

Chrysalis Development Solutions, P.L.L.C.

CLIENT CONTACT INFORMATION

DATE:	
CLIENT NAME:	
LEGAL GUARDIAN NAME:	
CURRENT ADDRESS:	
BEST CONTACT NUMBER:	
ALTERNATE CONTACT NUMBER:	
EMAIL ADDRESS:	
REFERRED BY:	

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216

Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202

Phone: 980-395-0044

Fax 888-391-4375

Chrysalis Development Solutions, P.L.L.C.

EMERGENCY CONTACT FORM

I _____, as the legal guardian of _____, give Chrysalis Development Solutions, P.L.L.C. and its providers permission to access the following contacts in case of emergency and to provide necessary medical attention to me / my child.

Emergency Contact Person(s)

#1 Name: _____ Relationship: _____

Address: _____

Phone #: (H) _____ (W) _____

Emergency Medical

Preferred Primary Care Provider:

Name: _____

Address: _____

Phone #: _____

Preferred Dentist:

Name: _____

Address: _____

Phone #: _____

Client's Signature

Date

Parent/Legal Guardian Signature

Date

Witness

Date

Chrysalis Development Solutions, P.L.L.C.

Consent to Receive Treatment Form

I, _____, have discussed with the staff of Chrysalis Development Solutions, P.L.L.C. the following indicated/requested services:

____ Assessment
____ Individual Therapy

____ Couples Therapy
____ Family Therapy

As a client, I further understand that I shall be treated with respect to the basic rights of dignity, privacy and humane care and retain the right to:

- Be informed of the qualifications of professionals rendering services.
 - Approve the release of confidential information about myself.
 - Receive an individualized, written service plan which includes the anticipated goals, as well as, services to be provided in order to achieve goals identified.
 - To be made aware of the rules I am expected to follow.
- **24-hour emergency support services are provided by calling (980) 395-0044 or (888) 391-4375. You may also contact Mecklenburg County Mobile Crisis at (704) 566-3410. In the event of a medical emergency, contact 911.**
- **File a formal grievance, if necessary, against associates providing services for Chrysalis Development Solutions, P.L.L.C:**
-To contact Disability Rights North Carolina at any time at (877) 235-4210.
-To contact the NC Board of Licensed Professional Counselors (919) 661-0820

NOTE

- 24-hour notice is required to cancel an appointment. Two cancelled appointments without 24-hour notice will result in a discharge from services.
- Two no show appointments will result in discharge from services.
- A fee of \$25 will be charged for each no show.
- A fee of \$25 will be charged for each cancellation that occurs without the required 24-hour notice.

My signature below reflects my understanding of my rights, my consent of such services and my full participation and freedom of choice in the treatment planning process. I also understand if any additional services not already indicated may be recommended, I will have further opportunity to participate in the planning of such additional services. I understand that I can withdraw my consent at any time unless I have been ordered to receive such services by Court Order.

Client's Signature Date

Parent/Legal Guardian Signature Date

Witness Date

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216
Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202
Phone: 980-395-0044
Fax 888-391-4375

Chrysalis Development Solutions, P.L.L.C.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

General Overview of the Privacy Rule

Every time a patient sees a doctor or health care related person, a record is made of that person's confidential health information. In the past, these records were physically sealed away in offices and file cabinets. In an attempt to save the health care industry money, HIPAA was enacted which encouraged electronic transactions. Consequently, new safeguards were required to protect the security and confidentiality of personal health information, as private information was no longer simply locked in a file cabinet. These safeguards are referred to as the Privacy Rule. The HIPAA federal regulation created national standards to protect individuals' personal health information, and gives patients increased Chrysalis Development Solutions, P.L.L.C. to their own medical records. Protected health information is any and all individually identifiable health information (information that can be linked to a client) that is transmitted or maintained by a health care provider regardless of the form of that information (i.e. oral, written, audio tape, video tape, computerized, etc.) This information includes, but is not limited to, an individual's past, present, and future health, health care, payment for health care, including demographic data, medical and psychological diagnoses and histories, medications, school records, financial records, etc.

There are five basic principles outlined in the Privacy Rule:

- It gives patients more control over their health information
- It sets boundaries on the use and release of health records
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It holds violators accountable with civil and criminal penalties that can be imposed if they violate patients' privacy rights.
- It strikes a balance when public responsibility requires disclosure of some forms of data – for example, to protect public health.

Client's Signature

Date

Parent/Legal Guardian Signature

Date

Counselor

Date

Notice of Privacy Practices/Disclosure Statement

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216

Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202

Phone: 980-395-0044

Fax 888-391-4375

Chrysalis Development Solutions, P.L.L.C.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

As a client of Chrysalis Development Solutions, P.L.L.C. a record of your health information is made. This record contains information including, but not limited to, any diagnoses, related symptoms, assessment and test results, treatment plans/goals, and eligibility information. This information often referred to as your client record, serves as a basis for planning your care and treatment, and serves as a means of communication among the professionals on your treatment team who contribute to your care. Understanding what is in your record and how your health information is used to help ensure its accuracy, to better understand who, what, when, where and why others may, help you make more informed decisions when authorizing disclosure to others.

North Carolina Statutes (A PSM 45-1) and Federal confidentiality rules (Health Insurance Portability and Accountability Act of 1996, Public Law 104-191) require that written consent be given by the client, or legally responsible party, when disclosing confidential information.

*Release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in GS 122C 52-56 or in 45 CFR 164.512 of HIPAA.

Regarding releasing information **without** a client's consent, NC Statue (ASPM 45-1) states the following:

“An agency that maintains client information shall give written notice to the client or client representative that disclosure may be made of pertinent information without his/her expressed authorizations in situations in which disclosure is in the best interest of the client or interest of public safety.”

Examples of situations in which confidential information may be released without consent may include, but are not limited to the following:

- Court order
- To medical personnel providing treatment
- Other agencies providing treatment
- Likelihood that the client will commit a felony or violent crime
- It is deemed detrimental to the client not to release the information to other professionals who are acting on the client's behalf
- The client poses an imminent danger to themselves or others.
- Billing and service reimbursement.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is a physical property of Chrysalis Development Solutions, P.L.L.C., the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, via the Manager/Owner of Chrysalis Development Solutions, P.L.L.C. (Chrysalis Development Solutions, P.L.L.C. is not required to agree to a requested restriction). This includes the right to obtain a paper copy of confidentiality policies upon request; to inspect and obtain a copy of your client record; to obtain an account of disclosures of your health information; to request communications of your health information by alternative means or at alternative locations; to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Client's Signature

Date

Parent/Legal Guardian Signature

Date

Counselor

Date

Grievance Policy

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216

Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202

Phone: 980-395-0044

Fax 888-391-4375

Chrysalis Development Solutions, P.L.L.C.

Chrysalis Development Solutions, P.L.L.C. maintains a process, by which client grievances may be addressed in a fair, timely and impartial manner. This policy specifies how clients, family members, significant others and staff may express concern about the provision of service and what response they may expect.

Grievance may be filed on behalf of a client by:

- The client
- The client's legally responsible person
- Any other adult, including a staff member, who has been designated by the client and given written consent to bring a grievance on his/her behalf.

YOU HAVE THE RIGHT TO CONTACT ANY OF THE FOLLOWING TO INITIATE TO FILE A GRIEVANCE:

Tamara Jamison Haynes, Independent Practitioner
Chrysalis Development Solutions, P.L.L.C.
610 East 7th Street Suite 115
Charlotte, North Carolina 28202
(980) 395-0044
(888) 391-4375

North Carolina Board of Licensed Professional Counselors
P.O. Box 1369
Garner, North Carolina 27529-1369
(919) 661-0820

Disability Rights North Carolina
(877) 235-4210

My signature below indicates my understanding of the grievance process.

Client's Signature

Date

Parent/Legal Guardian Signature

Date

Counselor

Date

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216
Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202
Phone: 980-395-0044
Fax 888-391-4375

Chrysalis Development Solutions, P.L.L.C.

ACKNOWLEDGEMENT OF 24-HOUR ON CALL SERVICE

Client Name: _____ **Record#** _____

Medicaid #: _____ **DOB#** _____

I have been informed that Chrysalis Development Solutions, P.L.L.C provides 24/7/365 first responder crisis response at telephone number (888) 391-4375 for the use of client or family members in crisis situations. I have been informed that in addition to contacting Chrysalis Development Solutions, P.L.L.C. for 24/7/365 first responder mental health crisis situations, I may also contact the Mecklenburg Mobile Crisis Team at (704) 566-3410. The individual answering this phone number will be qualified to provide crisis intervention up to and including face-to-face services. Furthermore, I have been given these numbers and have been encouraged to post it for emergency accessibility when needed. In the event of a medical emergency, I have been informed to contact 911.

Client's Signature

Date

Parent/Legal Guardian Signature

Date

Counselor

Date

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216
Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202
Phone: 980-395-0044
Fax 888-391-4375

Chrysalis Development Solutions, P.L.L.C.

CONSUMER'S RIGHTS AND RESPONSIBILITIES

Client Name: _____ Record# _____

Medicaid #: _____ DOB# _____

Every program participant at Chrysalis Development Solutions, P.L.L.C. has a human/civil/personal rights to be respected and honored. In addition, it is the responsibility of all program participants to act in a manner that respects the rights of others. Chrysalis Development Solutions, P.L.L.C. is committed to the protection of individual rights and to providing services within an environment that is characterized by dignity and respect of all persons, and is responsive to the unique needs, abilities, and characteristics of each person served by the organization.

Consumer Rights: As a participant in the program, you have a right to:

- Be fully informed about the course of your care and decisions that may affect your treatment and appeal any decision regarding your treatment.
- Revoke your consent for treatment at any time.
- Timely and accurate information to assist you in making sound decisions about your treatment.
- Be fully involved as an active participant in decisions pertaining to your treatment.
- Have an individual identified in writing that will direct and coordinate your treatment.
- Request a change in individual directing and coordinating your treatment, if you so desire.
- Receive services in an environment that is free of all forms of abuse including but not limited to (a) financial abuse, (b) physical abuse and punishment, (c) sexual abuse and exploitation, (d) psychological abuse including humiliation, neglect, retaliation, threats and exploitation, and (e) all forms of seclusion and restraint.
- Have information about your treatment and your confidentiality protected to the greatest extent allowed by federal and state confidentiality laws and regulations
- Have family members, friends, or other involved in your treatment with your consent and approval.
- Receive services that comply with all applicable federal and state laws, rules, and regulations.
- File a grievance or complaint about the services you receive out of fear of retaliation or reprisal of any sort.
- File a grievance with an outside third party if you feel that the organization has not satisfactorily addressed any concerns you have or does not adequately address any formal grievance you submit.
- Request a transfer to another program if you believe you are not receiving care that is meeting your needs and preferences.
- Treatment, including access to medical care and habilitation, regardless of age or degree of MH/IDD/SA disability.

Consumer Responsibilities: As a program participant of Chrysalis Development Solutions, P.L.L.C. you have the responsibility to:

- Refrain from all forms of physical violence or abuse toward other program participants, staff, or visitors.
- Refrain from abusive language, disruptive behavior or overt sexual conduct.
- Refrain from loitering outside the organization's facility or property.
- Refrain from bringing any type of weapon into the organization's facility or property.
- Refrain from bringing any illicit (illegal) drug or alcohol onto the organization's property.
- Refrain from using tobacco on the property.
- Attend all service required by the organization to meet agreed upon goals.
- Notify any outside treatment provider (physicians, case worker, counselor, etc.) of participation in services should your treatment impact, or compromise, the provision of those services.
- Treat other program participants, staff, and visitors in a respectable manner.

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216

Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202

Phone: 980-395-0044

Fax 888-391-4375

Chrysalis Development Solutions, P.L.L.C.

CONSUMER'S RIGHTS AND RESPONSIBILITIES Cont.

Client's Signature

Date

Parent/Legal Guardian Signature

Date

Counselor

Date

Primary Office: 10130 Perimeter Parkway, Suite 200, Charlotte, North Carolina 28216
Secondary Office: 615 East 6th Street, Suite 104, Charlotte, North Carolina 28202
Phone: 980-395-0044
Fax 888-391-4375