

**CHRYSALIS INSTITUTE  
Person Served Handbook**

**Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Chrysalis is committed to protecting the privacy of your health care information and to provide you with a notice of privacy practices. We are required by law to protect health information about you, give you notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

Chrysalis reserves the right to change our privacy practices at any time. If privacy practices change, a revised notice will be posted on our website, and you will also be provided a paper copy of the revised notice on your next visit following the change.

**What is this document?**

This notice of Privacy Practice describes how Chrysalis may use and disclose your medical information. It also describes your rights to access and control your medical information.

We may use and disclose your protected health information without written authorization in the following circumstances.

Your protected health information may be used and disclosed by Chrysalis staff that is involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to suppose the operation of Chrysalis, and any other use required by law.

**Treatment:** We may use and disclose Protected Health Information about you to provide, coordinate, or manage your health care and related services with our agency. This may include communicating with other Chrysalis providers regarding your treatment and coordinating and managing your health care with others. Example: A clinician treating you may also need to share your PHI in order to coordinate different services with other Chrysalis staff members. We may also disclose PHI about you to persons out the Agency who may be involved in your care after you leave our services, such as service providers or others who may provide services that are part of your continued care.

**Payment:** We may use and disclose PHI about you for our payment activities. Common payment activities include but are not limited to determining eligibility or coverage under a health plan; billing and collections actions through such departments. We may disclose your PHI to another health care provider or covered entity for its payment activities.

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**Healthcare Operations:** We may use or disclose your PHI to support the business activities of Chrysalis. These operations are necessary to run our healthcare business and to make sure persons served receive quality care. Common operation activities include but are not limited to conducting quality assessment and improvement activities; reviewing the competence of health care professionals; training health care professionals, arranging for legal or auditing services, business management and planning, and communicating with you about the services provided by Chrysalis providers. For example, we may use your PHI to conduct internal audits to verify billing is being conducted properly or to contact you for the purpose of conducting satisfaction surveys.

**We may use and disclose protected health information without your authorization. Chrysalis may be required to use and disclose your PHI without consent when:**

- The use and/or disclosure is required by law
- The use and/or disclosure is necessary for public health activities
- The disclosure relates to victims of abuse, neglect, or domestic violence
- The use and/or disclosure is for health oversight activities
- The disclosure is for judicial and administrative proceedings
- The disclosure is for law enforcement purposes
- The use and/or disclosure relates to decedents
- The use and/or disclosure is to avert a serious threat to health or safety
- The use and/or disclosure relates to specialized government functions
- The use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations

We must obtain a separate, specific authorization from you to use and/or disclose your PHI for any purpose not covered by this notice or the laws that apply to us. In other words, the consent you already provided will not be enough to use and/or disclose your information for any purpose that is not described in this notice

You have the right to revoke this authorization, at any time, in writing. After we receive your cancellation, we will not disclose PHI about you except for disclosures that were being processed before receipt of your cancellation.

Your rights regarding your protected health information are described below. You are required to submit a written request to exercise any of these rights.

**Right to inspect and copy.** You have the right to inspect and obtain and copy of your protected health information that is used to make decisions about your care. This right does not apply to a very narrow category of information referred to as “psychotherapy notes”. Current standards permit a fee of 25 cents per page. We may also charge postage if you request that we mail the information. We may deny your request to

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inspect and/or copy your PHI in certain limited circumstances. If you are denied access, you may request that the denial be reviewed by a licensed health care professional chosen by us. We will comply with the outcome of the review.

**Right to amend.** If you feel that PHI that we created is incorrect or incomplete, you may request an amendment, through the addition of clarifying language. We cannot delete or destroy any information already included in your PHI. You must provide a reason that supports your amendment request.

We may deny your request if you ask to amend information that:

- We did not create, unless you prove that the creator of information is no longer available to amend the record
- The information is not part of the records we maintain
- The information is not part of the information that you would be permitted to inspect and copy; or
- The information is accurate and complete

**Right to a Listing of Disclosures.** You have the right to request a written list of disclosures we have made, if any, regarding your PHI. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. Your request must state a time period that can't be longer than six (6) years and cannot include any dates before April 14, 2003. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

**Right to Request Restrictions.** You have the right to request that we restrict the use and disclosure of your protected health information. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your requested restrictions. If we agree, we will comply with your request unless the information is otherwise required by law, or needed to provide emergency treatment to you.

**Right to Request Confidential Communications.** You have the right to request we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of this Notice.** You have the right to a paper copy of this Notice. Copies of this notice will be posted and available for distribution at each location where services are provided and on our website.

If you have questions or need to report a problem:

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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.

To file a complaint with us, or if you would like more information about our privacy practices, contact our president at 405-912-5145. Our mailing address is 802 N.E. 19th Street / Moore, OK 73160.

To file a complaint with the Secretary of Department of Health and Human Services, you must submit a written complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. **You will not be penalized for filing a complaint.**

**Chrysalis Institute**  
**Person Served Orientation**

**Welcome to Chrysalis Institute**

We, at Chrysalis have specialized our mental health services by providing treatment to persons served in their homes, schools, community settings and at clinic sites.

**What are Chrysalis services?**

Chrysalis is a private behavioral health company that provides mental health services to persons served.

On your initial visit your mental health professional will show you where the restrooms, emergency exits, fire extinguishers, first aid kit and blood pathogen kit are located in case of emergency.

**Chrysalis Mission and Vision Statement**

**MISSION**

CHRYSALIS INSTITUTE’S mission is to empower youth, families, and marriages to grow and become the best they can be through releasing the past, embracing the present, respecting self and others, and accepting a bright and successful future.

**VISION**

CHRYSALIS INSTITUTE improves the quality of life for persons served by providing high quality and effective mental health services in an environment that maintains Person Served rights and dignity and enables them to achieve and maintain their highest level of functioning in the communities; To provide quality outpatient mental health services to individuals and families in the Oklahoma City Metropolitan area with the emphasis on maximization of Person Served benefits.

**GOALS AND PHILOSOPHY STATEMENTS**

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- To offer outpatient and rehabilitation mental health services without regard to culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, or disability.
- All people shall be treated with respect and dignity and have the right to make informed choices in their treatment.
- To assist Persons Served and families to achieve the highest level of functioning possible in the least restrictive setting.
- To provide culturally diverse, certified, and licensed and competent multidisciplinary professionals to assist individuals and families in achieving emotional, behavioral, and social well-being.
- To provide advocacy and support to people with behavioral health needs residing in Oklahoma.
- To provide Persons Served and families with the educational and community resources to assist them in greater understanding and development of their potentials.
- To continually assess the needs of the community and to develop and provide services meet these needs.
- To achieve and maintain national standards of accreditation to ensure quality of care for persons served.

#### **WHAT SERVICES ARE AVAILABLE?**

- Screening and Assessment
- Crisis Intervention
- Individual Counseling
- Group Counseling
- Family Counseling
- Discharge Planning/Referral

#### **WHERE ARE SERVICES PROVIDED?**

- Assisted Living Centers
- Your home or community sites
- Schools
- Clinical Sites

#### **HOW IS TREATMENT PLANNED AND DELIVERED?**

During the first session, a mental health professional will meet with you and gather information on your life experiences, strengths, needs, preferences, and goals. The issues will be assessed, and treatment approaches discussed with you. Working together, a plan will be developed that includes your expectations of treatment and methods to reach your desired goals. When you are ready to leave, transitional plans are provided for continued success and personal growth following attainment of treatment goals

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While receiving services at Chrysalis you will be given many opportunities to provide feedback about the quality of care and your satisfaction with services. Feedback can be given through discussions with your service provider, treatment reviews, and formal surveys. To ensure that you receive quality treatment, the service providers at Chrysalis are licensed mental health professionals. All service providers follow their profession's code of ethics and must follow Chrysalis's code of ethics and conduct. The mental health provider working with you will help coordinate services, orient you to the facility, and explain the program policies/rules.

Chrysalis follows a strict code of ethical and legal business practices and clinical care standards. These include, but are not limited to clinical care, billing, and marketing practices. Be assured, you will be treated with the utmost respect. A comprehensive copy of our code of conduct will be provided to you upon request.

#### **HOW ARE SERVICES PAID FOR?**

Chrysalis uses highly qualified staff eligible for reimbursement by Medicaid, some private insurers and self-pay. Payment for services is usually covered by the persons served' insurance. In some cases, the person served may be personally responsible for all or part of the fees. Be sure to ask the Chrysalis staff any questions needed to fully understand the payment of services. Please call the Chrysalis office for additional assistance or information.

#### **WHAT ARE MY RIGHTS AND RESPONSIBILITIES?**

##### **As a person served of Chrysalis, you have the right to:**

- Be treated with respect
- Receive services in a safe and clean place
- Be in a place where no one will hurt you or treat you badly
- Receive services no matter what your race, religion, sex, age, sexual orientation or disability
- Expect the people working with you to never physically abuse you or do anything sexual or say mean or hurtful things to you
- A treatment plan, made by you and the clinician, on which you agree to work
- Refuse to participate in any kind of survey or research
  
- Expect all information to be kept confidential.
- Freedom from Financial or other exploitation.
- Freedom from neglect.
- Freedom from retaliation.

##### **As a person served of Chrysalis, you have the responsibility to:**

- Be courteous to other persons served and staff

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- Relate your strengths, needs, abilities, and preferences to your mental health professional as honestly and completely as possible
- Ask questions about anything you don't understand
- Inform your mental health professional if you have any special needs
- Actively participate in your treatment and in meeting your goals
- Inform your mental health professional if you wish to discontinue treatment
- Attend services alcohol and drug free

### **ARE THERE LIMITATIONS TO MY RIGHTS?**

Chrysalis has a responsibility to protect you from harming yourself or others. The law requires Chrysalis to take action if:

- You are going to hurt yourself or you are going to hurt someone else
- You are hurting a child
- A judge signs an order for Chrysalis to talk about services you received
- A judge signs an order to Chrysalis to release copies of your records

There is no tobacco use in any Chrysalis facility or vehicles. Designated tobacco use areas are provided. Alcohol, illegal drugs, and weapons are prohibited. Chrysalis provides for a safe environment. In rare circumstances, a situation might arise that may put others in risk. If so, emergency intervention procedures may be used for a person who is escalating. Chrysalis Institute does not use any kind of restraints or holds. Therefore, procedures includes de-escalation with verbal discussion or a call to police for assistance.

### **WHAT IF THERE IS AN EMERGENCY?**

If you have an emergency please contact Heartline Care Line 405.848.2273 or Crisis Center 405.522.8100. If this is a serious, life-threatening emergency please call 911 or go to the nearest emergency room.

### **PERSON SERVED GRIEVANCE PROCEDURES**

Chrysalis wants to be responsive and sensitive to your concerns and needs. If you feel the services do not meet your expectations or you feel your rights have been comprised in any way, follow this procedure to report the problem. There will be no reprisals or retaliations from Chrysalis staff for reporting grievances

- Discuss the situation with your mental health professional
- If you and the mental health professional are unable to reach a solution, contact the mental health professional's immediate supervisor
- The supervisor will review the information and provide you with a written response within 5 working days.
- If you are not satisfied with the response, you may contact the president

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- If you want an advocate to be appointed on your behalf, Chrysalis will provide you with information on locating an advocate.
- If you are not satisfied with the response from the Management Team, you may contact the State Board of Behavioral Health at (405) 522-3696.

**DO YOU KNOW ABOUT AIDS?**

**What is AIDS?**

AIDS is a condition you can get if you are infected with HIV virus. HIV stands for Human Immunodeficiency Virus. This virus causes lots of diseases which can be fatal.

**How can you get AIDS?**

There are two ways to contract AIDS:

1. Having sexual contact with someone who has the HIV virus
2. Getting the blood or body fluids of an HIV-infected person into your blood stream by using the same syringe or getting their blood or body fluids into a cut on your skin.

**How do you protect yourself from AIDS?**

1. Avoid sexual contact with multiple partners
2. Use a condom
3. Do not share syringes with others

**Chrysalis Institute  
802 N.E. 19th Street  
Moore, OK 73160  
405-912-5145**

**Kelly Bender, MHR, LPC, BCPC, CEO  
kb@ciokc.com**