Orientation Verification Notice

As acknowledged in the consent form, I have received an orientation to Chrysalis Health's Treatment Program in a language myself or my representative understands and that my orientation included the following:

- Review of the Program Description. The program description was available to me at the time of admission and will be at any time upon request. A good faith estimate can be requested any time, per the No Surprises Act.
- I understand that the No Surprises Act protects me from certain unexpected billing situations but that I may still incur costs for out-of-network services.
- A review of the services available to me
- A copy of client rights pursuant to chapter 397, part III, F.S.
- A summary of admission and discharge policies
- Included access to information and participation in treatment planning
- A copy of the service fee schedule and program fees
- Client responsibilities and rules of conduct
- Continued Stay and Length of Stay Information
- Privacy Notice
- Grievance process and procedure
- General information about infection control policies and procedures
- HIV/AIDS educational material
- Limits of confidentiality
- Information on parental or legal guardian's access to information and participation in treatment
- Telephone numbers for Abuse Registry, Substance Abuse and Mental Health Program Office, & Florida Advocacy Council
- Information regarding advance directives — Adults only
- Overdose prevention information

The consent for services includes verification of program orientation.