



Reliance
Health

Outpatient Services

Welcome

Welcome to Reliance Health Outpatient Services (R.H.O.S.). This handbook contains important information about our services, your rights, and membership responsibilities. If you have any questions about this handbook a R.H.O.S. team member will be happy to assist you. We can be reached by calling (860) 887-6536, ext. 301, or, if you would like to give input about your program experience, utilize the comment box or call (860)887-6536, ext. 210.

Mission & Values

Our mission is to *Enhance health through mental wellness.*

We are also dedicated to cultivating an environment that promotes our core values of:

- Respect: Treat everyone with compassion and dignity
- Growth: Help each other achieve life goals
- Choice: Foster each person's right to make decisions and act on their own behalf
- Unity in diversity: Cultivate a community that recognizes difference and celebrates diversity
- Teamwork: Develop respectful, caring and healthy relationships as a key to achieving goals
- Integrity: Live honestly and ethically in accordance with our values

Hours of Operation

We are open Monday through Friday, from 8am-4pm.

Limited availability outside of office hours may be provided by appointment only.

After hours, crisis support is available by calling Mobile Outreach at (860)886-9302.

Services

Mental health is important to every individual and the foundation of overall wellness. Each person comes to us with a unique set of treatment needs and goals. At R.H.O.S. we are committed to providing you with the tools and resources that will support your wellness goals. We offer a comprehensive range of mental health outpatient services that include:

Individual & Group Therapy

Medication Evaluation & Management

These services can be offered in-person, through a private and secure virtual platform, or by phone. To be eligible for services you must be 18 or older.

Members of our clinical team have received specialized training in the following counseling approaches and specialties:

Psychiatric Nursing

Cognitive Behavioral Therapy (CBT)

Dialectical Behavior Therapy (DBT)

Accelerated Resolution Therapy (ART)

Auricular Acupuncture

Motivational Interviewing

Eye movement Desensitization and Reprocessing (EMDR)

Solution Focused Addiction and Recovery Counseling

Mindfulness and Meditation

Trauma Responsive and Gender Informed Care

Clinical Groups

Payment Policy

We accept Medicaid, Medicare, other private insurance carriers, and self-payments as partial or full payment for services. To determine whether your insurance plan is accepted, please stop by our office, or contact us at (860)887-6536, ext. 300.

Please arrive 15 minutes before your first visit and please bring the following information:

- Photo identification card
- Insurance card(s)
- List of Current Medications (which can be obtained at your pharmacy)
- *If you wish to apply for fee assistance, please also bring proof of income.*
- *If available, please also bring any mental health records from previous hospital stays or outpatient treatment facilities and any referral forms.*

Insurance Deductibles, Copayments & Coinsurance Payments

Please be aware that with any health insurance plan there may be deductibles, copayments, and/or coinsurance payments for which you could be responsible. Please contact your health insurance carrier to verify your coverage.

Self-Payment

At first contact with the clinic, a fee for your service will be established. When needed, a sliding fee scale is offered. The process of fee adjustment is explained in a later section.

Responsibility of Payment

Deductibles, copayments, coinsurance payments, and/or self-payments are due at the beginning of each visit. We accept payment through cash, check (*), money order, and/or credit card. Most major credit cards are accepted.

** Please note that a \$25.00 fee will be charged for all checks returned for insufficient funds. If a check is returned, the issuer will no longer be eligible to use this form of payment.*

Sliding Scale Assistance

Reliance Health does not refuse services based on inability to pay; we utilize a sliding fee scale to assist anyone who has difficulty paying. If an individual requests assistance, a *Fee Adjustment Request* form is completed. Reliance Health may request verification of self-reported income. Upon request, Reliance Health will assist members with this form. Members will be notified of this decision within two (3) business days. Nonpayment of three (3) consecutive visits, may result in a review of your assigned sliding scale rate.

Reliance Health Outpatient Services Fee Adjustment Request

It is the policy of Reliance Health Outpatient Services (RHOS) to provide payment options to those utilize self-payment. Discounts are offered based on family size and annual income.

Please complete the following, attach documentation, and give to your service provider to be forwarded to the billing department.

Any discount will apply to all services directly provided by RHOS only.

This form must be completed every year as well as if there are any changes to your financial situation.

Name: _____

Date: _____

Family and Income Information		
	Name(s)	Income (if none, enter 0)
Self		
Spouse/Partner		
Child/Children		
Other Family/ Household Members		

***You may be asked to submit supporting documentation (pay stubs, other income statement, etc.) ***

How often do you attend for individual therapy? weekly monthly other: _____

How often do you receive medication management support? every other week monthly other: _____

How many groups to you attend? _____

Are there services that you are not currently receiving that you are interested in at RHOS? _____

Is there anything else you would like us to know/consider? _____

Signature: _____

Date: _____

Form Created/Revised: 6/2016

Cancellation/No Show Policy

Anyone who misses more than three (3) appointments, without cancelling 24 hours in advance, may be removed from medication management services, individual and/or group therapy.

We understand that there are times when you must miss an appointment due to emergencies or obligations to work or family. However, if an appointment is not cancelled, it may prevent another person from accessing support. Conversely, the situation may arise where another person does not cancel their appointment and we are unable to schedule you for a visit. To ensure that all members have the best opportunity to access services, please provide at least 24 hours' notice if you plan to cancel your appointment.

Reliance Health Code of Ethics

For Members

Purpose: Reliance Health is committed to providing a safe and welcoming environment for members, staff, and the community. As a member of Reliance Health, you will be expected to abide by an ethics policy that respects the rights and upholds the dignity of others. Individual programs may determine consequences for the violation of this policy with consultation provided by area Service Director and/or Corporate Compliance Officer for agency consistency. Reliance Health will report the following behaviors that break laws of the community: driving a vehicle while under the influence of drugs and/or alcohol, assault, theft of Reliance Health property, intentional damage to Reliance Health property, and any behavior that is required under Mandated Reporting state and federal laws. This policy will be introduced at program orientation.

Respect for the Rights of Others

I. Reliance Health values respect for all individuals. Therefore, as a member of Reliance Health you must make every effort to conduct yourself in a manner that supports the dignity and respect of others while you are on Reliance Health property, riding in Reliance Health or staff vehicles, or attending Reliance Health sponsored community events or trips. The following are some examples of behaviors that are not acceptable:

- Verbal abuse
- Threatening or intimidation
- Stealing
- Persistent borrowing or asking for money, cigarettes, food, etc.
- Touching another person without their permission
- Swearing
- Victimizing others
- Misuse of Reliance Health property such as letterhead, fax machines, copiers, telephones, computers, etc.
- Disruption or loudness after being asked to stop
- Ignoring the advice of the policies and procedures of Reliance Health, Inc.
- Intentional damage to Reliance Health, staff and/or member's property

Relationships and Boundaries

II. The relationship between members and staff is the basis of rehabilitation service provision. It is the responsibility of the Reliance Health staff person to provide caring, individualized rehabilitation services while maintaining professional boundaries. Listed below are some acceptable and non-acceptable behaviors that may help in maintaining these professional boundaries:

Acceptable Behavior between members and staff:

- Normal, non-intimate physical contact (e.g., handshake)
- Gifts of a nominal value approved by Program Director
- Emergency or unplanned contact outside of normal business hours

Not Acceptable between members and staff:

- Sexual contact, including kissing
- Lending money
- Dating, regular social contact outside of normal business hours

Confidentiality

III. It is the responsibility of members and staff to protect the confidentiality of others at Reliance Health. Information learned at confidential meetings (such as AA or Dual Recovery Anonymous meetings), during employment interviews, or during group therapy sessions, should not be shared with people outside of those environments. For more information on the issue of confidentiality, please refer to Reliance Health's policy on Privacy Practices.

Zero Tolerance

IV. Reliance Health maintains a zero-tolerance policy towards acts of violence, threatening, sexual harassment, possession of alcohol and/or illegal substances, and possession of weapons. Those engaging in these behaviors may be subject to arrest and expulsion from Reliance Health property for a period of time. Reliance Health may be willing to provide services off-site. If a person is assessed as a danger to themselves or others, they will be linked to appropriate services.

Member Grievance Guide

Who should I contact if I have concerns about my services and/or would like to file a grievance?

If you believe that your rights have been violated or denied and you would like to discuss your concern, please contact the Reliance Health Consumer Rights Officer:

Nicole Reynolds

**c/o Reliance Health, 40 Broadway, Norwich, CT 06360
(860)887-6536, ext. 275**

The Reliance Health Consumer Rights Officer shall contact you within three (3) business days of when the concern was expressed to:

- Attempt to resolve the concern
- Review the *Member Grievance Procedure for RHOS & Medication Management*

What is a grievance?

A grievance is a *written* complaint regarding one or more of the following actions taken by Reliance Health, its employees, interns and/or volunteers:

- Denial, involuntary reduction or termination of services.
- Violation of a member's rights guaranteed by the law.
- The member has been treated in an arbitrary or unreasonable manner.
- Failure to provide services identified in the member's Clinical Treatment Plan
- Coercion was used to improperly limit a member's choice.
- Failure to reasonably intervene when a member's rights are put at risk by another member at Reliance Health site, program or activity.
- A member or their property was not treated with respect.
- Failure to treat a member in a humane and dignified manner.
- Any violation of a member's rights identified in the *Member Statement of Rights*

Who can submit a grievance?

Any member and/or their conservator can submit a grievance.

If you would like to file a grievance, you may also appoint an advocate, of your choice (*), to assist you with the grievance process.

(* Reliance Health may disallow a member's choice of an advocate on the grounds it is "clinically detrimental" if the member and their advocate receive services from the same provider.)

How does the grievance procedure work?

1. All grievance must be submitted, in writing, within forty-five (45) calendar days of when the action being grieved has occurred. If needed, Reliance Health employees and/or your advocate may help you write the grievance. The written grievance should include:
 - A description of the complaint; what happened, when and where, who was involved, and, if applicable, the names of witnesses.

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- If applicable, whether there was written notice that services were denied or involuntarily reduced or terminated.
- If applicable, whether modified services were offered after an involuntary termination.
- Suggestion(s) on how the grievance may be resolved.

Grievances may be submitted *after* 45 calendar days if the Consumer Rights Officer determines there were extenuating circumstances which prevented the grievance from being filed within the required timeframe.

2. The Consumer Rights Officer will respond to the grievance within (7) calendar days to acknowledge that the grievance was received and provide the following list of statewide advocacy programs:

Advocacy Unlimited, Inc.

114 West Main St., Suite 201, New Britain, CT 06051

Toll Free in CT: 1(800)573-6929 Local: (860)505-7581 Fax: (860)259-5731

Disability Rights Connecticut

846 Wethersfield Ave., Hartford, CT 06114

Toll Free in CT: 1(800)842-7303 Local: (860)297-4300 Fax: (860)296-0055

Video Phone: (860)509-4992

3. Reliance Health shall respond to your written grievance within twenty-one (21) calendar days of when it was received unless Reliance Health determines that an additional fifteen (15) calendar days is needed due to good cause.

During this timeframe, the Consumer Rights Officer will work with you and impacted Reliance Health programs to develop an *Informal Resolution*. Once a proposed solution has been identified, the Consumer Rights Officer will send you a written *Informal Resolution*.

You shall have ten (10) business days to respond to the written *Informal Resolution* or the grievance will be considered withdrawn. If you accept the resolution, the grievance will be considered resolved.

If you do not accept the *Informal Resolution* or the Consumer Rights Officer does not believe one is possible, the member can present additional information to the Chief Executive Officer or her designee who will issue a *Formal Decision*.

How do I file a complaint if my concern is *not* considered a formal grievance?

This grievance procedure does *not* cover:

- Grievances involving Reliance Health programs outside of R.H.O.S. If you have a concern regarding another program, the Consumer Rights Officer will identify the Reliance Health policy to address your concern.
- Member to member conflicts. When a conflict has occurred at a Reliance Health program, the Program Director will assist the members with the resolution process.
- Concerns regarding other agencies. When a member expresses a concern regarding another agency, Reliance Health will attempt to help the member identify the appropriate channel to address their concern.
- Matters under the jurisdiction of the Psychiatric Security Review Board (PSRB). These matters should be referred to the PSRB.
- Allegations of criminal statute violations. These matters should be referred to law enforcement.

MEMBER STATEMENT of RIGHTS

Reliance Health does not discriminate in any way as to race, color, ethnic background, ancestry, national origin, religion, creed, veteran status, sex, gender, gender identity or expression, marital status, sexual orientation, age, genetic information, legal source of income, visual impairment, or physical, mental health, or intellectual disability. We are committed to ensuring that all members respect each individual and that all individual rights are always upheld. If at any time you feel that your rights have been violated, please bring this information to your Service Coordinator, Employment Specialist, or any other Reliance Health staff.

YOU ARE ENTITLED TO YOUR INDIVIDUAL RIGHT AND YOU HAVE A RESPONSIBILITY TO ENSURE THE RIGHTS OF OTHERS in exercising your rights, consider the rights of others.

- 1) All those at Reliance Health shall respect the Civil and religious rights of each member.
- 2) Each member has the right to be in developing his or her treatment plan and services.
- 3) Each member has the right to refuse treatment or services.
- 4) Receive information about any specific limitations that may be placed on your services
- 4) Each member is responsible for their own belongings and no member or employee is to violate the privacy of another's possessions without the expressed consent of the owner.
- 5) All mail is to remain sealed and shall not be opened by anyone except the addressee.
- 6) All confidential information is kept in a locked file. Reliance Health will not give out any confidential material to an outside source without the member's written permission other than those areas in which we must follow mandatory disclosure laws.
- 7) Each member has the right to present complaints on their own behalf to his/her service coordinator, employment specialist, or any staff member.
- 8) Each member has the right to manage their financial affairs.
- 9) Each member has the freedom and the right to review any information we hold about them. Each member has the right to request and receive that information in a timely manner as described in the Notice of Privacy Practices.
- 10) Reliance Health Staff and members shall under no circumstances, other than in the case of clear and eminent danger to oneself or others, strike, restrain or in any way physically abuse a member of Reliance Health.
- 11) Each member will be free from mistreatment, verbal, mental, sexual, and physical abuse, exploitation, humiliation, neglect, and retaliation.
- 12) Each member, unless assigned a legal conservator or guardian, will be able to fully represent themselves in all legal, contractual, and/or interpersonal relationships.

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.

Effective/Revision Date: April 14, 2003/ July 12, 2013/ October 1st, 2016

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Reliance Health, Inc.'s Privacy Officer at (860) 887-6536 ext. 275

PURPOSE OF THE NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (the "Notice") is meant to inform you of the ways we may use or disclose your protected health information. It also describes your rights to access and control your protected health information and certain obligations we have regarding the use and disclosure of your protected health information.

Your "protected health information" is information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present or future physical or mental health or condition, or payment for the provision of your health care. We are required by law to maintain the privacy of your protected health information and you have the right to and will receive notification from us of a breach of your unsecured protected health information, if such a breach occurs.

We are also required by law to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information and to abide by the terms of the Notice that is currently in effect. However, we may change our notice at any time. The new revised Notice will apply to all of your protected health information maintained by us. You will not automatically receive a revised Notice. If you would like to receive a copy of any revised Notice you should access our web site at www.RelianceHealthInc.org, contact the Reliance Health Privacy Officer or ask your Reliance Health contact person at your next appointment.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Reliance Health Inc. will ask you to sign a consent form that allows Reliance Health Inc. to use and disclose your protected health information for treatment, payment, and health care operations. You will also be asked to acknowledge receipt of this Notice.

The following categories describe some of the different ways that we may use or disclose your protected health information. Even if not specifically listed below, Reliance Health may use and disclose your protected health information as permitted or required by law or as authorized by you. We will make reasonable efforts to limit access to your protected health information to those persons or classes of persons, as appropriate, in our workforce who need access to carry out their duties. In addition, if required, we will make reasonable efforts to limit the protected health

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information to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such use or disclosure is limited by law.

- **For Treatment** - We may use and disclose your protected health information to provide you with psychosocial/rehabilitative services. Your protected health information may be used to refer you to other providers or to send your records to another treating health care professional. If we are permitted to do so, we may also disclose your protected health information to individuals or facilities that will be involved with your care after you leave Reliance Health. We may also use or disclose your protected health information in an emergency situation.
- **For Payment** - We may use and disclose your protected health information so that we can bill and receive payment for the services you receive. For billing and payment purposes, we may disclose your health information to your payment source, including insurance or managed care company, Medicare, Medicaid, or another third-party payer. For example, when we bill your insurance provider, we may have to notify them of the services you receive from us in order to receive payment for those services, or we may contact your insurance provider to confirm your coverage.
- **For Health Care Operations** - We may use and disclose your health information as necessary for operations of Reliance Health, Inc. such as quality assurance and improvement activities, reviewing the competence and qualifications of health care professionals, medical review, legal services and auditing functions, and general administrative activities of Reliance Health. For example, members of the Reliance Health Quality Assurance Team may use your healthcare information to work to improve the quality of services we provide.
- **Business Associates** – There may be some services provided in our organization through contracts with business associates, such as electronic healthcare records management, legal or accounting consultants, or clinical services. We may disclose your protected health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.
- **Appointment Reminders**- We may use and disclose protected health information to contact you as a reminder that you have an appointment at Reliance Health
- **Treatment Alternatives and Other Health-Related Benefits and Services** – We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives and to tell you about health-related benefits, services, or medical education classes that may be of interest to you.
- **Individuals Involved in Your Care or Payment of Your Care** – Unless you object, we may disclose your protected health information to a family member, a relative, a close friend or any other person you identify, if the information relates to the person’s involvement in your health care or payment related to your health care to notify the person of your location or general condition related to your health care.
- **Disaster Relief** – We may disclose your protected health information to a public or private entity authorized by law to assist in a disaster relief effort. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in

your best interest based on our professional judgment or if we reasonably infer that you would not object.

- **Public Health Activities** – We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information such as for the purpose of preventing or controlling disease, injury, or disability, reporting births or deaths, reporting child abuse or neglect, notifying individuals of recalls of products they may be using, notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- **Health Oversight Activities** – We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Judicial and Administrative Proceedings** – If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to your authorization or a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.
- **Law Enforcement** – We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. For example, to report gunshot wounds; to report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations** – We may release your protected health information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissues.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose your protected 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. Disclosure would, however, be limited to someone able to help lessen or prevent the threat.
- **Military and Veterans** – If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities or the Department of Veterans Affairs.
- **National Security** – If required by law, we may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by law. If required by law, we may disclose your protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates/Law Enforcement Custody** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.
- **Special Rules Regarding Disclosure of Behavioral Health, Substance Abuse and HIV-Related Information-** For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment,

special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special Authorization, or a court orders the disclosure.

- **Psychiatric Information** - Certain mental health information may be disclosed for treatment, payment and health care operations as permitted or required by law. Otherwise, we will only disclose such information pursuant to an authorization, court order or as otherwise required by law. For example, all communications between you & your Service Coordinator, Employment Specialist and/or other Reliance Health contact person will be privileged and confidential in accordance with State & Federal law.
- **Substance Abuse Treatment Information** - If you are treated in a specialized substance abuse program, the confidentiality of alcohol and drug abuse patient records is protected by Federal law and regulations. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as an individual being treated for drug or alcohol abuse, unless:
 1. You consent in writing;
 2. The disclosure is allowed by a court order; or
 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of these Federal laws and regulations by us is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the substance abuse program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.
- **HIV-Related Information** – We may disclose HIV-related information as permitted or required by State Law. For example, your HIV-related information, if any, may be disclosed without your authorization for treatment purposes, certain health oversight activities, pursuant to a court order, or in the event of certain exposures to HIV by personnel of Reliance Health, another person, or known partner (if certain conditions are met).
- **Worker’s Compensation-** We may use or disclose your protected health information as permitted by laws relating to worker’s compensation or related programs.
- **Fundraising Activities-** We may use certain protected health information, such as your name, address and phone number and other contact information, age, gender, date of birth, the dates you received treatment or services, department of service, treating physician, outcome information, and health insurance status to contact you in an effort to raise money for Reliance Health. We may also disclose contact information for fundraising purposes to a foundation related to Reliance Health. If you do not want to be contacted for this purpose, you have the right to opt out of receiving such communications by contacting Reliance Health at the contact information below. Even if you opt out, we may provide you with a method to opt back in to receive such communications.

WHEN WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We will obtain your written authorization (an "Authorization") prior to making any use or disclosure other than those described above. A written Authorization is designed to inform you of a specific use or disclosure, other than those set forth above, that we plan to make of your health information. The Authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event. You may revoke a written Authorization previously given by you at any time, but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization except where we have already taken actions in reliance on your Authorization.

WHEN WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Except as described in this Notice, or as permitted by Connecticut or Federal law, we will not use or disclose your protected health information without your written authorization. Your written authorization will specify particular uses or disclosures that you choose to allow. Under certain limited circumstances, Reliance Health may condition services on the provision of an authorization, such as research related to treatment. If you do authorize us to use or disclose your protected health information for reasons other than that treatment, payment or health care operations, you may revoke your authorization in writing at any time by contacting Reliance Health's Privacy Officer. If you revoke your authorization, we will no longer use or disclose your protected health information for the purpose covered by the authorization, except where we have already relied on the authorization.

Examples of Uses and Disclosures that Require Your Prior Authorization:

- **Service Coordination Notes-** A signed authorization is required for the use and disclosure of your Service Coordination notes except for our own use to provide you with services, for our training programs, and to defend ourselves in a legal action or other proceeding.
- **Marketing-** A signed authorization is required for the use or disclosure of your protected health information for a purpose that encourages you to purchase or use a product or service except for certain limited circumstances such as when the marketing communication is face-to-face or when marketing includes the distribution of a promotional gift of nominal value provided by Reliance Health.
- **Sale of Protected Health Information-** Except when permitted by law, we will not sell your protected health information unless we receive a signed authorization from you.
- **Uses and Disclosures Not Described in this Notice-** Unless otherwise permitted by Federal or State law, other uses and disclosures of your protected health information that are not described in this Notice will be made only with your signed authorization.

YOUR HEALTH INFORMATION RIGHTS

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

- **Right to Request Restrictions of Your Protected Health Information** - You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. However, we are not required to agree to the restriction. If we do agree to a restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment. You can obtain a Request for Restriction form from The Reliance Health Privacy Officer. You may require a restriction on disclosure of your protected health information to a health plan (other than Medicare or other federal health care program that requires Reliance Health to submit information) and Reliance Health must agree (unless otherwise required by law) to your request, if it is for purposes of payment or other health care operations (but not treatment) if you paid out of pocket, in full, for the item or service to which the protected health information pertains. Otherwise, we are not required to agree to your requested restriction. If or when we agree to accept your requested restriction, we will comply with your request except as needed to provide you with emergency treatment. If restricted protected health information is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information. In addition, you and Reliance Health may terminate the restriction (other than a restriction to a health plan for purposes of payment) if the other party is notified in writing of the termination. Unless you agree, the termination of the restriction is only effective with respect to protected health information created or received after we have informed you of the termination.
- **Right to Receive Confidential Communications** - You have the right to request a reasonable accommodation regarding how you receive communications of protected health information. You have the right to request an alternative means of communication or an alternative location where you would like to receive communications. You may submit a request in writing to the Reliance Health Privacy Officer requesting confidential communications.
- **Right to Access, Inspect and Copy Your Protected Health Information** – You have the right to access, inspect and obtain a copy of your protected health information that is used to make decisions about your care for as long as the protected health information is maintained by Reliance Health. You also have the right to obtain an electronic copy of any of your protected health information that we maintain in electronic format. You also have the right to request that Reliance Health transmit a copy of your protected health information directly to another person designated by you. To access, inspect and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to the Reliance Health Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy your protected health information under certain limited circumstances. If we deny your request, we will provide you with a written

explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request. You may also have the right to request a review of our denial of access through a court of law. All requirements, court costs and attorney's fees associated with a review of denial by a court are your responsibility. You should seek legal advice if you are interested in pursuing such rights.

- **Right to Amend Your Protected Health Information** - You have the right to request an amendment to your protected health information created and maintained by Reliance Health Inc. for as long as the information is maintained by or for Reliance Health, Inc. Your request must be made in writing to the Reliance Health Privacy Officer and must state the reason for the requested amendment. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial. We may rebut your statement of disagreement. If you do not wish to submit a written statement disagreeing with the denial, you may request that your request for amendment and your denial be disclosed with any future disclosure of your relevant information.
- **Right to Receive An Accounting of Disclosures of Protected Health Information** – You have the right to request an accounting of certain disclosures of your protected health information by Reliance Health or by others on our behalf. We are not required to account for all disclosures, including disclosures for treatment, payment or health care operations. However, effective January 1, 2014, if we have made any disclosures for treatment, payment or operations through an electronic health record, we are required to include those disclosures that occurred within three (3) years of the date of your request. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after April 14, 2003 that is within six (6) years (or on or after January 1, 2014 that is within three (3) years for disclosures of protected health information through an electronic health record) from the date of your request. The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single twelve-month period. However, you will be given the opportunity to withdraw or modify your request for an accounting of disclosures in order to avoid or reduce the fee. Please note that, at times, companies we work with (called “business associates”) may have access to your protected health information. When you request an accounting of disclosures from Reliance Health, we may provide you with the accounting of disclosures or the names and contact information of our business associates, so that you may then contact them directly for an accounting of disclosures.
- **Right to Obtain A Paper Copy of Notice** - You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting Reliance Health, Inc. In addition, you may obtain a copy of this Notice at our web site, www.reliancehealthinc.org.
- **Right to Request Transmission of Your Protected Health Information in Electronic Format-** You may direct us to transmit an electronic copy of your protected health information that we maintain in electronic format to an individual or entity you designate. To request the transmission of your electronic health information, you must submit the request in writing

to the Reliance Health Privacy Officer.

- **Right to Complain** - You may file a complaint with us or the Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint and we will make every reasonable effort to resolve your complaint with you. To file a complaint, please contact: Reliance Health Privacy Officer, 40 Broadway, Norwich, CT 06360, 860-887-6536 x 275.

Nondiscrimination Statement: Discrimination is Against the Law

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (860) 887-6536, ext. 275

PORTUGUESE: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (860) 887-6536, ext. 275

POLISH: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (860) 887-6536, ext. 275

CHINESE: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電, (860) 887-6536, ext. 275

ITALIAN: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (860) 887-6536, ext. 275

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (860) 887-6536, ext. 275

HAITIAN CREOLE: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (860) 887-6536, ext. 275

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (860) 887-6536, ext. 275

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (860) 887-6536, ext. 275

GUJARTI: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (860) 887-6536, ext. 275

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (860) 887-6536, ext. 275

ALBANIAN: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (860) 887-6536, ext. 275

HINDI: ध्यान दें: यदि आप अंग्रेजी नहीं बोलते, भाषा अनुवाद के लिए नि: शुल्क सेवा (860) 887-6536, ext. 275

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (860) 887-6536, ext. 275

GREEK: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε (860) 887-6536, ext. 275

Reliance Health complies with applicable Connecticut and Federal laws and does not discriminate based on race, color, ethnic background, ancestry, national origin, religion, creed, veteran status, sex, gender, gender identity or expression, marital status, sexual orientation, age, genetic information, legal source of income, visual impairment, or physical, mental health, or intellectual disability. Reliance Health does not exclude people or treat them differently because of race, color, ethnic background, ancestry, national origin, religion, creed, veteran status, sex, gender, gender identity or expression, marital status, sexual orientation, age, genetic information, legal source of income, visual impairment, or physical, mental health, or intellectual disability.

Reliance Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need a qualified interpreter, sign language interpreter or written information in other formats and/or languages, please contact:

Nicole Reynolds, Reliance Health Corporate Compliance Officer
40 Broadway, Norwich, CT 06360
(860)887-6536, ext. 275
nreynolds@reliancehealthinc.org

If you believe that Reliance Health has failed to provide these services or discriminated in another way based on race, color, ethnic background, ancestry, national origin, religion, creed, veteran status, sex, gender, gender identity or expression, marital status, sexual orientation, age, genetic information, legal source of income, visual impairment, or physical, mental health, or intellectual disability, you can file a grievance with:

Nicole Reynolds, Reliance Health Consumer Rights Officer
40 Broadway, Norwich, CT 06360
Phone: (860)887-6536, ext. 275
nreynolds@reliancehealthinc.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please contact:

Mike VanVlaenderen, Reliance Health Chief Operating Officer
40 Broadway, Norwich, CT 06360
Phone: (860)887-6536, ext. 256
mvanvlaenderen@reliancehealthinc.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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Created/Revision Dates: 9/16, 11/16, 7/17, 5/18, 8/18, 1/19, 1/20, 3/20, 9/20, 6/21, 12/21, 10/21
Reviewed by Board of Directors: 10/19, 6/21, 11/22

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Reliance Health, Inc.
40 Broadway, Norwich, CT 06360

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Created/Revision Dates: 9/16, 11/16, 7/17, 5/18, 8/18, 1/19, 1/20, 3/20, 9/20, 6/21, 12/21, 10/21
Reviewed by Board of Directors: 10/19, 6/21, 11/22

**Notice of Privacy Practices
Acknowledgment and Consent Form**

I understand the need for Reliance Health, Inc. to use or disclose protected health information [PHI] for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations. Protected health information may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information. I understand that further information regarding how Reliance Health will use and disclose my information can be found in Reliance Health's Notice of Privacy Practices.

By signing below, I am stating that I have received a copy of Reliance Health's Notice of Privacy Practices and that I consent to the uses and disclosures necessary to perform treatment, payment, and healthcare operations.

Print Name of Individual or Personal Representative

Signature of Individual or Personal Representative

Date

Print Name of Witness

Signature of Witness

Date

If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual: _____

Unable to obtain written consent and acknowledgment because:

Individual refused

Other: _____

Reliance Health Outpatient Services

Member Handbook Acknowledgment Form

By signing below, I am stating that I have reviewed and received copies of the following documents:

- Reliance Health Outpatient Services *Overview of Services*
- Reliance Health Outpatient Services *Payment Policy*
- Reliance Health Outpatient Services *Cancellation/No Show Policy*
- Reliance Health *Code of Ethics*
- Reliance Health *Grievance Policy*
- Reliance Health *Statement of Rights*

Signature of Member
or
Conservator of Person/Guardian

Date

Witness

Date