

# CHRYSALIS SPECTRUM



8300 Cypress Creek Parkway Ste. 450 Houston, TX 77070  
(P) 281-407-1662 (F): 832-218-8761

## *Chrysalis Spectrum Information Packet*

*Client Name:*

*Record#*

## **HIPAA Notice of Privacy Practices**

In compliance with HIPAA - The Health Insurance Portability and Accountability Act of 1996

If you are a client of an Agency, this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

### **I. USES AND DISCLOSURES**

The Chrysalis Spectrum will not disclose your health information without your authorization, except as described in this notice.

*Plan of Care.* The Chrysalis Spectrum will use your health information for the plan of care; for example, information obtained by the admitting staff member will be recorded in your record and used to determine the course of care. The staff will communicate with one another personally and through the case record to coordinate care provided.

*Payment.* The Chrysalis Spectrum only accepts private payments. We do not accept insurance. Payments are due every Friday. The first late fee is \$38.00 and each subsequent late payment is \$50. Services may be canceled after failure to pay by the 14th day of payment being overdue.

*Health Care Operations.* The Chrysalis Spectrum will use your health information for personal assistance services operations. For example, Chrysalis Spectrum field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

*Notification.* In an emergency, the Chrysalis Spectrum may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

*Public Health.* As required by federal and state law, the Chrysalis Spectrum may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

*Law Enforcement.* As required by federal and state law, the Chrysalis Spectrum will notify authorities of alleged abuse/neglect; and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

*Charges against the Chrysalis Spectrum.* In the event you should file suit against the Chrysalis Spectrum, the Chrysalis Spectrum may disclose health information necessary to defend such action.

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*Duty to Warn.* When a client communicates to the Chrysalis Spectrum a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the Chrysalis Spectrum will notify either the threatened person(s) and/or law enforcement.

The Chrysalis Spectrum may also contact you about appointment reminders, treatment alternatives or for public relations activities.

In any other situation, the Chrysalis Spectrum will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

## II. INDIVIDUAL RIGHTS

You have the following rights with respect to your protected health information:

1. You may request in writing that the Chrysalis Spectrum not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. The Chrysalis Spectrum will consider your request; however, the Chrysalis Spectrum is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
2. Within the limits of the statutes and regulations, you have the right to inspect and copy your protected health information. If you request copies, the Chrysalis Spectrum will charge you a reasonable amount, as allowed by statute.
3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Chrysalis Spectrum to amend your protected health information by correcting the existing information or adding the missing information.
4. You have the right to receive an accounting of disclosures of your protected health information made by the Chrysalis Spectrum for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Chrysalis Spectrum would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost based fee.
5. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request to the Chrysalis Spectrum.

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### III. AGENCY'S DUTIES

1. The Chrysalis Spectrum is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
2. The Chrysalis Spectrum is required to abide by the terms of this Notice of its duties and privacy practices. The Chrysalis Spectrum is required to abide by the terms of this Notice as may be amended from time to time.
3. The Chrysalis Spectrum reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, the Chrysalis Spectrum will change its Notice and provide you with a copy. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office Chrysalis Spectrum phone number .
4. It is the duty of this agency to notify the patient of a breach of their protected health information. This agency will notify the patient within 15 business days of discovery of any breach in the patient's protected health information. Notification will occur regardless of whether the breach was accidental or if a business associate was the cause. A "breach" of PHI is any unauthorized access, use or disclosure of unsecured PHI, unless a risk assessment is performed that indicates there is a low probability that the PHI has been compromised. The risk assessment must be performed after both improper uses and disclosures, and include the nature and extent of the PHI involved, a list of unauthorized persons who used or received the PHI, if the PHI was in fact acquired or viewed, and the degree of mitigation. This agency and if any business associate was involved must consider all the following factors in assessing the probability of a breach:
  - the nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  - the unauthorized person who used the protected health information or to whom the disclosure was made;
  - whether the protected health information was actually acquired or viewed; and
  - the extent to which the risk to the protected health information has been mitigated.

"Unsecured" protected health information means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology.

5. If the breach is determined to have no or low probability of risk to the patient then the patient will not be notified. Any other risk factor requires the agency to notify the patient in writing within 15 business days of the conclusion of the determination.

### IV. COMPLAINTS

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If you are concerned that the Chrysalis Spectrum has violated your privacy rights, or you disagree with a decision the Chrysalis Spectrum made about access to your records, you may contact the office at Chrysalis Spectrum phone number 281.918.9852. You may also send a written complaint to the Federal Department of Health and Human Services. The Chrysalis Spectrum office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

### V. CONTACT INFORMATION

The Chrysalis Spectrum is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this Notice.

If you have any questions or complaints, please contact:

Name of Agency Administrator, Chrysalis Spectrum Administrator/Caregiver

You may contact this person at:

Chrysalis Spectrum  
8300 Cypress Creek Parkway Ste. 450, Houston, TX 77070  
(P) 281-407-1662 (F): 832-218-8761

Complaints may also be directed to: Texas Department of Disability and Aging without fear of retaliation.

Department of Aging and Disability Services,  
DADS' Consumer Rights and Services Division,  
P.O. Box 149030,  
Austin, Texas 78714-9030,  
Toll free 1-800-458-9858