



Your Guide to Care & Service, *Plus So Much More*

The information you need to make
the most of your recovery process at CarePlus





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Welcome to CarePlus!

This handbook contains important information regarding an overview of CarePlus services, as well as policies and procedures as they pertain to the services you are receiving at CarePlus. We encourage you to ask questions at any time during the course of your treatment with us. We appreciate the opportunity and confidence you have placed in us in providing you services and look forward to assisting you in reaching your treatment goals.

CarePlus is a private not-for-profit corporation that was established in January, 1978. Since 1995, CarePlus has received accreditation from the Joint Commission on Accreditation of Healthcare Organizations. We are also licensed by the State of New Jersey to operate and provide various services. Our accreditation and licensure are a testament to the quality of the services we offer.

We strive to provide the best services possible. In order to do that, we believe that each consumer and their family/natural supports have individualized needs and that our services can be tailored to meet these unique goals and expectations. CarePlus provides services in many different locations and settings in Bergen, Essex and neighboring counties. Some services are provided in the community, while others are provided in our local offices. CarePlus provides services to both children and adults.

Some of the services we provide are:

- Individual, Couples, Family and Group Counseling
- Medication Monitoring
- Integrated Substance Abuse and Mental Health Services
- Residential Services
- Partial Care
- Supported Housing
- Job Readiness, Employment & Vocational Services
- Case Management
- Benefits Counseling
- Psychiatric Emergency Screening Services
- Other Specialized Services for Children
- Primary Care Services

Admissions & Triage

There are multiple points of entry that can be used to access our services. For your convenience, we have an Admissions & Triage department that can be reached Monday through Friday, 9:00am to 5:00pm at (201) 986-5000. After hours, or when all Admissions & Triage Specialists are on other calls, you can choose to speak to our back-up answering services and someone will call you back during regular business hours.

For Services call (201) 986 -5000

When you call for services, you can expect our Admissions & Triage Specialists to conduct a comprehensive telephone assessment in order to better understand your current treatment needs. Our Admissions & Triage Specialists will then facilitate linkage to services giving consideration to the urgency of your needs.

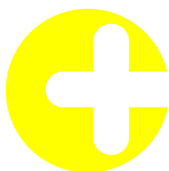
Business Hours

We have offices located in Montclair, Paramus and Fair Lawn. These 3 sites are open Monday – Friday, with late evening availability. Many of our programs additionally provide services on Saturdays.

(201) 262-HELP, Bergen County’s Psychiatric Emergency Screening Program, provides services 24/7, 365 days per year. If you receive services from CarePlus in another county and need assistance due to a mental health crisis, please call your local County Screening Center.

Inclement Weather

If you are concerned that weather conditions may affect our operating schedule, please call (201) 265-8200, visit our website at www.CarePlusNJ.org, or Facebook/CarePlusNJ for updates. In the event of an early closing, we will make every effort to contact you. However, if you have not heard from us and are uncertain please follow the above procedure.



Insurance

Federal and State laws require all community mental health centers to make every effort to recover the full cost of services from all private insurance companies and third party payers. We cannot waive any co-payments, deductibles or coinsurance amounts defined as patient responsibility under the terms of our contract with various insurance plans. In fact, such a waiver may violate state and federal laws.

Payment for services is expected when services are rendered. As a service to you, CarePlus will help you with your insurance claims. Claims will be sent on a weekly basis to your insurance company or other payor. A phone call will be made to your insurance company to verify the percentage your policy will cover for treatment. (The information obtained from your insurance company is only a guideline to initiate the billing process. CarePlus will not be held responsible for its accuracy.) Any portion not paid by your insurance company, including the deductible and denied or non-covered services, will be added to your bill upon notification from your insurance company. Payments must be made to keep your records up to date.

Your insurance policy represents a contract between you and your insurance company. It is your responsibility to know the facts about your coverage. We cannot guarantee that your insurance company will pay all or part of your claim. If you are dissatisfied with rejection of a claim or with the amount they paid, it is your responsibility to follow up with your insurance company. Naturally, we will be happy to work with you to provide any and all information necessary. You will be held responsible for your account until it is paid in full. If you choose to bypass insurance coverage, you will be charged the full fee for services.

Cancellation/No Show Policy

Your appointments with CarePlus are an important part of your health care and recovery process. We do recognize there may be times when you must miss an appointment due to emergencies or obligations for work or family, however when you do not call to cancel your appointment, you may be preventing another individual or family from receiving their needed appointment — as well as missing an important step in your own care.

To ensure that everyone receives quality care in a timely manner, we have implemented a new appointment no show/cancellation policy. This policy enables us to better utilize available appointments for individuals in need of care.

If you are unable to keep an appointment, you must give 24-hours advance notice. If 24-hours advance notice is not given, a cancellation fee of \$25.00 will be charged. Three (3) no shows within a six-month period may result in a disruption of your care with us.

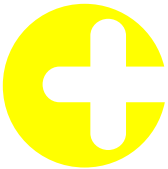
We reserve the right to have you be seen in our No Show Clinic for medication management. Thank you for your cooperation and participating in your health care.

Fee Agreement

As a private, not-for-profit agency, CarePlus charges fees which are intended to cover the cost of services. The fees charged are standard fees relating to the type of service being rendered.

CarePlus participates in many insurance plans. Please inquire with our Admissions Department, Front Desk or Billing Office if you have questions. Our Agency's Benefits Counselor is also available to assist you in determining your eligibility for benefits. **If either you have insurance or are found eligible for coverage through another source, but choose not to utilize your insurance or benefits, you are required to pay the standard fee for services rendered.**

It is your responsibility to know and advise us of your plan's requirements in advance, each and every time we provide services. You must provide a copy of your insurance card at the time of intake and each subsequent visit. Please be advised that if we have not been informed of your plan's requirements and if we provide any services, you will be responsible for the fees.



As a courtesy, we will be happy to assist you in filing a claim with your insurance company for reimbursement. Health insurances vary widely and we cannot predict or guarantee what part of our services will or will not be covered by your particular plan. So, please remember our agreement to provide services is with you and not your insurance carrier. Therefore, you are ultimately responsible for payment of services rendered.

Payment is expected for all services not covered by your insurance (such as co-pays and some office visits) at the time services are performed. For those plans with which we do not participate, payment is expected at the time of service.

Remember, we cannot waive any co-payments, deductibles or coinsurance amounts defined as patient responsibility under the terms of our contract with these various plans. In fact, such a waiver may violate state and federal laws.

For patients with deductibles that have not been met, we will require payment at the time of the office visit.

In divorced families, the parent who brings the child to the office will be responsible for payment of our fees and for seeking reimbursement from the other parent, if so provided in an agreement or court order. We are unable to bill third parties.

Uninsured. If you are not insured, CarePlus expects that the established standard fee for services rendered will be paid, unless acceptable arrangements are made with us prior to the visit. For example, if you do not have insurance and are requesting to make arrangements for payment, you will be asked to submit a copy of your or your caregiver's previous year's tax return 1040 form, so that we may set your fee based upon your household income. Documented, extraordinary expenses may also be presented at this time if you wish them to be considered during the fee setting process.

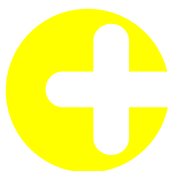
Non-payment. In the event that you do not pay the assigned fee for two (2) consecutive visits, treatment may be suspended until your account has been rectified. Upon the third visit, without payment you will be informed that the visit must be re-scheduled until your balance is satisfied. If an agreement cannot be reached regarding payment, you may call the Agency Client Advocate to discuss your situation.

Hardships. If there is a problem with payment on your account or if payment presents a hardship, our Agency Client Advocate will be happy to discuss it with you. The Agency Client Advocate will review your financial circumstances with you. You will be asked to present financial information (1040 tax forms, etc.) as proof of your hardship. After review of all the information submitted on your behalf, the Agency Client Advocate will inform you of the Agency's decision to accept or deny your request for hardship consideration. If accepted, an appropriate payment plan will be arranged.

Collections. If your account becomes past due and there is not a valid reason for your payment delay, we will take action to recover the amount due after sixty (60) days from the date of service. CarePlus reserves the right to turn any unpaid portion of the bill over to an outside collection agency. This is a last resort to ensure that we receive payment for services performed in good faith with the expectation of payment. We only turn accounts over to collection when a patient ignores our repeated requests for payment. If you have been turned over to a collection agency and you call to schedule an appointment, the amount in collection must be paid prior to the time of the visit.

We will not turn you away in the case of a true psychiatric emergency. If this situation should occur, your needs will be assessed, however routine office visits or procedures will not be scheduled until the amount in collection is paid in full.

Miscellaneous Fees. There is also a fee associated with the completion of forms and letters (i.e., for employers, legal matters, schools, daycare, etc.). In order to complete such forms or letters, it may be necessary to update your medical information. In these cases, an appointment with the therapist/doctor may be required. Fees charged for the completion of forms and letters may not be covered by insurance and therefore we require that you pay at the time of service (before the documents are released). Since we receive a large volume of requests, we would like to stress that it is important to plan ahead and allow a minimum of two (2) business day return for completion of these forms and/or letters. We reserve the right to deny such requests.



Consent for Use & Disclosure of Protected Health Information

I hereby give my consent for CarePlus to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO).

I have been given a copy of the CarePlus Notice of Privacy Practices, which provides a more complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practice contained in this handbook prior to signing off on this consent.

CarePlus reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

William Maslak, Privacy Officer
Care Plus NJ, Inc.
40 Eisenhower Drive Suite 209
Paramus, New Jersey 07652

With this consent, CarePlus may text my cell phone, email me at the email address I provide CarePlus or call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointments reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others. I understand that I may request an alternative method of communication in writing by filling out the Request for Alternative Confidential Communication form. I understand the agency is not required to agree with my request.

With this consent, CarePlus may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential. I have a right to change how I want CarePlus to communicate with me. In such a case, I must make a written request to do so by filling out the Request for Alternative Confidential Communication form. I understand that the agency is not required to agree to my request.

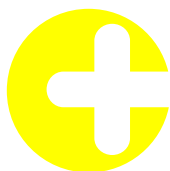
I have the right to request that CarePlus restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. I understand that to make such a request, I must fill out the Client Request for Restriction on the Use and/or Disclosure of PHI form.

By signing the signature page of this handbook, I am consenting to CarePlus' use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing, except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, CarePlus may decline to provide treatment to me.

For Self-Paid Services

If you do not want information about services to be submitted to your insurance company, you may choose to pay for services yourself. You have the right to restrict disclosure of PHI to a health plan for specific services/health items you receive and for which you or someone other than a health plan pays in full, provided CarePlus is not otherwise required to disclose by law.



Client Confidentiality Policy & Procedure for Release of Information

(For a more detailed description of your right to privacy/confidentiality and how we may use and disclose your information, please refer to the CarePlus "Notice of Privacy Practice".)

1. All information pertaining to you whether written or verbal is confidential and will not be released without your consent except in an emergency, under Court Order or otherwise required or permitted by law. For Mental Health and Substance Abuse Services, CarePlus' policy requires that you document your consent on an Authorization for Release of Protected Health Information (PHI) form.
2. Release of Information asking for general information will not be honored. A form letter will be sent asking that a request be submitted for specified items relevant to the consumer's case.

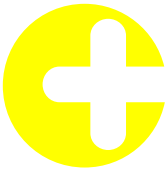
3. Only the specific items of information requested will be released. Other information will be eliminated or covered over if xeroxed.
4. A qualified clinical professional will review all confidential material to be released and give prior approval.
5. A copy of all information released will be included in your chart. Information released by telephone will be noted in the chart.
6. Information that has been received by this Agency from a third party (i.e. hospital or other agency provider), will not be released with the exception of information pertaining to your physical status.
7. CarePlus will honor a written request for release of information up to 12 months after its receipt or otherwise limited by the release.
8. In the case of a medical or psychiatric emergency, information may be released without specific written or verbal consent. Release of information will be subject to guidelines established by the State of New Jersey, as well as the Federal law on privacy known as the Health Information Portability and Accountability Act or HIPAA.
9. You have the right to rescind your permission to release information at any time. CarePlus will require that such a request be put in writing.
10. For Substance Abuse Services, minors who voluntarily seek treatment have the right to control access to their records in the same manner as an adult. Therefore, a minor will be required to sign an Authorization to Release Protected Health Information, when needed (See “Notice of Privacy Practices”).
11. If you have any specific questions or concerns regarding the use and disclosure of your healthcare information, you may contact the Agency’s Privacy Officer, William Maslak at 201-843-5218 ext. 233.

Use/Disclosure of Confidential Information Without Your Consent

Under Federal and State laws on privacy, there are a number of instances when CarePlus is allowed to release your information without your consent. For specific instances, please refer to the Agency Notice of Privacy Practices. Below are a few of the most common instances that may occur:

If the Agency receives information indicating that the safety of certain person(s) is endangered, we will take the following actions:

1. If the endangered person is a minor where physical or emotional abuse or neglect is revealed, the Division of Protection and Permanency (DCPP) will be informed of the child's name, address and phone number.
2. If the endangered person is an adult with suicidal ideation, an evaluation will be made by Agency staff whether or not to recommend voluntary or involuntary admission to a secure environment. Family members may be involved at the staff's discretion.
3. If you reveal homicidal ideation, following an evaluation by Agency staff, the Agency shall:
 - a. Inform your family if you are a minor;
 - b. Inform the intended victim and, if a minor, his/her family;
 - c. Inform the police department in the town where you live and work. We may also contact the Psychiatric Emergency Screening Program for your area and seek further assistance. Voluntary hospitalization or involuntary admission to a secure environment for you may be pursued by the staff members.



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.

Care Plus NJ, Inc. (“CarePlus”) is a private, not-for-profit organization that provides a multitude of health, social and behavioral services, and also provides primary medical services. Various laws and regulations regarding the confidentiality of your health care information may apply depending on the type of service you receive.

This document describes the type of information that we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your health information and the right to approve or refuse the release of specific information, except when the release is required by law. If the practices described in this notice meet your expectations, there is nothing you need to do. If you prefer that we not share information we may honor your written request in certain circumstances described later on in this notice. If you have any questions about this Notice, please contact the CarePlus Privacy Officer at the address given at the end of this notice.

Organized Health Care Arrangement

CarePlus participates in a clinically integrated care setting in which clients may receive health care from more than one health care provider. This arrangement is called an Organized Health Care Arrangement (OHCA) under the federal laws governing the privacy of patient health information. This means that when you receive services at CarePlus, you may receive certain professional services from clinicians and/or individual staff who are the employees or agents of another licensed affiliated facility that has agreed to participate under the OHCA with CarePlus. The licensed affiliated facility is also a covered entity which is bound by the same federal and state laws governing the privacy and confidentiality of records practices as CarePlus. Therefore, the clinicians and individual staff of the licensed affiliated facility have agreed to abide by the terms of this Notice when providing services at/or on behalf of CarePlus. Therefore, this Notice applies to all of your health information that is created or received as a result of being a client at CarePlus.

Use of Health Information Exchanges

We reserve the right to participate in health information exchanges (HIE's). Unless you object, Care Plus staff may participate in the HIE in order to securely access and share your vital medical information electronically, improving speed, quality, safety and costs of care. Information obtained through an HIE may be incorporated into the Care Plus documented records.

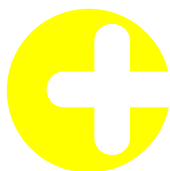
Understanding your Medical/Healthcare Record Information

Each time you visit or receive a service provided by CarePlus, we make a record of your visit. Typically, the record contains your health history, current symptoms, psychiatric evaluations, examination and test results, diagnoses treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that you actually received the services for which we bill.
- Tool in medical/health care education.
- Source of information for public health officials charged with improving health of the regions they serve.
- Tool to assess the appropriateness and quality of care you received.
- Tool to improve the quality of healthcare and achieve better patient outcomes.

Understanding what is in your medical/healthcare records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Better understand the health information rights detailed below.



Who will follow this Notice

This Notice describes CarePlus practices regarding the use of your health information and that of:

- Any health care professional authorized to enter information into your medical records.
- All departments of CarePlus providing services to you.
- Any member of a volunteer group or student we allow to help you or the department in which you receive care at CarePlus.
- All employees, staff and other personnel who may need access to your information.
- All entities, sites and locations of CarePlus follow the terms of this Notice. In addition, these entities, sites and locations may share medical/mental information with each other for treatment, payment or health care purposes described in this Notice. Any clinician and/or individual staff employed by the licensed affiliated facility under the OHCA with CarePlus.

The CarePlus Pledge Regarding Your Health Information

At CarePlus, we understand that information about you and your health is personal. Protecting medical/mental health/substance abuse information about you is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by CarePlus, whether made by health care professionals or other personnel.

This Notice will tell you about the ways in which we may use and disclose medical/mental health/substance abuse (referred to also as medical / healthcare records or health information) information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of this information.

We are required by law to:

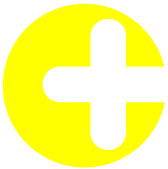
- Keep private health information that identifies you.
- Give you this Notice of our legal duties and privacy practices with respect to health information about you.
- Train our personnel concerning privacy and confidentiality.
- Implement a policy to discipline those who breach privacy/confidentiality or our privacy/confidentiality policies.
- Notify affected individuals following a breach of unsecured PHI and mitigate (lessen the harm of) any breach of privacy/confidentiality.
- Follow the terms of the Notice that is currently in effect.

How We May Use and Disclosure Health Information About You.

The following describes the purposes for which we are permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization by use of our Request/Authorization to Release Information forms, and you may revoke such authorization in writing at any time.

Note for Substance Abuse Services: We are prohibited from releasing information to outside persons/entities without your written consent unless it is in response to a duly executed court order, in an emergency or otherwise required or allowed by law. **For Substance Abuse Services, minors who voluntarily seek substance abuse treatment have the same rights as an adult. For counseling minors:** Minors age 14 and older do not have legal authority to release PHI. Only parent(s)/guardian have that authority to release PHI. Minors age 14 and over will be offered an opportunity to object and will be asked to sign authorizations in addition to the parent(s)/guardian.

Treatment. We may use or disclose your health information to provide you with medical/mental health/substance abuse treatment or services. For example, information obtained by our staff providing healthcare services to you will record such information in your record that is related to your treatment. This information is necessary to determine what treatment you



should receive. Our staff will also record actions taken by them in the course of your treatment and note how you respond.

Payment. We may use or disclose your health information so that the treatment and services you receive may be billed for and payment may be collected from you, an insurance company or a third party. The claim form for payment will include information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. **For Self-Paid Services:** You have the right to restrict disclosure of PHI to a health plan for specific services/health items you receive and for which you or someone other than a health plan pays in full, provided CarePlus is not otherwise required to disclose by law.

Healthcare Operations. We may use and disclose your health information for health care operations purposes. Health care operations include, but are not limited to, quality assessment and improvement, management and general administrative activities. For example, members of our quality assurance team may use information in your health record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide.

Patient Portal. Unless you object, Care Plus may enter your email address in the electronic health record in order to provide you access to the patient portal, which contains your personal health information. Once the email address is set up, you will receive an email containing a temporary password so that you may access the patient portal. This portal will afford you an opportunity to communicate securely with your provider(s) however should not be the means of communication regarding your safety. Communication in the portal cannot be monitored regularly and should not replace direct communication with your provider(s).

Business Associates. There may be instances where services are provided to our organization through contracts with third party "Business Associates". Whenever a business associate arrangement involves the use or disclosure of your health information, we will have a written contract that requires the business associate to maintain the same high standards of safeguarding your privacy that we require of our own employees and affiliates.

Notification. Unless you object, in emergency or similar types of situations, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family. Unless you object, we may, using our best judgment, disclose to a family member, other relative, close personal friend or any other person **you identify**, health information relevant to that person's involvement in your care or payment related to your care.

Research. CarePlus does not routinely participate in research studies. Any disclosure of information for research purposes shall be based on your written, informed consent, and assurances that the researchers shall comply with ethical standards for ensuring the confidentiality of your information.

Appointment Reminders. Unless you object, we may contact you as a confirmation that you have an appointment for treatment or services.

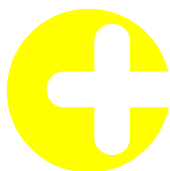
With your consent, CarePlus may text your cell phone, email you at the email address you provide CarePlus, or call your home or other alternative location and leave a message on voicemail.

Treatment Alternatives. Unless you object, we may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. Unless you object, we may use and disclose health information to tell you about health-related benefits or services that maybe of interest to you.

Fundraising. CarePlus does not routinely contact clients for fundraising. *Unless* you object, we may contact you as a part of a fundraising effort. You have the right to request not to receive fundraising materials.

Food and Drug Administration (FDA): We may be required by law to disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.



Workers Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Coroners, Medical Examiners and Funeral Directors. We may be required to disclose health information to a Coroner or Medical Examiner. We may also disclose health information to funeral directors consistent with applicable law to carry out their duties.

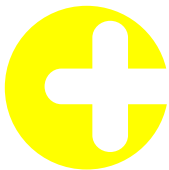
Organ Procurement Organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Correctional Institution. As required by law, should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement. We may disclose health information purposes as requested by a law enforcement official as part of law enforcement activities; investigations of criminal conduct; in response to court orders (i.e., subpoenas); in emergency circumstances; or when required to do so by law.

Military and Veterans. If you are a member of the armed forces, we may be required by law to disclose health information about you as required by military command.

To Avert a Serious Threat to Health or Safety. Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.



Protective Services for the President, National Security and Intelligence Activities. We may disclose health information about you to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations or intelligence, counterintelligence, and other national security activities authorized by law.

Lawsuits and Disputes. We may disclose health information about you in response to a subpoena, discovery request, and other lawful orders from a court. For Mental Health and Substance Abuse services, CarePlus may only release health information about you under court order or unless CarePlus is directly involved as a defendant or plaintiff.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure.

The Federal Department of Health and Human Services (DHHS): Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

As Required by Law: We will disclose health information about you when required to do so by federal, state or local law.

Your Rights Regarding Healthcare Information About You

Although your health records are the physical property of CarePlus, you have certain rights with regard to the information contained therein. The following describes your rights regarding the health information we maintain about you. To exercise your rights you must submit your request in writing to our Privacy Officer. You have the:

- **Right to request restriction on uses and disclosures of your health information.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the healthcare information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

However, we do not have to agree to the restriction. If we do agree, we will comply with your request, unless the information

is needed to provide you emergency treatment.

- You have the right to restrict information about self-paid services from being submitted to your insurance/health plan.

To request restrictions, you must make your request in writing to our Privacy Officer, whose address is at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about healthcare matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Inspect and Copy your health information upon request.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes healthcare and billing records, but does not include psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address on the last page of this notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- We may deny your request to inspect and copy in certain very limited circumstances. If we deny your request, we will provide you with an explanation of our decision. If you are denied access to healthcare information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by CarePlus will review your request and the denial. The matter will be reviewed and a decision will be made within 60 days. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

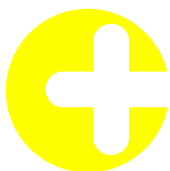
If we grant access, we will tell you what, if anything, you have to do to get access. **We reserve the right to charge a reasonable, cost-based fee for making copies.**

- **Right to Request Amendment/correction of your health information.** If you feel healthcare information we have generated about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the healthcare information kept by CarePlus;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This means a list of certain disclosures we made of healthcare information about you. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer.
- **Right to obtain a copy of this Notice of Privacy Practices.** Although we have posted a copy in prominent locations throughout the Agency locations and on our website, you have right to a hard copy upon request.
- To obtain a paper copy of this notice, please request one in writing from our Privacy Office at the address on the last page of this notice.
- You may obtain a copy of this notice at our website: www.careplusnj.org



Complaints

If you believe your privacy rights have been violated, you may file a complaint with CarePlus, or with the Secretary of the Department of Human Services. To file a complaint with Care Plus, contact our Privacy Officer at the address and phone number listed at the end of this notice.

You will not be penalized for filing a complaint.

Other Uses or Disclosures of Your Healthcare Information

Other uses and disclosures of your healthcare information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose healthcare information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose healthcare information about you for the reasons covered by your written authorization.

You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Privacy Officer

The CarePlus Privacy Officer is:

William Maslak
Privacy Officer
40 Eisenhower Drive, Suite 209
Paramus, NJ 07652

Tel: 201-843-5218 ext. 5233

Fax: 201-845-4386

Email: williamm@careplusnj.org

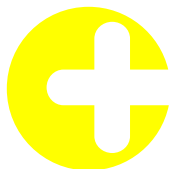
Changes To This Notice

CARE PLUS NJ, INC. RESERVES THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL OUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION PRACTICES. WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US WHEN MATERIAL CHANGES HAVE BEEN MADE.

For Clients who are Minors

New Jersey State Law S2481 grants minors who voluntarily seek drug and/or alcohol treatment the right to consent to treatment and to control access to their information in the same manner as an adult.

The New Jersey Division of Mental Health Services recently revised its regulation for the right to confidentiality to only apply to minors 14 years of age and older, who have requested admission and have been admitted voluntarily to a psychiatric facility, special psychiatric hospital or children's crisis intervention service pursuant to the civil commitment process. Consequently, minors who receive mental health services outside of those listed are not granted the right to control access to their records. However, CarePlus recognizes that confidentiality is a key element of the counseling relationship and will follow "best practice" with regard to the confidentiality of minors age 14 years and older.



CarePlus will offer a minor the opportunity to object to the release of information. If the minor does not object, the minor will sign the authorization in addition to the parent(s)/guardian. If the minor does object, this will be treated as a clinical issue between minor and parent(s)/guardian. CarePlus reserves the right to release the records based on parental/guardian consent only.

Family Therapy

For family therapy, the New Jersey Division of Mental Health Service regulations under N.J.A.C. 10:37-6.79 (j) 1 states as follows:

In case of family therapy, if the records for all participants have been integrated, no single family member shall have access to those records unless all adult participants and the guardians of any minor participants agree through a signed release form.* This includes disclosures regarding types of medications prescribed.

*Minors involved in substance abuse services regardless of age will be required to sign a release form. For mental health services, CarePlus will follow best practice and request minors age 14 and older involved in treatment will be offered the opportunity to object. If they do not object, they will be asked to sign the release form. If they do object, the issues will be treated as a clinical issue between the parent(s)/guardian and minor. The records may be released based on parental/guardian consent only.

Advance Directive for Mental Healthcare

As a mental healthcare provider, we are required by the State of New Jersey Division of Mental Health Services to inform you of your right to have an Advance Directive for your mental healthcare treatment. The purpose of this information is to:

- Give you a brief definition of an Advance Directive for Mental Healthcare.
- Briefly explain why it is important to have an Advance Directive for Mental Healthcare.
- Briefly explain some of the rules that guide the Advance Directive for Mental Healthcare.
- Provide you with resources on how to get started on developing an Advance Directive for Mental Healthcare treatment.

What is an Advance Directive for Mental Healthcare?

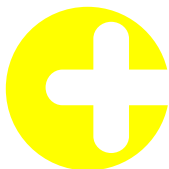
If you want your wishes to guide those responsible for your care during an emergency, you have to plan for what you want in advance. Generally, such planning is more likely to be effective if it is done in writing. So, by an “*advance directive*” we mean any written directions you prepare in advance to say what kind of medical or mental healthcare treatment you want in the event you become unable to make decisions for yourself.

To have an Advance Directive for Mental Healthcare you must be a currently competent adult or an emancipated minor.

You may appoint or name a “Proxy”, who is also called a mental healthcare representative. The Proxy must be an adult, and should be someone who you know and trust. Your Proxy will make decisions by following what you write in your Advance Directive for Mental Healthcare treatment. To make decisions your Proxy will be able to look at your health care records and information.

Please note it is the policy of CarePlus not to serve as a “Proxy” for our clients.

The Advance Directive for Mental Healthcare is a legal document that will only take effect if:



1. You tell your doctor that you have one, and what it says. A copy of your Advance Directive for Mental Healthcare treatment should be given to your treating doctor.
2. A doctor and or other mental healthcare professional have to agree that you are not able to make your own decisions. Your treating doctor can be one of these two people, but the other person cannot be someone who is treating you.

Why is it important to have an Advance Directive for Mental Healthcare treatment?

Having an Advance Directive for Mental Health treatment is important because it gives you more control over your mental health treatment if you can't tell others what you want.

The Advance Directive for Mental Healthcare treatment is a legal document. It lets you decide ahead of time about your mental health treatment. It lets you make decisions about:

- Medications;
- Where you get treatment;
- What kind of treatment you want and who you want to treat you.

Having a document in place that can express your wishes when you are unable to do so is important.

There are specific rules you must follow in developing an Advance Directive for Mental Healthcare treatment in order for it to be binding on others.

The law says:

- You must sign the document in front of 2 special witnesses or in front of a notary public;
- The special witnesses or “qualified witnesses” cannot be any of these people;
- The person who gives you treatment, or that person's employee or relative;
- The person who owns or runs the healthcare facility where you live, or where you are a patient, or that person's relative;
- Your family member (by blood, marriage or adoption);

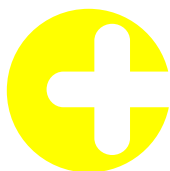
- The person who you pick to make your decisions for you (this person is called your “Proxy”).

Please note it is the policy of CarePlus to not have its employees serve as your witness in this matter. If you need assistance finding a notary public, ask your caseworker, therapist, or doctor to assist.

What resources are available to help me learn more about writing an Advance Directive for Mental Healthcare treatment?

CarePlus is providing you with this information to briefly explain your right to have an Advance Directive for Mental Healthcare treatment and get you started on thinking about putting one in place.

We strongly suggest that you discuss the possibility of having an Advance Directive for Mental Healthcare treatment with your family members/natural supports. While you do not need an attorney to develop an Advance Directive for Mental Healthcare, we strongly suggest that you consult one or reach out to one of the resources provided below for further assistance:



New Jersey Protection and Advocacy at (609) 292-9742 or by email at advocate@njpanda.org.

Bergen County Mental Health Law Project at (201) 634-2761.

Bergen County Division of Senior Services at (201-336-7400).

Legal Services of New Jersey (LSNJ) toll-free hotline at 1-888-LSNJ-LAW (1-888-576-5529), Monday through Friday, 8:00 a.m. to 5:30 p.m. or log onto www.lsnjlaw.org.

NJ Dept. of Human Services, Division of Mental Health Services web site <http://www.state.nj.us/humanservices/dmhs/index.html> or http://www.state.nj.us/humanservices/dmhs/advance_directives_all_forms.pdf

Family Involvement

CarePlus recognizes the essential need of family/natural supports to be informed, knowledgeable and involved in the consumer's treatment. It shall be the policy of CarePlus to encourage and facilitate the involvement of the family/natural supports in the treatment of its members. As a treatment provider, we are responsible for making known to family/natural supports any information necessary to the ongoing care of individuals with mental illness. Our goal is for family/natural supports to be able to function in a supportive, healthy manner.

If you wish to have your family/natural supports involved in your treatment and care, we will ask you to sign a release of information giving us permission to communicate with your family/natural supports. When you sign a release of information, your family/natural supports:

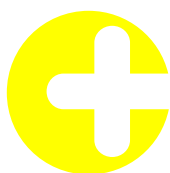
- Will be informed of the wide range of family services available at CarePlus.
- May be provided with information regarding your diagnosis and prognosis.
- May be provided with education regarding your diagnosis and prognosis.
- Cooperation will be enlisted to develop your Treatment and Discharge Plans and to foster a supportive alliance on your behalf.
- Requests for meetings with treatment staff will be reasonably accommodated.
- Will be provided with information regarding the treatment services you are receiving.
- Will be informed about the necessity of appropriate and inclusive release of information and confidentiality procedures.
- Will be informed should you terminate treatment against our professional opinion.

- Will be notified when you display symptoms of serious illness, e.g. suicidal ideation, impaired judgment or participation in unusual or dangerous circumstances. Family/natural supports are encouraged to notify us if they observe signs of decompensation or unusual behaviors so that we may provide prompt emergency treatment.
- Are encouraged to seek a second opinion if they have persistent unanswered questions.

We respect your right to confidentiality. Please know that though we value your family/natural supports involvement in your treatment, we cannot communicate with them unless you sign an Authorization to Release Protected Health Information. This policy on Family Involvement is not an authorization to release or disclose your confidential information.

For Substance Abuse Services, minors have the right to control access to their records in the same manner as an adult.

For Mental Health Services, CarePlus will follow best practice with regard to minors age 14 and over.



Consumer Bill of Rights

As a consumer of mental health services, your rights are guaranteed by the New Jersey Client's Bill of Rights, other provisions of the laws and the Constitution of New Jersey and the United States. Certain rights cannot be limited. Other rights may be limited by statute, regulation, court decision or for treatment appropriate to your condition. You may not be deprived of any of your rights as a citizen simply because you are receiving treatment at a mental health facility. You are considered legally competent unless there has been a court decision of incompetence.

Treatment Rights

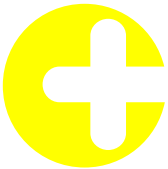
- To a safe, sanitary and humane treatment environment.
- To participate in the development of your treatment plan.
- To be informed of your condition and progress.
- To have every opportunity to meet with your doctor and other members of your treatment team.
- To have our treatment record and all information about you kept to confidential communications with those who examine or treat you. Information you provide may not be disclosed unless you consent (except in the event of suicidal or homicidal risk, or as otherwise specified in our Notice of Privacy Practices). There may be a situation in which your rights of confidentiality may be limited because of emergency situations or legal proceedings. (Please refer to our Notice of Privacy Practices).
- The right to privacy and dignity.
- To the least restrictive conditions necessary to achieve the purposes of treatment.
- To treatment in the least restrictive setting, free from physical restraints and isolation.
- To be free from unnecessary or excessive medications.
- To be free from corporal punishment.
- To not be subject to non-standard treatment or procedures, or experimental procedures or research or provider demonstration programs without written, informed consent and after consultation with counsel or interested party of your choice.

If a client has been adjudicated incompetent, authorization for such procedures may be obtained only pursuant to the requirements of N.J.S.A. 30:4-24.2d(2).

Grievance Procedure

Any person, at any time, can make suggestions or route complaints to CarePlus's Client Advocate. If you are currently receiving services or need assistance in expressing your concerns, you may:

1. Talk over the situation with your assigned therapist/case worker.
2. If not satisfied, you may contact your therapist/case worker's supervisor. If not satisfied, you may contact the Director/Vice President of the Department.
3. If not satisfied or uncomfortable, call the Agency Client Advocate directly at 201-986-5031.
4. If not satisfied, contact Brigitte Johnson, the Vice President of Client Support Services directly at 201-843-5218 ext. 235.
5. If not satisfied, contact one of our Senior Vice Presidents Kristine Pendency at 201-265-8200 ext. 217 or Tara Augustine at 201-265-8200 ext. 318.
6. If still dissatisfied, you have the right to present your case to the CarePlus Board of Directors for review.
7. If still not satisfied, you have the right to write or call your County Administrator and/or County Mental Health Board;



For Bergen County Residents

Administrator, Bergen County Mental Health Board
One Bergen County Plaza
Hackensack, NJ 07601
201-634-2745

For Essex County Residents

Essex County Mental Health Board
60 Evergreen Place, Suite 402
East Orange, NJ 07018
973-676-9111

8. If not satisfied, you may call:

NJ Division of Mental Health Services at 609-777-0702

State Department of Health and Senior Services Complaint
Program Hotline 800-792-9770

State Substance Abuse Complaint Hotline 877-712-1868

Joint Commission on Accreditation of Healthcare
Organizations 800-994-6610

NJ Div. of Mental Health & Addiction Services, Northern
Region 973-977-4397

NJ Div. of Mental Health Services, Central Region
1-800-382-6717

NJ Div. of Mental Health Advocacy 609-826-5090

Disabilities Rights NJ 609-292-9742

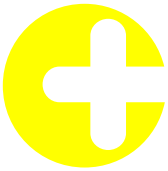
State Department of Health and Senior Services
1-800-792-9770

Our Mission

This Agency is dedicated to excellence in mental health care and has a commitment to life-long support needed by individuals and their families to ensure that they achieve their full potential to improve the quality of their lives.

Our Vision

CarePlus strives to be a leader in the delivery of mental health, case management and focused health care services through the effective application of clinical and administrative cutting edge technologies. The Agency is focused on quality and growth both in terms of the expansion of its continuum of clinical services and its geographic distribution system. CarePlus will support its staff's educational goals and assist them in the pursuit of professional licenses and certifications through financial support and facilitation of relevant professional experiences. CarePlus seeks partnership with other healthcare or community organizations in pursuing service opportunities.



Our Values

CarePlus acknowledges and respects the social, spiritual and cultural experience of consumers. The involvement of the consumer and significant family members in treatment, recovery and ongoing social supports are cornerstones in the CarePlus commitment to excellence.

CarePlus respects consumer choice and is committed to maintaining access for populations in need.

CarePlus views Agency staff as its most important resource. The growth and development of individuals and the group as a team is a high priority and an ongoing focus.

CarePlus provides high-quality care for all segments of the population without discrimination by age, race, gender, economic status or religion.

CarePlus has a long history of commitment to serve, leadership and excellence in community based services.

*The Agency reserves the right to update and amend the Consumer Handbook. For the latest version, please access the electronic copy of the Handbook on the Care Plus website at www.careplusnj.org. If you do not have access to a computer, please speak to your therapist or case manager for assistance.



Client Name: _____
 ID#: _____

Receipt of the CarePlus Consumer Handbook

The CarePlus Consumer Handbook contains an overview of policies and procedures included, but is not limited to:

- Overview of Services & Points of Access; Business Hours, including Inclement Weather
- Client Bill of Rights, including Treatment Rights; Notice of Privacy Practices
- Grievance Procedure
- Family Involvement Policy
- Use of Health Information Exchanges
- Methods of Communication

Furthermore, I acknowledge that I have reviewed the following information contained in the handbook and had the opportunity to ask questions (check off each of the following):

Client/Authorized Parent/Guardian/Adult's Initials	Check (✓) if Not Applicable	Topic
		Confidentiality Policy & Procedure for Release of Information
		Use and Disclosures of Protected Health Information (TPO) After the initial visit, CarePlus reserves the right to communicate via email or text notifications, unless I sign off on the Alternate Communication form advising otherwise.
		Fee Agreement; Cancellation/Missed Appointment Policy
		Insurance: RELEASE: "I give my permission to CarePlus to release information for the purpose of billing and reimbursement for services rendered. This includes date, time, type of service, diagnosis and/or condition requiring treatment, (including alcohol and substance abuse), and the name of person receiving treatment and/or responsible for payment. Payments are to be made directly to CarePlus and I am responsible to pay any amounts paid to me in error. I understand that I am responsible for any co-payments, deductibles, and/or any fees contracted for services provided to me." Insurance: _____
		Advance Directive for Mental Healthcare At this time, <input type="checkbox"/> I do <input type="checkbox"/> do not have an Advance Directive and <input type="checkbox"/> do wish <input type="checkbox"/> do not wish to utilize resources provided by CarePlus regarding this matter.
		Minors, including Permission to Treat a Minor: CONSENT: I hereby consent & give my permission for the above named minor, to receive treatment at Care Plus NJ, Inc. I further certify that I have legal custody of this person and am in the position of being able to give such consent.
		Student Interns/Licensed Staff: We reserve the right to use master-level student interns as well as licensed staff. These students/licensed staff are supervised by a clinical supervisor.

By signing this document, I am confirming that I am in agreement with the terms and conditions regarding care as outlined in this CarePlus Handbook.

(Signature of Client/Authorized Parent/Guardian/Representative) _____ (Date)

If client refuses to sign, specify: _____



Client Name: _____

ID#: _____

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		Fee Agreement; Cancellation/Missed Appointment Policy
		Insurance: RELEASE: "I give my permission to CarePlus to release information for the purpose of billing and reimbursement for services rendered. This includes date, time, type of service, diagnosis and/or condition requiring treatment, (including alcohol and substance abuse), and the name of person receiving treatment and/or responsible for payment. Payments are to be made directly to CarePlus and I am responsible for any co-payments, deductibles, and/or any fees contracted for services provided to me." Insurance: _____
		Advance Directive for Mental Healthcare At this time, <input type="checkbox"/> I do <input type="checkbox"/> do not have an Advance Directive and <input type="checkbox"/> do wish <input type="checkbox"/> do not wish to utilize resources provided by CarePlus regarding this matter.
		Minors, including Permission to Treat a Minor: CONSENT: I hereby consent & give my permission for the above named minor, to receive treatment at Care Plus NJ, Inc. I further certify that I have legal custody of this person and am in the position of being able to give such consent.
		Student Interns/Licensed Staff: We reserve the right to use master-level student interns as well as licensed staff. These students/licensed staff are supervised by a clinical supervisor.

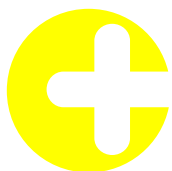
By signing this document, I am confirming that I am in agreement with the terms and conditions regarding care as outlined in this CarePlus Handbook.

(Signature of Client/Authorized Parent/Guardian/Representative) _____ (Date)

If client refuses to sign, specify: _____



Notes





Care Plus NJ, Inc. Headquarters 610 Valley Health Plaza, Paramus, NJ 07652
ph 201-265-8200

**For more information on the services offered by CarePlus,
visit www.CarePlusNJ.org**