Privacy Notice and Client Rights

Privacy Notice

As a client of Chrysalis Health, you have the right to privacy and confidentiality of your medical record and service/treatment information, with a few limited exceptions described in this notice. This right to privacy and confidentiality is protected by Federal and State regulations including, but not limited to: Health Insurance Portability and Accountability Act of 1996 (HIPAA), Code of Federal Regulations (CFR) Title 42 Part 2-Confidentiality of Alcohol and Drug Abuse Patient Records and Title 45 Parts 160, 162 and 164-Security and Privacy, as well as by Chrysalis Health policy.

This notice describes in detail how Chrysalis Health protects and safeguards your right to privacy and confidentiality. Please review your rights carefully, and if you have any questions or concerns, call us using the information listed under "Questions and Concerns" of this notice. We will be happy to answer any questions you may have.

I. In General

It is the duty of Chrysalis Health to protect and safeguard your private and confidential service/treatment information and medical record information. This means that no person other than you is entitled to your service/treatment information or medical record information, with the few exceptions described below.

II. Exceptions; Who Your Information May Be Disclosed To

(a) You

Chrysalis Health must disclose your service/treatment information and medical record information to you. You can either review your service/treatment information and/or medical

record information in person or request in writing to obtain access to your information, by calling for an appointment or writing to the Privacy Officer at Chrysalis Health (address and phone listed in Question and Concern section of this notice). Chrysalis Health will provide you with copies of your medical record and/or schedule an appointment for you to see your medical record within 14 days of receipt of the request.

(b) Your Legal Guardian

If you are (1) under 18 years of age and are not emancipated or (2) have been declared mentally incompetent by a Florida court, then it is your legal guardian who is entitled to your Privacy and Confidentiality rights and who has the ability to enforce these rights. Your legal guardian also has the right to access all service/treatment information disclosure made by you, to such extent found in the referenced Federal and State regulations.

Where there is such legal guardian, in order to protect the confidentiality of therapy disclosures as well as to encourage such disclosures which enhance treatment, we will ask the legal guardian to give us written permission to maintain your confidentiality of therapy disclosures unless you are at risk of imminent harm.

(c) For Service/Treatment Purposes, With Your Consent

From time to time, we may need to use, disclose, or obtain documented information about you for the purposes of better providing you with evaluation, counseling, referrals and other services. Some, but not all of the information that may be obtained or shared with another provider includes assessments, evaluations, discharge summaries, medical documents, educational reports, etc., but not including progress notes which will not be shared with another provider for service/treatment purposes.

Additionally, at times we will need to communicate verbally with others about your service/treatment. Such communication regularly occurs between the treatment team, which includes the therapist, psychiatrist, supervisor, the counselor, case manager, and any other agencies and parties involved, such as the Department of Children and Families, the school or child

care center, other mental health and social service providers, and/or case managers. Other times, you may want us to communicate with your family members as to your service/treatment.

Prior to any documented information being obtained or disclosed, or any verbal communications being made, Chrysalis Health will obtain your written consent to release or obtain that specific information to each party to whom we release information. Without such written consent, no documents will be obtained or disclosed and no verbal communications will occur.

(d) For Health Care Operations, With Your Consent

Chrysalis Health may at times be required to use and disclose your Protected Health Information (PHI) to another agency for purposes such as billing, payment, contracting, authorizing, accrediting, auditing, reviewing, quality improvement, billing, payment or other related health care operation purposes. Protected Health Information includes data such as your name, social security number, date of birth, address and other identifying information.

At the start of service/treatment, we will ask that you give us your consent to release your PHI for the purposes discussed in the previous paragraph. This one consent will cover all such release of PHI for health care operations purposes until your discharge, but you can limit and/or revoke your consent in writing at any time (see the Questions and Concern section of this notice below).

Additionally, when releasing your PHI for health care operations purposes, Chrysalis Health will only release information to the minimum extent necessary to accomplish the purpose of the release. Further, prior to Chrysalis Health releasing any of your PHI for health care operation purposes, Chrysalis Health will ensure that an agreement between Chrysalis Health and the other entity is in place, where the other entity agrees to provide you with the privacy and confidentiality protections required by law and by our agency.

(e) For Health and Safety

At times, Chrysalis Health may need to use and disclose your service/treatment information and medical record information to avert a serious and imminent threat to your health or safety or the

health or safety of others. When releasing your information under these circumstances, such information will be released only to the minimum extent necessary to avert the threat. When reasonably possible, Chrysalis Health will attempt to obtain your written consent prior to the release of such information, but does not guarantee that such attempt to obtain consent will be made.

Additionally, Florida law requires Chrysalis Health to report to the Abuse Hotline any suspected child or elderly abuse, neglect, or abandonment. Florida law also requires that we report suspected domestic violence. Furthermore, in circumstances of clear and immediate probability of physical harm to a client or others, Chrysalis Health has a duty to warn the potential victim, the appropriate family member, law enforcement and other appropriate authorities, as required by Florida law.

(f) When Required to Disclose by Law

Chrysalis Health may disclose your service/treatment information and medical record information to the minimum extent necessary when we are required to do so by law, for the purposes of the federal or state regulating body ensuring Chrysalis Health is complying with all applicable laws and satisfying all of its legal obligations. When reasonably possible, Chrysalis Health will attempt to obtain your written consent prior to the release of such information, but does not guarantee that such attempt to obtain consent will be made.

Chrysalis Health may also disclose your service/treatment information and/or medical record information to the minimum extent necessary to a law enforcement official if you are a suspect, fugitive, material witness, crime victim, missing person, etc. Chrysalis Health may additionally disclose the service/treatment information and/or medical record information to the minimum extent necessary if you are an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances or if it is necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

(g) For Court Proceedings

Chrysalis Health may be required to use or disclose your service/treatment information and/or medical record information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under other limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your PHI to law enforcement officials. When reasonably possible, Chrysalis Health will attempt to obtain your written consent prior to the release of such information, but does not guarantee that such attempt to obtain consent will be made. Also, such information will only be released to the minimum extent necessary to satisfy the request.

(h) For Military and National Security

Chrysalis Health may disclose to military authorities your service/treatment information and/or medical record information if you are an Armed Forces personnel under certain circumstances or to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities. When reasonably possible, Chrysalis Health will attempt to obtain your written consent prior to the release of such information, but does not guarantee that such attempt to obtain consent will be made prior to the disclosure. Also, such information will only be released to the minimum extent necessary to satisfy the request.

(i) For Research, Training or Quality Assurance

Chrysalis Health will not use or disclose any identifying information about you for: research, data, training or quality assurance unless we first (a) disclose to you in writing the purpose of such use, (b) limit the use of your information only to the extent necessary to fulfill such purpose, and (c) receive your written consent to such disclosure.

(j) For Media Purposes

Chrysalis Health will not disclose your protected health information to the media without your voluntary and written consent. In the event that you voluntarily or inadvertently disclose, on your

own, such confidential information about yourself or another Chrysalis Health client, it is with the understanding that Chrysalis Health will not be held responsible for claims arising from your communications.

(k) For Other Purposes, With Your Consent

From time to time, situations may arise where we may need to disclose your confidential information under special circumstances. Such information will not be released unless we first (a) disclose to you in writing the purpose of such use, (b) limit the use of your information only to the extent necessary to fulfill such purpose, and (c) receive your written consent to such disclosure.

III. Your Rights

(a) Duration of Consent; Right to Revoke or Limit Consent to Disclose Information

At any time, if you give your written consent to Chrysalis Health to release your information for any purpose, your written consent to release your information for service/treatment will remain valid through the length of service/treatment, unless otherwise noted, or you revoke or limit your consent. You have the right to revoke or limit the consent in writing at any time (see Questions and Concerns section for details).

(b) Right to Request Amendments to Your Medical Record

You have the right to request that we amend your medical record by writing to the Medical Records department at Chrysalis Health. The writing must contain a detailed description of the amendments requested and the reasons for such request.

Under certain circumstances, we may deny your request to amend your medical record. If Chrysalis Health does so, we will provide you with a written reason for such denial within 14 days of receipt of the request for amendment. If you are unsatisfied with such response, you may use the procedures set out in the Questions and Concerns section of this Notice, to file an appeal.

(c) Right to Request Restrictions on the Use and Disclosure of your PHI

You have the right to request that we place certain additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. However, if you are in need of emergency treatment and the restricted health information is needed to provide the emergency treatment, we may use or disclose that information to a health care provider in order to facilitate the provision of emergency treatment to you. Any agreement we may make to a request for additional restrictions must be in writing and signed by the person authorized to make such an agreement on our behalf. We will not be bound unless the agreement is so memorialized in writing.

(d) Right to Request Your PHI Log

You have the right to request a copy of your PHI log, which will show you all uses and disclosures of your PHI made by Chrysalis Health to other parties. Such request can be made in writing to the Privacy Officer at the address listed in the Questions and Grievance section of this notice.

(e) Right to Request Confidential Communications

You have the right to request that we communicate with you in confidence about your health information at an alternative address or location. To make such request, please make such request in writing to Chrysalis Health (see Questions and Grievances section).

IV. Others' Rights

During the course of service/treatment with Chrysalis Health, you may be privileged to the protected health information of other Chrysalis Health clients. When receiving such information, you agree to maintain the privacy of such other client's protected health information to the same extent as Chrysalis Health maintains your privacy.

V. Effective Date

This Privacy Notice takes effect on April 14, 2003 and will remain in effect until a revised notice is issued. A revised notice may be issued if (a) Chrysalis Health chooses to revise this Privacy Notice

or its Policies or (b) federal or state regulations requires Chrysalis Health to make such revisions. Chrysalis Health reserves the right to make changes in its privacy practices. Before we make a significant change in our privacy practices which will effect your rights, we will change this notice and send the new one to you and, if you are under 18 years of age, to your legal guardian.

VI. Questions and Concerns

If at any time you want more information about Chrysalis Health's privacy practices, or, have questions or concerns about this Notice or Chrysalis Health's Privacy Practices, please contact our Privacy Officer who will answer any questions or concerns you may have. You may also file a grievance with our privacy officer at: Chrysalis Health, 3800 W. Broward Blvd., Suite 100, Fort Lauderdale, FL 33312, 954-587-1008, fax 954-587-0080.

Any grievance filed will be investigated by Chrysalis Health Management Team and the results of such investigation will be forwarded to you within 30 days of the receipt of your grievance. Furthermore, you have the right to submit any of your privacy grievance to the U.S. Department of Health and Human Services at: Secretary of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201

Chrysalis Health supports your right to protect the privacy of your treatment information and medical record and will not retaliate in any way if you choose to file a grievance with us or with the U.S. Department of Health and Human Service.

Client Rights

As an individual and as a client of Chrysalis Health, you (the client) have the following rights, which we, the professional staff, recognize and respect. If at any time you feel that your rights have been violated, administration shall investigate, examine and seek to remedy the conditions and practices, which are found to have violated your rights, in accordance to our grievance procedures specified below. With that understanding, Chrysalis Health recognizes the following:

1. You have the right to seek treatment/services from any professional or agency of your choice.
2. You have the right to receive prompt assessment and treatment/services.
3. You have the right to individualized services specific to your needs.
4. You have the right to make all decisions regarding treatment/services, including the decision to participate or refuse treatment/services.
5. You have the right to participate in all service decisions, including the development and monitoring of your individualized treatment/service and discharge plans and requests for an in-house review of such plans. You have the responsibility to provide relevant information as a basis for receiving such services and participating in service decisions.
6. You have the right to be fully informed of the reason for admission, of an assessment of your problems, of the plan and purpose for treatment/services, of the foreseeable outcomes of treatment/services, of the common side effects of treatment/services, of alternative treatment/service modalities, of the approximate length of care and of your aftercare plan.
7. You have the right to receive services in a safe, skillful and humane manner without discrimination and with full respect for your dignity and personal integrity as an individual and human being, including the consistent and fair application of program rules.
8. You have the right to express and practice religious, spiritual and cultural beliefs.
9. You have the right to be treated/served under the least restrictive methods consistent with your condition.
10. You have the right to be free from any unnecessary treatment, services or restraint.
11. You have the right to be free from participation in research. Chrysalis Health assures you that it does not conduct or participate in any research whatsoever.
12. You have the right to refuse or terminate any specific treatment, services or medications at any time and for any reason, unless mandated by law or court order. If you refuse such treatment, services or medications, you have the right to be informed of the consequences.
13. You have the right to communicate freely and privately with persons outside of the facility, in person, by telephone or by mail, unless it is determined that such communication is likely to be harmful to yourself or others.

14. You have the right to keep your clothing and personal belongings in accordance with established safety and treatment/service policies.
15. You have the right to have your confidentiality and privacy protected according to federal, state and local law.
16. You have the right to review, copy and amend your medical record in accordance to federal, state and local law.
17. You have the right to be free from interference, coercion, discrimination, and/or reprisal.
18. You have the right to seek legal counsel.
19. You have a right to file a complaint/grievance with Chrysalis Health, without interference or retaliation, for any violations of your rights and to have your complaint investigated, reviewed and answered. Further, you have right to appeal any determination made in regard to your complaint. For more information about filing a complaint/grievance, please speak with your therapist or direct service provider.
20. You have the right to our assistance in understanding and exercising your rights assured under this section.
21. Under the No Surprises Act, you have the following rights:
    1. Right to a Good Faith Estimate: If the services are provided by out-of-network providers, you will receive a written good faith estimate of the charges at least 72 hours before the service is provided.
    2. Right to Informed Consent: You must be informed of the potential cost difference if you decide to receive non-emergency services from an out-of-network provider and consent to this arrangement in writing.
    3. No Balance Billing: You will not be charged more than the in-network cost-sharing amounts for situations where the No Surprises Act protections apply.

If you feel your rights have been violated or you have further questions about your rights, you may contact:

Department of Justice Civil Rights Division	Disability Rights Section –NYAV 950 Pennsylvania Avenue, NW Washington, DC 20530	—
Florida Statewide Advocacy Council	1317 Winewood Blvd., Bldg. 1, RM 401 Tallahassee, FL 3239	**Tel. (850) 487-1111**
Advocacy Center for Persons with Disabilities	2728 Centerview Drive, Suite 102 Tallahassee, FL 32301	**(800) 342-0823**
Department of Children and Families Offices	—	Central Region: **407/317-7000** Northeast Region: **904/723-2000** Northwest Region: **866/286-3609** Southern Region: **786/257-5148** Southeast Region: **561/837-5078** SunCoast Region: **813/558-5500**
Florida Abuse Hot-Line	—	**1-800-96-ABUSE** **(1-800-96-22873)**