to the care, education, assistance and rehabilitation of people from all over the country, diagnosed with intellectual disability also associated with other psychophysical or psychosensory disabilities men and women.

The centre is aimed at caring for people with intellectual disabilities and neurodevelopmental disorders in all its forms. In particular, the services offered are articulated in three ways:

- **The Residential Service**
- **The Semi-Residential Service**
- **The Outpatient Service**

### 4.1 The Residential Service

The residential rehabilitation offer is graded into extensive and socio-rehabilitative maintenance treatment, provided in residential units. Different nuclei coexist within the same residential unit.

More specifically, the Centre's Residential Service consists of 4 Residences. Each residence consists of two or more residential units or nucleus.

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The housing units accommodate a minimum of 8 and a maximum of 24 male or female users and are divided into nuclei of 8 or 12 guests each.

RESIDENCE	UO	LIVING UNIT	NUMBER OF BEDS
BETANIA	BETANIA A	BETHANY A 1	12
		BETANIA A 2	12
	BETANIA B	BETHANY B 1	12
		BETANIA B 2	12
	BETANIA C	BETANIA C	8
EMMAUS	EMMAUS A	EMMAUS A 1	12
		EMMAUS A2	12
	EMMAUS B	EMMAUS B1	12
		EMMAUS B2	12
	EMMAUS C	EMMAUS C	8
NAZARETH	NAZARETH A	NAZARETH A1	12
		NAZARETH A2	12
	NAZARETH B	NAZARETH B1	12
		NAZARETH B2	12
	NAZARETH C	NAZARETH C1	8
SAN GIUSEPPE	SAN GIUSEPPE II FLOOR	SAN GIUSEPPE II FLOOR 1	13
		SAN GIUSEPPE II FLOOR 2	12
	SAN GIUSEPPE III FLOOR	SAN GIUSEPPE III FLOOR 1	12
		SAN GIUSEPPE III FLOOR 2	14

For each Residence, the presence of:

- responsible physician, rehabilitation specialist as understood in the Rehabilitation Master Plan (State-Regions Agreement of 10 February 2011, OJ 2.3.2011, SG 50);
- medical specialists, related to the type of disability mainly treated;
- consulting physicians;
- coordinating psychologist;
- rehabilitation health professionals<sup>1</sup> ;

<sup>1</sup> Rehabilitation health professionals (physiotherapist pursuant to Ministerial Decree no. 741 of 14 September 1994; speech therapist pursuant to Ministerial Decree no. 742 of 14 September 1994; developmental neuropsychomotricity therapist pursuant to Ministerial Decree no. 56 of 17 January 1997; occupational therapist pursuant to Ministerial Decree no. 56 of 17 January 1997 - Ministerial Decree of 27 July 2000; professional educator pursuant to Ministerial

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- the Centre's sole social worker;
- professional educator;
- nurses;
- dedicated day and night care workers.

The organisation of the Residences also guarantees the guest:

- an environment as similar as possible to the community of origin in terms of hours and rhythms of life, as well as the customisation of their residential space;
- socialisation, also with the contribution of voluntary work and other external organisations, also using the resources of the local area, in order to guarantee the best possible quality of life for the guest;
- the participation and empowerment of the family in the project or of persons who, outside family relationships, have relations of an emotional nature with the guest.

Responsibility for the individual rehabilitation project (PRI) lies with the Responsible Doctor, who manages the projects in cooperation with the Residence Coordinator.

Below is a description of the structural aspects of the individual residences.

#### 4.1.1 Living area

Guest rooms are located in each housing unit. Each room accommodates between two and four beds. The rooms are structured in such a way as to guarantee the privacy of the guests and to allow access and movement of wheelchairs, the use of lifts and the passage of stretchers.

Each double room is equipped with toilets, immediately adjacent to the room, suitable for non-self-sufficient patients (with a ratio of 1 for every 2 beds) and with full wheelchair access and rotation.

Each bathroom is equipped with a washbasin, toilet, shower or bath and bidet. A wardrobe for clothes and a low cabinet adjacent to the bed, which serves as a bedside table/closet, are available to each guest.

Within the organisational unit, each housing unit has the following services at its disposal:

- living room/playground/TV/communal space;

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Decree no. 8 October 1998 - Ministerial Decree of 27 July 2000 and nurses may be interchangeable with each other depending on the type of disability mainly treated.

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- dining room for each nucleus;
- service room for staff with adjoining toilets;
- assisted bathing
- cupboards for clean linen;
- Dirty material storage room, with emptying and flusher;
- storage room for equipment, wheelchairs and consumables, etc.

#### 4.1.2 Assessment and treatment area

The Residential Service has the following areas dedicated to evaluation and rehabilitation therapies:

- medical offices equipped for specific examinations and evaluations;
- premises for the provision of specific rehabilitation activities;
- gymnasium with equipment and facilities required for the specific rehabilitation activities envisaged;
- multi-sensory room, unique to the Centre;
- nurses' station (one for each residence).

#### 4.1.3 Area of socialisation

The Residential Service has many spaces designed to encourage the socialisation of guests and related activities, including:

- religious care services and related facilities (each residence has a chapel),
- corner bar;
- multipurpose rooms called 'activity rooms', dedicated to each individual unit;
- rooms for guest services (e.g. barber, hairdresser, podiatrist, laundry);
- toilets for visitors, accessible to people with disabilities;
- equipped green areas, accessible to persons with disabilities, within the complex.

#### 4.1.5 Description of a typical day

At 7.00 a.m., the social and health workers do the getting up, i.e. prepare the residents in terms of hygiene and dressing. At 8.00 an operator leaves the residence with the task of fetching the trolley with breakfasts from the kitchen.

From Monday to Friday, from 9:00 a.m. to 12:15 p.m. and from 2:00 p.m. to 6:45 p.m., the rehabilitation and socio-educational activities, as well as autonomy-enhancing activities provided for in the PRIs, take place.

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Bedtime is scheduled for 10 p.m.

On Saturdays and Sundays, activities aimed at increasing socialisation and outings in the area are encouraged.

Below is a table illustrating a typical day at the centre, spread over a week.

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TIMETABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
07:00- 8:30	Lifting operations and daily personal hygiene						
08:30-09:30	<b>BREAKFAST</b>						
09:30- 12.20	<p><b>REHABILITATION-EDUCATIONAL ACTIVITIES</b></p> <ul style="list-style-type: none"> <li>- Physiotherapy</li> <li>- Respiratory physiotherapy</li> <li>- Speech therapy</li> <li>- Garden and greenhouse activities</li> <li>- Individual rehabilitation interventions</li> <li>- Psychomotricity</li> <li>- Workshop on bar management related activities</li> <li>- Workshop in small groups of socio-integrative activities to foster autonomy, aimed at the humanisation of care. A list of the centre's activities is available from the health management.</li> </ul>					<ul style="list-style-type: none"> <li>- Socialising activities</li> <li>- Recreational activities</li> <li>- Outings in the territory</li> <li>- return to the family if required</li> </ul>	<ul style="list-style-type: none"> <li>- Socialising activities</li> <li>- Recreational activities</li> <li>- Outings in the territory</li> <li>- Mass</li> <li>- return to the family if required</li> </ul>
	<p><b>MEDICAL EXAMINATIONS AND SELF-CARE</b></p> <ul style="list-style-type: none"> <li>- Podiatrist</li> <li>- Hairdressing service</li> <li>- Ophthalmologist</li> <li>- Otolaryngologist</li> <li>- EEG</li> </ul>		<p><b>MEDICAL EXAMINATIONS AND SELF-CARE</b></p> <ul style="list-style-type: none"> <li>- Podiatrist</li> <li>- Hairdressing service</li> <li>- Ophthalmologist</li> <li>- Otolaryngologist</li> <li>- EEG</li> </ul>		<p><b>MEDICAL EXAMINATIONS AND SELF-CARE</b></p> <ul style="list-style-type: none"> <li>- Podiatrist</li> <li>- Hairdressing service</li> <li>- Ophthalmologist</li> <li>- Otolaryngologist</li> <li>- EEG</li> </ul>		
12:30-13:30	<b>LUNCH</b>						
13:45-15:20	Time off						
15:30	<b>SNACK</b>						
16:00-18:00	Rehabilitation-educational activities/medical examinations and self-care						
18:00-19:00	<b>MASS</b>						
19:00-20:00	<b>DINNER</b>						
20:00-21:00	Night and overnight hygiene						
21:00-22:30	Evening leisure activities						
23:00	Overnight rest						

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#### 4.1.6 Autonomy-enhancing residential housing units

Intellectual disability is a complex disorder, with onset in the developmental period, that results in permanent impairment of cognitive and adaptive functions.

The literature agrees in considering the condition of intellectual disability as a heterogeneous syndrome, both in terms of the variety of causes that lead to the development of this condition and in terms of the wide variety of symptoms that individuals with this condition manifest.

Moreover, it is important to emphasise how the pervasiveness of symptoms and deficits that compromise the subjects' entire developmental sphere, the different environmental conditions from which they come, and the possibility of the presence of co-morbidities, especially of a psychiatric nature, imply the constitution of symptomatological pictures characterised by extreme heterogeneity.

Lastly, it is possible to distinguish different levels of severity of the disorder (mild, moderate, severe and extreme), based on IQ score assessments but especially on adaptive functioning, since it has been assessed that it is precisely the adaptive capacities (in particular the areas of socialisation and practical/ daily activities) that determine the degree of the subject's development and consequently determine the level and type of assistance needed.

Therefore, in order to provide an adequate response to the specific needs of the Centre's Guests, Casa San Giuseppe felt the need to create, within the Residential Service, housing units called "Apartments", within which the development of a rehabilitation project takes place with a focus on increasing domestic autonomy, social skills and, where possible, the creation of conditions for job placement dedicated to users who, although cognitively impaired, are characterised by good adaptive functioning, present or potential.

The total number of users involved is 24 people with intellectual disabilities, divided into 3 units with 8 beds.

From a management point of view, the residential units with 8 users provide for the presence of rehabilitation health professionals during the 12-hour daytime and the nighttime reference of the residence nurse and the social-health workers on duty in the units with 12 users.

The rehabilitation team of the Autonomy Apartments consists of the following professionals:

- 1 co-ordinator (educator) across the 3 units
- 1 doctor responsible across the 3 units

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- 1 consultant psychiatrist across the 3 units
- 1 consultant psychologist across the 3 units
- 12 rehabilitation health professionals, divided into 3 mini-teams of 4 professionals dedicated to a single unit of 8 users

The rehabilitation team also consists of all the figures defined as rehabilitation therapists who are involved in the PRI that are shared by several units.

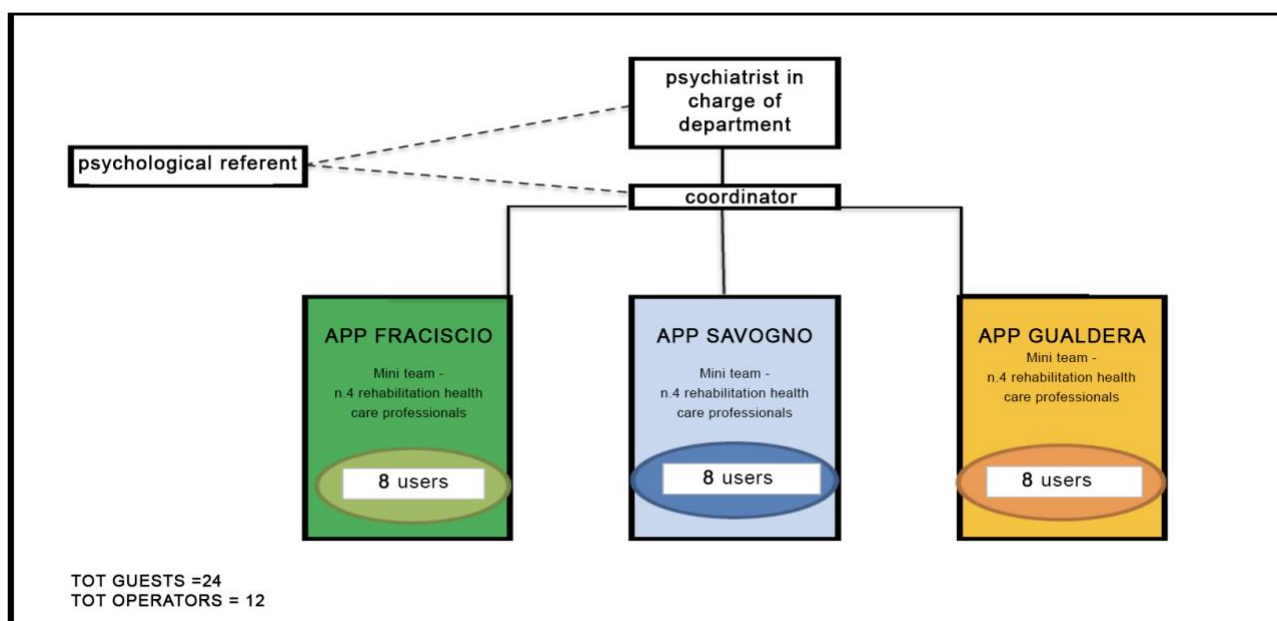
An Individual Rehabilitation Project (PRI), renewable at 60, 180 or 365 days, is drawn up for each guest in the 8-guest household.

The PRI is carried out following multidisciplinary integrated assessments (psychological, behavioural medical and nursing) that determine the therapeutic and rehabilitation objectives of the customised project for each user.

In addition, each guest in the nucleus is assigned a tutor, i.e. a rehabilitation health professional, dedicated to the management and realisation of the objectives of the individual project.

Users also benefit from group psycho-educational activities and, where possible and necessary, individual cognitive-behavioural-oriented psychotherapy.

**Fig. 1 Organisational structure of the Apartments**





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## 4.2 The Semi-Residential Service

The semi-residential rehabilitation offer is graded into extensive and socio-rehabilitative maintenance treatments, delivered in small groups called 'Workshops'.

Each workshop is managed by a professional educator and one or more social and health workers, who are responsible for managing the users' day, articulated through individual iconic agendas, and ensuring participation in activities with other rehabilitation professionals (e.g. physiotherapists, speech and language therapists, occupational therapists) on an individual and/or group basis.

Below is a list of the Workshops with the number of users in each group.

LABORATORY	NUMBER OF USERS
Arcobaleno	10
Artistico	10
Luna park	11
Smile	13
Ulisse	9
Zelig	13

Users of each laboratory are guaranteed the presence of:

- responsible physician, rehabilitation specialist as understood in the Rehabilitation Master Plan (State-Regions Agreement of 10 February 2011, OJ 2.3.2011, SG 50);
- medical specialists, related to the type of disability mainly treated;
- consulting physicians;
- psychologist;

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- rehabilitation health professionals<sup>2</sup> ;
- social worker;
- educator;
- nurses;
- dedicated day and night care workers.

In order to guarantee an adequate organisation of work, the psychologist plays the role of activity coordinator, dealing with the organisation of PRIs and the management of professional figures to guarantee continuity of care. The psychologist in charge also plays the role of case manager.

The organisation of the semi-residential service also guarantees the guest:

- the participation and empowerment of the family in the user's Rehabilitation Project or of persons who, outside family relationships, have relationships of an affective nature with the patient;
- the continuity of social relations and relational life, also using the resources of the territorial context in which the facility is located.

Responsibility for the individual rehabilitation project (PRI) lies with the Responsible Doctor who manages the projects in cooperation with the Psychologist.

#### 4.2.1 Description of Structural Aspects

Below is a description of the structural aspects of the semi-residential service.

Rehabilitation activities are provided in a building within Casa San Giuseppe (which also operates other care regimes).

In the semi-residential service there are premises for psychodiagnostic assessments, evaluations and medical examinations, premises for specific rehabilitation activities; gymnasium premises with equipment and facilities necessary for specific group rehabilitation activities, changing rooms/wardrobe for users, toilets for users, equipped for disability, premises for pedagogic-educational, occupational, vocational training and leisure activities.

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<sup>2</sup> Rehabilitation health professionals (physiotherapist pursuant to Ministerial Decree no. 741 of 14 September 1994; speech therapist pursuant to Ministerial Decree no. 742 of 14 September 1994; developmental neuropsychomotricity therapist pursuant to Ministerial Decree no. 56 of 17 January 1997; occupational therapist pursuant to Ministerial Decree no. 56 of 17 January 1997 - Ministerial Decree of 27 July 2000; professional educator pursuant to Ministerial Decree no. 8 October 1998 - Ministerial Decree of 27 July 2000 and nurses may be interchangeable with each other depending on the type of disability mainly treated.

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There are also lounge-relaxation areas with reclining chairs and a kitchenette.  
There are equipped green areas within the complex that are accessible to people with disabilities.

There is also a waiting area, a room for reception and administrative activities, a room for service management, a room for team meetings shared with the outpatient service.

There are also changing rooms and toilets for staff, a storage room for clean material, with cabinets for supplies, instruments, medicines and medical devices, a storage room for dirty material.

#### 4.2.2 Description of a typical day

Users are scheduled to enter at 8.30 a.m. and are not allowed beyond 10 a.m.

From 8:30 a.m. to 9:30 a.m. reception activities take place. Then each guest goes to the rehabilitation activities envisaged in the Individual Rehabilitation Project. Lunch takes place from 12:30 to 13:30. The afternoon is dedicated to free and recreational activities until 4:30 p.m., when the guests leave.

Below is a table illustrating a typical day of service.

- *Table Typical Day in the Semi-Residential Service*

TYPICAL DAY SEMI-RESIDENTIAL SERVICE	
8:30	Entrance - Service Opening
8:30- 9:30	Reception
9:30-12:00	Individual or group rehabilitation and/or educational activities
12:30- 13:30	Lunch
13:30-14:30	Relax
14:30-15:30	Recreational activities
15:30-16:00	Snack
16:30	Output

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### 4.3 The Outpatient Service

The Outpatient Clinic welcomes children and young people of both sexes of developmental age. The diagnosis refers to neurodevelopmental disorders: psychomotor retardation; mixed developmental disorders; neurodevelopmental disorders with another specification or global developmental delay or borderline intellectual functioning (fil); autism spectrum disorder; intellectual disability; developmental specific speech and language disorders; specific speech articulation disorder; expressive language disorders; mixed language disorders or speech comprehension disorders; specific motor coordination disorder; specific learning disorders: dyslexia, dysorthography, dyscalculia; developmental idiopathic scoliosis.

The Outpatient Clinic is equipped with suitable spaces and classrooms for carrying out the various rehabilitation activities. It carries out 120 individual and/or small group treatments daily.

The Outpatient Clinic is open from Monday to Friday from 8 a.m. to 8 p.m. and on Saturdays from 8 a.m. to 2 p.m.

#### 4.3.1 Services offered/provided

The aim is to prepare a precise analysis of the needs of children and young people in order to identify individualised rehabilitation projects that take into account the different personal and family realities, with the ultimate goal of integration into the social context.

To this end, action is taken to address and help solve family problems through the inclusion of the disabled child in education from the earliest years of life, in socialisation activities in anticipation of inclusion after compulsory schooling, and by providing information on the opportunities and protection provided by the laws in force.

The rehabilitation team, after analysing the child's or young person's needs and starting from a functional diagnosis, draws up the individual rehabilitation project, choosing the most suitable methods and strategies, aimed at the subject's functional recovery.

Rehabilitation services are performed in this Service:

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- Child Neuropsychiatric Specialist Medical examination;
- Orthopaedic Specialist Medical examination;
- Oculist Specialist Medical examination;
- Otolaryngologist Specialist Medical examination;
- Psychometric test administration;
- Speech-language rehabilitation;
- Cognitive neuropsychological rehabilitation;
- Cognitive-behavioural rehabilitation;
- Neuromotor rehabilitation;
- Psychomotor rehabilitation;
- Social service;
- Operational meetings of G.L.O. (Operational Working Group) at schools, as required by Law no. 104/92 for school integration.

#### 4.3.2 Criteria and modalities for establishing therapy schedules

The criteria by which the therapy schedules are defined are:

- children aged 0-6 years, preferably in the morning hours;
- children aged 6-12 years, preferably afternoon hours.

In any case, an attempt will be made, according to the criterion of the date of entry, to take into account the various family needs.

It should be noted that:

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- The duration of the individual intervention is set at 50 minutes;
- The duration of the group intervention is set at 100 minutes.

#### 4.3.3 The team

A multidisciplinary rehabilitation team composed of medical specialists, psychologists, rehabilitation therapists and professionals from the psychosocial area, provides:

- elaboration of the Individual Rehabilitation Project;
- necessary periodic checks;
- contacts for family information and support;
- school and social integration;
- identification of territorial services.

#### 4.3.4 Specialist treatment for children with Autism Spectrum Disorder

The outpatient clinic of the Opera Don Guanella has activated from April 2019 an outpatient care project for families with children with Autism Spectrum Disorder. The team is made up of: Neuropsychiatrist, psychologists and rehabilitation therapists, and is responsible for planning, organising and monitoring high quality early intensive behavioural interventions for children aged 2 to 6 years and 6 to 12 years of age.

The intervention for children aged 0-6 years with a diagnosis of Autism Spectrum Disorder is in line with the Commissioner of Acta's Decree No. 101 of 22/7/2020 and Guidelines 21 of 2011. The therapeutic approach is based on Applied Behavioural Analysis, declined in different applications, such as: ABA-VB, TEACCH and ESDM.

The following are foreseen:

- Three meetings per week lasting two 50-minute sessions.
- One 1-hour monthly interview with the supervisor.
- One hour of observation of the therapy once a week by the parents.
- One hour of active participation in therapy once a week by the parents
- One 1-hour interview with the teachers once a month.

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The intervention for children aged 6-12 years with a diagnosis of Autism Spectrum Disorder, is in line with the Decree of the Commissioner of Acta No. 101 of 22/7/2020 and Guidelines 21 of 2011. The therapeutic approach is based on Applied Behavioural Analysis, which can be declined in different applications, such as: ABA-VB, TEACCH and SOCIAL SKILLS TRAINING.

The following are foreseen:

- Two meetings per week lasting two 50-minute sessions.
- Parent Training
- A one-hour meeting with teachers once a month.

The children have access to individual and small group therapy rooms, a gym, a multi-sensory room and a kitchenette. The environments are organised in such a way as to encourage communicative and relational spontaneity and with a varying degree of structuring according to the child's functional profile. The use of visual aids is planned to facilitate communication and encourage spatial-temporal orientation. The aim of the project is to give families the opportunity to benefit from an early intensive behavioural intervention, based on the integration of evidence-based models, that creates a support network around the child, capable of significantly enhancing socio-communicative and cognitive skills.

## 5- GENERAL AND SUPPORT AREAS AND HOTEL SERVICE

As far as general coordination areas are concerned, there is a concierge service at the entrance, administrative offices, a general secretariat, and personnel offices.

There is a kitchen, with pantry and utility rooms, storage rooms as the laundry and ironing service is contracted out.

There are storerooms, changing rooms for staff with attached toilets, clean storage, dirty storage, mortuary with grief room.

All corridors and stairs are equipped with handrails.

As the wards are divided into multi-storey structures, there are elevator systems whose dimensions guarantee wheelchair and operator access.

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## 5.1 Kitchen

The service guarantees the daily preparation of food in compliance with the HACCP system transposed by L.D. 155- /1997 implementing EEC directives 93/43 and 96 concerning food hygiene. The dietician in collaboration with the doctors in charge and the kitchen service staff is responsible for the correct preparation and administration of diets and the weekly menu.

## 5.2 Laundry, cloakroom and cleaning

The laundry and cloakroom service is available every day for personal hygiene.

## 5.3 Concierge service

The service operates daily from 06.15 to 22.15.

## 6- STAFF TRAINING AND REFRESHER COURSES

All operators working at the Rehabilitation Centre participate annually in refresher courses as part of the company's annual training plan. Particularly significant is the on-the-job training that takes place throughout the year in the implementation of quality projects.

Training and refresher courses take place in accordance with current legislation and national labour contracts and on the basis of company and provincial trade union agreements.

## 7- ACCESS MODES

To request access to the services offered by the Casa San Giuseppe Rehabilitation Centre, please send a written request by e-mail to **roma.acettazione@guanelliani.it**.

The application must include the user's telephone number, the sender and the diagnosis.

When the application is received, the Acceptance Service will schedule an initial visit, subject to the conditions of appropriateness and diagnostic and environmental compatibility.



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At the First Visit the aim is to collect anamnestic social and clinical information useful for the eventual inclusion and elaboration of the first Rehabilitation Project.

Where necessary, during the first visit, the user undergoes a psychodiagnostic assessment to determine functional status, adaptive capacities and identify the presence of any problematic behaviour.

Following the evaluation process, the user will then be placed on a waiting list, within which he or she will be assigned a code according to salient clinical features.

This code will be used to assess environmental compatibility in relation to the type of post available.

<b>CODE</b>	<b>DESCRIPTION</b>
<b>Flats for Autonomy (APP)</b>	the assignment of this code is determined by the presence or emergence of the user's autonomy such that he/she can be included in a group of users who, in a protected context, are able to lead an autonomous life, at least as regards domestic skills and self-care
<b>High welfare needs (LIST A)</b>	The assignment of this code is determined by the identification of high care needs from a medical-assistance point of view and the consequent absence of even potential autonomy with regard to domestic skills and self-care. It is divided into ambulatory and non-ambulatory.
<b>Behavioural disorders and psychiatric comorbidities (LIST B)</b>	the assignment of this code is determined by the identification in the assessments of problem behaviour and/or symptoms or overt psychiatric pathologies such that the person's relational,

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	adaptive and self-care abilities are severely impaired.
<b>No specification (List C)</b>	This list includes users with no clinical needs that require more support than the regional standards.

The elements that determine the order of priority of individual waiting lists are:

- The **chronological order** in which applications are received.
- The age of **the user**, where preference will be given to users with a lower age and who can therefore benefit more from the rehabilitation treatments offered by the Casa San Giuseppe Rehabilitation Centre.
- **Margin for improvement**
- **Social situation**

The criteria for scrolling down the list are:

- 1) sequential order;
- 2) clinical/socio-medical priority code \*;
- 3) non-response to call
- 4) refusal of admission.

With regard to the operational modalities adopted for the management of the waiting list of patients who have asked to use the outpatient services provided, the process will be explained below.

\* It should be borne in mind that the progressive order may be overridden by criteria of clinical or sociomedical severity. These criteria must be based on the modification of the prognosis *quoad vitam* or *quoad valitudinem* by the rehabilitation act.

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Receipt of the request for placement in the non-residential service can be made

- by telephone at 0666601502 from 8 a.m. to 8 p.m.
- by e-mail at roma.ambulatoriosangiuseppe@guanelliani.it.

Patients who request rehabilitation intervention at the Centre, in the event of a lack of available places, are, at their request, placed on a waiting list based on the indication of the ASL in charge of the minor and, when possible, called in chronological order.

Every time a place becomes available to access treatment, the criterion used to identify the patient entitled to be taken on from among those on the waiting list is the chronological one, taking into account the places reserved for the Asl Roma 1 by virtue of the agreement entered into.

The only exception to the chronological criterion indicated in the previous point is the presence of a request for urgent intervention. In this case, the patient who submits a request for urgent intervention automatically becomes the first person entitled to be taken care of among those on the waiting list.

The request for urgent intervention must be in writing and clearly indicated in the prescription of the referents of the territorial and hospital services. In the event of the simultaneous presence of several requests with a characteristic of urgency, the chronological criterion will be used, even among these patients.

## 7.1 Required Documentation

Below is a summary of the documentation required to apply for placement at the centre:

Written application to the dedicated e-mail roma.accettazione@guanelliani.it, or by registered letter with acknowledgement of receipt addressed to the Centre's Management, specifying:

- the requested treatment,
- the motivation and precise and detailed information on the socio-family situation of the person concerned.
- Medical certificate with diagnosis and possible drug treatment.
- Past clinical documentation.
- Report of other Centres or Institutes previously attended.

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## 7.2 Admission Criteria

Below is a summary of the admission criteria taken into account for possible inclusion:

- Type of post available in relation to the needs of the person concerned.
- Socio-familial situation (e.g. absence of family members of reference or multiple situations of hardship).
- Date of application.
- Age corresponding to the type of treatment required.
- Compliance with the access criteria laid down in the regulations in force.
- Feasibility of inclusion and possibility of implementation of the rehabilitation intervention.

## 8- FOLDER MANAGEMENT AND PRIVACY

Data relating to each patient is stored in accordance with the regulations in force and in compliance with professional secrecy and the right to privacy, in accordance with Law No. 196/2003 and subsequent GDPR 2016/679 for the protection of persons and other subjects with regard to the processing of personal data.

To request certification of ongoing rehabilitation treatment, a clinical report, or after discharge a copy of the medical record, please complete the relevant forms available at the secretariat or downloadable from the website at <https://borgoguanella.it>.

- For certificates and clinical reports, the delivery time is 15 days from the date of request;
- For the copy of the medical record the delivery time is 7 days and it will be available in the administrative-accounting secretariat.

## 9- RESIGNATION AND REASONS FOR TERMINATION OF TREATMENT

Patient care may be temporarily or permanently suspended for the following reasons:

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- the Medical-Rehabilitation Team assesses that the objectives set out in the Project have been achieved, or at the explicit request of the parent/guardian/AdS;
- the Management Team considers that the minimum conditions necessary to provide a quality service are no longer in place (e.g. lack of the necessary cooperation from the referring relatives, prolonged and continuous absences, or the occurrence of acute organic or psychiatric pathologies).

The Health Director, in cooperation with the Social Services Department, reserves the right to make all referrals to the competent bodies where he sees the need.

## 10- PROTECTION AND VERIFICATION MECHANISMS

### 10.1 Complaints

The Casa San Giuseppe Rehabilitation Centre guarantees the patient protection function also through the possibility for the patient to lodge a complaint following a disservice, act or behaviour that has denied or limited the use of services.

The complaint will be submitted for analysis to the persons responsible for the service concerned, in order to assess possible corrective actions, and finally submitted to the Quality Manager.

Reception staff provide the information stipulated in this Service Charter, including how to make complaints and reports.

Citizens/users may complain directly to the reception desk by giving their observations orally or by filling out the complaints and/or suggestions form available at the entrance.

Complaints received in writing will be answered within 15 days, anonymous complaints will be analysed in management and processed for improvement according to the procedures of the quality management system.

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## 10.2 Verification of commitments

The Casa San Giuseppe Rehabilitation Centre undertakes to verify compliance with the commitments declared in this Charter, issuing an annual report on any non-compliance found, on the analysis of complaints received and on the results of user satisfaction surveys, as well as on the state of service levels.

This report will be reviewed by the management, which will give it adequate publicity, together with the planned improvement plans.

## 10.3 User satisfaction surveys

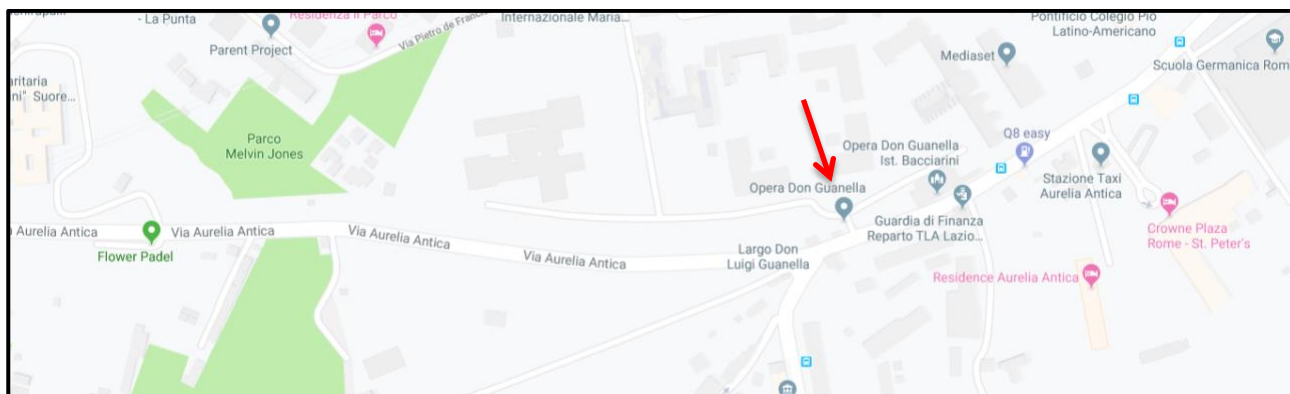
The Casa San Giuseppe Rehabilitation Centre can carry out user satisfaction surveys by means of questionnaires, sample surveys or direct observation through mixed monitoring groups.

The results of these investigations must be analysed in order to identify corrective and improvement actions and are the subject of publicly available reports, together with corrective and improvement programmes.

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## 11- HOW TO REACH US

The Casa San Giuseppe Rehabilitation Centre is located in Rome, Via Aurelia Antica 446.



It is possible to reach the Centre by metro, getting off at metro stop **Baldo degli Ubaldi** and taking bus line **892** (journey time 10 minutes); or getting off at metro stop **Cornelia** and taking bus line **889** (journey time 8 minutes).

Those who prefer to travel to our facility by car can take advantage of the centre's ample indoor parking facilities, where they can park their vehicles comfortably.

## 12- CONTACTS

**Location:** Via Aurelia Antica 446, Rome, 00164

**e-mail secretariat:** roma.sangiuseppe.segreteria@guanelliani.it

**Telephone (General Secretariat):** 06-666011

Further information can be found in detail on our website: <https://borgoguanella.it>

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## 'THE RULES OF THE CENTRE'

Each user has his or her own private space and benefits from common areas where he or she feels welcome and comfortable.

Maximum attention is therefore paid to the elaboration, transmission and observance of the rules of coexistence.

### **Cleanliness and order**

The cleanliness of the facility is a fundamental element in the respect of all.

It originates first and foremost from the care with which everyone uses their environment.

Caring for oneself involves caring for and respecting the place where one lives, both in terms of what concerns common spaces, as well as personal ones.

All users and their families are required to take care of themselves and their clothing: staff will point out any shortcomings and intervene in support of reduced abilities.

The cleanliness and orderliness of the facility are ensured by the staff on duty; however, the user is actively involved in carrying out daily activities to maintain and improve his or her level of autonomy.

### **Meals**

Breakfast is served from 8:00 to 9:00 a.m.; lunch from 12:30 to 1:30 p.m.; dinner from 7:00 to 8:00 p.m.

The catering service is outsourced. If the guest has problems with food intake, dietary restrictions or allergies, a personalised diet is created by the nutritionist in agreement with the facility's medical staff.



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The proposed menu, however, tries to take into account the dietary preferences and tastes of each guest as far as possible.

## **Silence and tranquillity**

In order not to disturb other users, everyone is required to avoid noise, not to shout and to moderate the volume of any equipment.

In particular, peace and quiet must be respected during moments of rest.

## **Smoking**

Out of respect for one's own and others' health, smoking is prohibited in all areas of the facility. Outdoor spaces are provided for smokers.

## **The telephone, computer and internet**

The telephone line with which the centre is equipped allows you to receive telephone calls and to make them, subject to agreement with the facility staff.

Any personal devices will be monitored and/or permitted in accordance with the terms and agreements made at the time of entry.

Computer use is permitted according to individually agreed therapeutic modalities.

Operators, for therapeutic reasons, may ask the user to apply apps, devices and filters in order to monitor the use of digital technology or to restrict time and navigation. Any restrictions must be agreed upon.

No ban is generalised: any use of technology must, however, be agreed upon and any restrictions are possible for therapeutic purposes.

## **External Visits**

Visits from relatives and friends are permitted as long as they do not hinder work and rehabilitation activities and respect the privacy of other users.

In order to facilitate a functional organisation of visits, it is advisable to give prior notice by e-mail or by telephoning the secretariat.

In some cases, the time and manner of visits are regulated by the therapeutic-rehabilitation project and must be agreed with the team.

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Some restrictions may be agreed upon for therapeutic purposes.

As a general rule, unless otherwise indicated by the Management Team, the facility can be accessed every day, from Monday to Sunday, from 4 p.m. to 6 p.m., preferably not longer than 45 minutes and with the indicative presence of about three family members in order to avoid crowds (especially if, due to weather conditions, it is not possible to use the outdoor areas). Requests for access at times other than those indicated must be received by the secretariat by email or telephone, and subsequently authorised by the Management.

During the visit, you are not allowed to stay in the Residences, but you may use the Meeting Room or the Centre's gardens. It is possible to go outside the Centre with the authorisation of the doctor in charge/coordinator and signing at the reception desk.

In some cases, the time and manner of visits are regulated by the therapeutic-rehabilitation project and must be agreed with the team.

Some restrictions may be agreed upon for therapeutic purposes.

## Parcels and correspondence

You may receive postal packages during your stay at our Rehabilitation Centre. You may receive and send correspondence.

Some restrictions may be agreed upon for therapeutic purposes.

## Money

As far as the use of money is concerned, ways of managing personal money will be agreed with family members and the user upon admission.

Certain restrictions on the use of money, credit cards or other forms of electronic money may be agreed upon for therapeutic purposes.

## What to bring with you

Users should bring with them all personal belongings useful to ensure their daily comfort, as well as anything useful for the full exercise of their rights and interests.

Some restrictions may be agreed upon for therapeutic purposes.

Everything for daily personal hygiene (soaps, towels, razors, shaving foam, etc.) is provided by the centre.

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## Clinical News

For the acquisition of clinical information during treatment, in addition to those routinely communicated, users and/or their relatives may request an appointment with the social worker, who will arrange a time and date for a meeting with the doctor, psychologist or coordinator or other operator.

## Activities

They will be communicated personally to the user and his or her family and agreed upon according to the therapeutic aims.

## Privacy

The facility ensures privacy according to the rules of the European Data Protection Regulation No. 679/2016 (GDPR).

All users and their family members commit to mutual confidentiality on any information acquired directly and indirectly during processing and concerning other users.