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

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CONSUMER HANDBOOK 2024

Table of Contents

Mission, Vision, & Values	3
Overview of the Consumer Handbook.....	5
Admissions & Triage	6
Business Hours	6
Inclement Weather.....	6
Insurance	6
Cancellation/Missed Appointment Policy	7
Telehealth	8
Fee Agreement	10
Consent for Use & Disclosure of Protected Health Information	12
Self-Pay Services	13
Client Confidentiality Policy & Procedure for Release of Information	13
Use/Disclosure of Confidential Information Without Your Consent.....	15
Notice of Privacy Practices.....	15
Organized Healthcare Arrangement(OHA)	16
Use of Health Information Exchanges	17
For Clients Who Are Minors	30
Family Therapy.....	30
Advance Directive for Mental Healthcare	31
Family Involvement.....	33
Consumer Bill of Rights.....	35
Treatment Rights	35
Consumer Bill of Rights- Outpatient Addiction Services.....	36
Grievance Procedure.....	39



MISSION STATEMENT

At CarePlus NJ, we strive for excellence in mental health, addiction recovery, and community-based services. Our goal is to offer affordable, accessible, and holistic-centered care that empowers individuals to reach their full potential and enhance their quality of life.

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VISION

CarePlus NJ, The Premier Healthcare Provider: delivering integrated wellness to individuals, families, and the community, now and for future generations.

VALUES

RESPECT	We acknowledge and respect the social, spiritual, and cultural experiences of all individuals.
ACCESS	We value providing accessibility to care.
EMPOWER	We have a continued commitment to lead by example in providing quality services.
INCLUSIVE	We provide high-quality care for all without discrimination.
COMMIT	We view staff as our most important resource and invest in our staff's growth and development.



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Welcome to Care Plus!

This handbook contains important information regarding an overview of Care Plus services, as well as policies and procedures as they pertain to the services you are receiving at Care Plus. 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 to provide you with services and look forward to assisting you in reaching your treatment goals. Care Plus is a private not-for-profit corporation that was established in January 1978. Since 1995, Care Plus 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. Care Plus 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. Care Plus provides services to both children and adults. Care Plus utilizes Telehealth technology to provide care. A member of the Care Plus team will discuss with you your treatment options of receiving care in person or via telehealth.

Care Plus utilizes a Front Desk KIOSK to facilitate the ‘check-in’ process when receiving services at Care Plus. In addition to being checked in, you may have agency forms, consents, screening tools & payment to complete electronically. Care Plus may use either your email or cellphone number for texting to facilitate this check-in process.

Care Plus reserves the right to use a third-party Phlebotomist to assist with client care, including but not limited to blood work and drug testing.

Some of the services we provide are:

- Individual, Couples, Family, and Group Counseling
- Medication Monitoring
- Integrated Substance Use Disorders 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, at (201) 986-5000. For location hours, please visit our website,

www.CarePlusnj.org.

Our Online Referral System provides a direct route for new clients to connect with Care Plus NJ services. Individuals can initiate the Self-Referral by filling out the “request an appointment” form, accessed through our Care Plus NJ website, www.CarePlusnj.org. A member of our Admissions Team will call the individual back.

Business Hours

We have offices located in Bloomfield, Paramus, Rochelle Park, and Fair Lawn. These four sites are open Monday – Friday, with late evening availability. Many of our programs additionally provide services on Saturdays. For specific program hours, please visit our website, [www.Care Plusnj.org](http://www.CarePlusnj.org).

(201) 262-HELP, Bergen County’s Psychiatric Emergency Screening Program, provides services 24/7, 365 days per year. If you receive services from Care Plus 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, or visit [www.Facebook.com/Care PlusNJ](http://www.Facebook.com/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, Care Plus will help you with your insurance claims. Claims will be sent on a weekly basis to your insurance company or other payer. 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. Care Plus will not be held responsible for its accuracy, as any insurance verification is an estimate and is liable to change by your insurance company). Any portion not paid by your insurance company, including the deductible, co-insurance, copay, 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 account 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 the 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 at the time of the visit and provided a receipt to submit to your insurance (by request).

Cancellation/No Show Policy

Your appointments with Care Plus 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 an 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 provide 24 hours advance notice. Three (3) no-shows within a six-month period may result in a disruption of your care with us. Thank you for your cooperation and participation in your health care.

Telehealth

Care Plus utilizes Telehealth technology to facilitate client care. Telehealth is the practice of delivering health care services including but not limited to diagnosis, clinical & therapeutic interventions, psycho-education, case management & care coordination via a technology-assisted platform between the Provider and the client who are in two different locations. Clients can choose to receive services in person in lieu of via Telehealth.

Care Plus utilizes their electronic health record vendor's secure, telehealth platform. The technology is designed to send the client the Telehealth session link via either email and/or text. Clients are consenting to allow Care Plus to send the link via email or text when they agree to have their session(s) conducted via Telehealth. The information shared during a Telehealth encounter is confidential and incorporated into the client's medical record & only disclosed including, but not limited to, matters related to the alleged abuse, threats of violence towards others, risk of harm to self and/or when a valid court order is issued or other circumstance permitted or required by law.

Clients must understand that there may be disruptions during the Telehealth encounter due to poor internet connectivity. Care Plus cannot control disruptions with the technology platform nor internet services, though will work with clients to mitigate obstacles whenever possible. At the start of each session, the Provider and client should have contact numbers in case of disruption in the session. Provider should know the location of the client, in case of an emergency, it is determined that Telehealth services are no longer appropriate, and a higher level of care is required.

October 18, 2023, the US Department of Health and Human Services, Office of Civil Rights, posted the following: **HHS Office for Civil Rights Issues Resources for Health Care Providers and Patients to Help Educate Patients about Telehealth and the Privacy and Security of Protected Health Information.** The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS), issued two resource documents to help explain to patients the privacy and security risks to their protected health information (PHI) when using telehealth services and ways to reduce these risks.

The first resource is for healthcare providers on “Educating Patients about Privacy and Security Risks to Protected Health

Information when Using Remote Communication Technologies for Telehealth.” Although healthcare providers are not required by the HIPAA Rules to provide this education, the resource supports the continued and increased use of telehealth by providing information to help healthcare providers who choose to discuss telehealth privacy and security with patients. The resource provides suggestions for discussing:

Telehealth options offered

- Risks to PHI when using remote communications technologies
- Privacy and security practices of remote communication technology vendors
- Applicability of civil rights laws

OCR also issued a resource for patients called “Telehealth Privacy and Security Tips for Patients.” This resource provides recommendations that patients can implement to protect and secure their health information such as:

- Conduct telehealth appointments in a private location
- Turn on multi-factor authentication if available
- Use encryption when available
- Avoid public Wi-Fi networks

“Telehealth is a wonderful tool that can increase patients’ access to health care and improve health care outcomes,” said OCR Director Melanie Fontes Rainer. “Health care providers can support telehealth by helping patients understand privacy and security risks and effective cybersecurity practices so patients are confident that their health information remains private.”

The Guidance on Educating Patients about Privacy and Security Risks to Protected Health Information when Using Remote Communication Technologies for Telehealth may be found at <http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/telehealth-privacy-security/index.html>.

The Guidance on Telehealth Privacy and Security Tips for Patients may be found at <http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/resource-health-care-providers-educating-patients/index.html>.

OCR is committed to enforcing the HIPAA Rules that protect the privacy and security of peoples' health information. Guidance about the [Privacy Rule, Security Rule, and Breach Notification Rules](#) can also be found on OCR's website.

If you believe that your or another person's health information privacy or civil rights have been violated, you can file a complaint with OCR at <https://www.hhs.gov/ocr/complaints/index.html>

Fee Agreement

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

Care Plus participates in many insurance plans. Please inquire with our Admissions Department, Front Desk, or Billing Office if you have questions. Our Agency's billing and front desk staff are 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 at the time of your visit.**

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 if requested. Please be advised that if we have not been informed of your plan's requirements or your coverage 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 the payment of services rendered.

Payment is expected for all services or fees not covered by your insurance (such as co-pays) at the time services are performed. For those plans with which we do not participate, full 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 or coinsurance responsibilities, we will require a valid credit card on file to charge once the claim has been processed and we receive an Explanation of Benefits (EOB) from your carrier. For clients with copay responsibilities, you are required to keep a valid credit card on file and pay your copay through our virtual or in-person kiosk at the time of service. Should you not wish to keep a credit card on file, you must pay in full prior to services being rendered.

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 such as the guardian not present at, or during the services.

Uninsured. If you are not insured, Care Plus 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 payment arrangements, you will be asked to complete Presumptive Eligibility for NJ Medicaid. Individuals not eligible for NJ Medicaid can apply for NJ Mental Health Application for Payment Processing (NJMHAPP) with assistance from our staff.

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 billing department to discuss your situation.

Client Assistance. If there is a problem with payment on your account or if payment presents a hardship, our Agency billing department will be happy to discuss it with you. The Agency billing department staff will review your financial circumstances with you. You will be asked to present financial information as proof of your hardship. After review of all the information submitted on your behalf, the Agency billing department staff 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. Care Plus 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 client 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 collections must be paid prior to the time of the visit. We will not refuse to provide service 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 days 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 Care Plus to use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO).

With this consent, Care Plus may text my cell phone, email me at the email address I provide Care Plus, 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, Care Plus 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 Care Plus 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 been given a copy of the Care Plus 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.

Care Plus reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

Privacy Officer
Care Plus NJ, Inc
1 Kalisa Way, Suite 112, Paramus, New Jersey 07652

I have the right to request that Care Plus 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 Care Plus' 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, Care Plus 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 Care Plus 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 Care Plus "Notice of Privacy Practice", beginning on page 10 of this handbook).

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 Use Disorders Services, Care Plus' 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 if photocopied.
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. Care Plus will honor a written request for the 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. Care Plus will require that such a request be put in writing and submitted to the Privacy Officer.
10. For Substance Use Disorders 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, at 201-843-5218 Ext. 5233.

Use/Disclosure of Confidential Information Without Your Consent

Under Federal and State laws on privacy, there are several instances when Care Plus 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 on 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.
4. Under the laws governing "Duty to Warn" agency staff may be required to contact the local law enforcement authority.

Notice of Privacy Practices

This HIPAA Notice of Privacy Practices ("HIPAA Notice") is provided to you by Care Plus NJ, Inc. ("we" "us" "Care Plus") pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"), as amended. **"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."**

Who/What is covered by this HIPAA Notice?

Care Plus NJ, Inc. (“Care Plus”) 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. There are differences among the various regulations that govern the confidentiality of Care Plus records. Care Plus NJ follows the “most stringent” regulations that apply, that is, which regulations grant you more rights to control access to your PHI by others, or which grant you greater access to your PHI.

This HIPAA Notice covers all of Care Plus NJ’s activities, programs, employees, volunteers, medical residents, and members of our staff and allied health professionals. The information contained in the record of your medical care generated by us is referred to as Protected Health Information. This HIPAA Notice applies to all Protected Health Information about you that is maintained by us, including any such information that is maintained in paper or electronic form, or spoken. This includes records of your care maintained by us, whether created by our employees, your physician, consulting physicians, or others covered by this HIPAA Notice.

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 Care Plus Privacy Officer at the address given at the end of this notice.

Organized Health Care Arrangement (OHCA)

Care Plus reserves the right to participate in clinically integrated care settings 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 Care Plus, 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 Care Plus. 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 Care Plus. If an OHCA has been formed, Care Plus and/or the affiliated healthcare provider will issue to you a Joint Notice of Privacy Practice.

Under the Joint Notice of Privacy Practice, the clinicians and individual staff of the licensed affiliated healthcare provider agree to abide by the terms of this Notice when providing services at/or on behalf of Care Plus. The Joint Notice of Privacy Practice will contain the same language as this Notice and will apply to all of your health information that is created or received as a result of being a client at Care Plus. If applicable, the Joint Notice of Privacy Practices can be found on our website at www.CarePlusNJ.org under the Resource tab and will list all of the affiliated healthcare/providers under the Joint Notice of Privacy. You also have the right to contact the Care Plus Privacy Officer at 201- 843-5218 Ext. 5233 for a list of affiliated healthcare providers under the OHCA.

Use of Health Information Exchanges

We reserve the right to participate in one or more electronic health information exchange organizations (“HIE” “HIO”), such as, but not limited to, State of New Jersey Health Information Network, National Health Information Exchanges, Collective Medical Technologies which connects Health Care Providers, Behavioral Health Providers, Social Service Providers (“Collective Medical Network .”), designed to facilitate the availability of your health information electronically to healthcare providers who provide you with treatment. This information includes real time admission, discharge & transfer information related to an emergency room visit, inpatient hospitalization, and/or ambulatory care visits with providers who may be part of a hospital network. Care Plus staff may participate in the HIE in order to securely receive a/d/t information and/or 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. Upon your request, we will provide you with additional information about the uses and disclosures of your Protected Health Information in connection with each HIO that we participate in, and how you can exercise your right to choose not to participate in such HIOs.

HIPAA is a federal law, which places limitations on how health care providers and others can use and disclose Protected Health Information. At times, State or other federal laws may afford more protection of your Protected Health Information or provide additional patient rights that exceed those under HIPAA. Some examples of categories of information that are afforded such additional protections under New Jersey law include HIV/ AIDS; Venereal Diseases; Tuberculosis, Genetic Testing; Alcohol and Substance Use Disorder Treatment facility records; Mental Health facility records; and Minors who independently consent to medical treatment in accordance with State law. In these and all other applicable cases, we will abide by the most stringent of the regulations as they pertain to Protected Health Information, including obtaining your prior written authorization, as required by law, before any such information is disclosed to a third party.

These restrictions also apply to us when sharing any such special categories of information through HIOs that we participate in. You may contact the Clinical Informatics Department for a list of current HIE's and HIO's in which Care Plus participates. If you object to participating in the HIE, you can opt out of participating by indicating on the respective authorization form.

Note on Substance Use Disorder (SUD) Treatment: If you are receiving SUD treatment, you must sign a written consent form to participate in an HIE/HIO.

If you Opt-Out of the HIE at a later date, your medical information contained in the HIE at that time will not be removed but will continue to be accessed, used and released, electronically or otherwise, as needed to provide treatment to you. Additional Medical Information will not be shared once you opt-out.

Understanding your Medical/Healthcare Record Information

Each time you visit or receive a service provided by Care Plus, 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 the 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.

The Care Plus Pledge Regarding Your Health Information

At Care Plus, 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 Care Plus, 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.

Uses and disclosures, other than those permitted or required by law, shall be made only with your written authorization and consent. You may revoke in writing such authorization subject to some limitations as required by law. Even if not listed below, Care Plus NJ may use or disclose your PHI as you specify through your written authorization.

Treatment, Payment, Health Care Operations (TPO)

The following describes the purposes for which we are permitted to use or disclose your health information without your consent or authorization for purposes of Treatment, Payment and Health Care Operations (TPO). Difference based on NJ Mental Health Regulations and/or federal Substance Use Disorder regulations are noted.

Treatment: For Mental Health Services: We may use or disclose your health information to other Care Plus staff in order to provide you with medical and/or mental health 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. Other Care Plus staff may access this information for the purpose of coordinating services.

We are otherwise 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 required or allowed by law.

For counseling minors: Minors age 14 and older do not have legal authority to release Care Plus PHI. Only parent(s)/guardian have the authority to release PHI. Minors age 14 and over must be offered an opportunity to object and will be asked to sign authorizations in addition to the parent(s)/guardian.

Note for Substance Use Disorders 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 Use Disorders Services, minors who voluntarily seek substance abuse treatment have the same rights as an adult.**

Payment: There are no provisions in the NJ State Mental Health or federal Substance Use Disorder regulations that permit Care Plus to release or disclose your PHI for the purpose of reimbursement without your written authorization. With your authorization, we may use or disclose your health information so that we may bill for the treatment and services you receive, 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. This includes the date, time, type of services, diagnosis, and/or condition requiring treatment including alcohol and/or substance abuse, the name of the person receiving treatment, and/or responsible for payment. The authorization also includes the release of clinical documents in response to periodic audits conducted by the insurance companies.

If you object you may choose to be a self-pay client.

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 and/or someone other than a health plan pays in full, provided Care Plus is not otherwise required to disclose by law.

For example, if the services you receive at Care Plus are paid through an insurance plan for which you are not the primary insured individual – such as a spouse or adult child- the Explanation of Benefits sent to the insured individual will include information that you received a service which was processed by the insurance company. The information provided will be minimal identifying information including but not limited to the date of the service, service provided, charge, and reimbursement but no other details. You may choose to prohibit Care Plus from releasing PHI and become a self-pay client. However, some sources of reimbursement, such as Medicare/ Medicaid, are government benefits, not insurance, therefore Care Plus is required to release PHI for the purpose of government audits for services reimbursed.

Healthcare Operations: We may use and disclose your health information for healthcare operations purposes. Healthcare operations include, but are not limited to, quality assessment and improvement, reporting outcomes data to payers, regulatory bodies &/or participating value-based arrangements, credentialing healthcare professionals, insurance rating, and other insurance activities related to the creation or renewal of a contract for insurance; conducting or arranging for medical review, legal services and auditing functions (including compliance programs); business planning such as conducting cost management and planning analysis to managing and operating the entity including formulary development and administration, development and improvements for methods of payment or coverage policies; business management and general administrative activities; due diligence in connection with sale or transfer of assets to a potential successor in interest, if the potential successor is a covered entity or will become a covered entity; consistent with privacy requirements, creating de-identified health information or 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.

Treatment, Payment, and Health Care Operations in the HIO setting:

- We may disclose, or we may access your Protected Health Information disclosed by another healthcare provider or entity, electronically through one or more HIOs in which we participate for treatment, payment, and healthcare operations activities as described above. HIOs allow your authorized providers to share information efficiently and quickly. Another example of an HIO is the New Jersey Health Information Network, a state-lead HIO seeking to connect and exchange information electronically with HIOs and health care providers in New Jersey as well as outside of New Jersey.
- We will provide you with additional information about each HIO that we participate in, including how your Protected Health Information may be accessed and disclosed, and your ability to choose to not participate in such HIOs (“Opt-Out”). You may also be able to access your own Protected Health Information where an HIO provides a Personal Health Record (PHR). Please contact us for more information on how to activate a PHR or with any questions about an HIO.

- If you choose not to participate in one or more HIOs (“Opt-Out”), we will not disclose or access your Protected Health Information electronically through any HIO that you Opted-Out. However, your Protected Health Information may still be used or disclosed through traditional mechanisms for the purposes described in this HIPAA Notice as permitted or required by applicable law.

Patient Portal: Unless you object, Care Plus may enter your email address or cellphone number in the electronic health record in order to provide you access to the patient portal, which contains your personal health information. Once this is set up, you will receive an email or text so that you may access the patient portal. The patient portal is not currently integrated with the electronic medical records, consequently, 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: With your consent, we will communicate with family members, other relatives, and/or other significant persons whom you identify. There may be situations in which 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: Care Plus 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 governing the confidentiality of your research information.

Appointment Reminders: Unless you object, we send out appointment confirmations via email and/or text, based on your preference. This also includes receiving links via email and/or text for ‘Checking In’ and completing any necessary forms and/or payment. **With your consent, Care Plus may text your cell phone, email you at the email address you provide Care Plus, 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.

Transportation: If you use external resources for transportation to and/or from Care Plus, by initially signing the Receipt of Care Plus Handbook, you are authorizing Care Plus to acknowledge your presence at Care Plus to confirm your need for transportation.

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 may be of interest to you.

Fundraising: Care Plus does not routinely contact clients for fundraising. *Unless* you object, we may contact you as a part of a specific fundraising effort, including via email obtained from our electronic health record. You have the right to request not to receive fundraising materials.

Data Reporting: Care Plus is required to submit to the State of New Jersey, Department of Children & Families (DCF), Division of Mental Health and Addiction Services (DMHAS) & Substance Abuse and Mental Health Services Administration (SAMHSA) data regarding Quarterly Contract Monitoring, Unified Services Transaction Plus Form & Outcome Measures data which includes, but is not limited to, admissions/ discharge/ transfer data, encounter data, units of service, treatment service needs, program goals & objectives & outcome measures. This data submission is a requirement under our contracts with the State of NJ & SAMSHA.

Use/Disclosure of PHI When Authorization Not Required.

Care Plus NJ may disclose and release PHI without written consent by you under the following circumstances:

- If you voice a threat against a specific individual or group, that individual or person responsible for the group (e.g. school principal if the threat was made against a school) must be notified. Police may be notified if the intended victim cannot be contacted. [Practitioner's duty to warn];
- If a consumer reveals that child abuse may have taken place, the NJ Division of Child Protection and Permanency must be notified [10:37-6 .108(b)];
- If the consumer is a minor suspected of being abused, the record may be released to the NJ Division of Child Protection and Permanency [10:37-6 .79(c)];
- If a consumer reveals abuse or exploitation in a rooming/boarding/nursing home, this shall be reported to the County Welfare Agency [10:37-6 .108(b)];
- Information may be shared with another mental health agency in accordance with HIPAA [10:37-6.79(b)1i];
- If a Judge orders the release of information to a court [10:37- 6 .79(a)2];
- If a consumer is psychiatrically evaluated by a psychiatric screening center, information may be released to the screening center staff to facilitate the evaluation [10:37- 6 .79(a)3];
- To comply with any Federal or State law requiring the release of information [10:37-6 .79(a)3];
- When the Office of Licensing or Medicaid conducts a review, a consumer's clinical record may be reviewed [10:37- 6 .79(b)2];
- An accreditation reviewer may look at a consumer's record [10:37-6 .79(b)3];
- If officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations of the cause of death and/or conducting autopsies request the information [10:37-6 .79(b)4];
- Non-specific information may be provided to a family member or friend if the consumer does not object [N.J.A.C. 10:37-6 .79(e)];

- To a consumer's personal physician to benefit the consumer [N .J .A .C . 10:37-6 .79(f);
- Medication information may be released to the consumer's pharmacy;
- The records of a deceased individual who has received services or for whom services were sought may be released to the estate's administrator or executor. If there is no administrator or executor, records may be released to the next of kin indicated in the consumer record. A valid written authorization for the release of information must be obtained from next of kin: Natural or adoptive parents; Siblings; Grandparents; Family caregiver of record; Spouse; or Child/children;
- Information may be released to medical emergency responders in a medical emergency.

Law Enforcement: We may disclose limited information purposes as requested by a law enforcement official as part of law enforcement activities such as; investigations of criminal conduct that occurred relative to Care Plus operations; in response to court orders (i .e ., subpoenas); in emergency circumstances; or when required to do so by law. Under the NJ Duty to Warn regulations, Care Plus staff must contact local law enforcement when required to do so.

Note for SUD Treatment: Federal law places restrictions on the release of SUD treatment records to law enforcement. Contact the Care Plus Privacy Office at the address at the end of this notice if you wish clarification.

Research: Care Plus may participate in clinical research projects. In participating in research projects, Care Plus will be subject to, and will comply with all regulations and standards that protect PHI obtained through research activities. As a client, you may be offered the opportunity to participate but you cannot be required to participate. If you choose to participate, you will be asked to sign various consent forms. However, your PHI may be used as a comparison to PHI obtained about clients who participate in the form of aggregate data. Your identity will be protected.

Sensitive Protected Health Information: Certain state or federal laws may place more stringent requirements on the disclosure of

your Protected Health Information which is considered Sensitive, including, but not limited to HIV/AIDS, Genetic, STD, and Tuberculosis information, information related to emancipated care received by a minor, as well as Drug/Alcohol and Mental Health/Behavioral information originating from certain licensed facilities. Except to the extent we are required by applicable law to obtain a separate written authorization, we may use and disclose your Protected Health Information which contains Sensitive Information as permitted by this HIPAA Notice. For example, we may use and disclose HIV/AIDS related information to qualified personnel directly involved in your treatment or medical education, but we may not disclose any HIV/AIDS related information to another health care provider for health care operations without your separate written authorization.

Protection of PHI After Disclosure to Outside person or Entity

Both NJ State Mental Health and federal Substance Use Disorder regulations include provisions to continue to protect the confidentiality of your PHI after Care Plus releases it to an outside person or entity. Care Plus must inform any outside person or entity to which it releases your Care Plus records that your PHI cannot be further released without your written authorization

Your Rights Regarding Healthcare Information About You

Although your health records are the physical property of Care Plus, 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 a 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 Care Plus wants to provide comprehensive collaborative care to our clients.

Please note that restricting access to key natural or formal supports may limit our ability to provide you optimal care or may result in discontinuation of services. Your provider will review with you the potential impact on care so you may make an informed decision.

- **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 Care Plus 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 the 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 Care Plus;
- 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 the 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 Care Plus, or with the Secretary of the Department of Human Services, and/or the NJ Department of Human Services (Division of Mental Health and Addiction 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 Care Plus Privacy Officer is:

Privacy Officer
1 Kalisa Way, Suite 112
Paramus, NJ 07652
Tel: 201-843-5218 ext. 5233
Fax: 201-845-4386

Distribution of Notice of Privacy Practices: You will be required to acknowledge receipt of the Notice of Privacy Practices. Care Plus NJ must provide the Notice no later than the date of the first service delivery. If the notice cannot be acknowledged by the client at the date of the first delivery of services because of an emergency or crisis, the Notice shall be distributed at the next treatment encounter or the reason for non-delivery of the Notice shall be documented in the client record along with documentation of the unsuccessful efforts to distribute the notice.

Changes to This Notice

CARE PLUS RESERVES THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL OF OUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION PRACTICES. MATERIAL CHANGES TO THE NOTICE OF PRIVACY PRACTICES WILL BE POSTED ON THE CARE PLUS WEBSITE AT WWW.CAREPLUSNJ.ORG UNDER THE RESOUC E TAB. WE WILL ALSO POST A COPY OF THE NOTICE OF PRIVACY PRACTICE WITH MATERIAL CHANGES AT EACH CARE PLUS SITE.

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, Care Plus recognizes that confidentiality is a key element of the counseling relationship and will follow "best practice" with regard to the confidentiality of minors aged 14 years and older.

As per regulations, Care Plus is required to 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 the minor and parent(s)/guardian. Care Plus 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 the 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 the 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, Care Plus will follow best practices and request minors aged 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 Care Plus 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 a special witness.
- The witness is to assess that the declarant is of sound mind and free of duress and undue influence; is 18 years of age or older and is not designated by this or any other document as the person's mental health care representative or as an alternate representative, or directly involved with the declarant's care.
- A second witness is required if the first witness is related to the declarant by blood, marriage, or adoption, or is the declarant's domestic partner or otherwise shares the same home with the declarant; or entitled to the declarant's estate by will by operation of law at the time of the advance directive is being executed; or is an operator, administrator or employed of a rooming or boarding or residential health care facility in which the declarant resides.

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

Care Plus 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. For more information about the complete process, please access the NJ Dept. of Human Services, Division of Mental Health Services website -

<https://www.nj.gov/humanservices/dmhas/resources/mental/pad/>

Family Involvement

Care Plus recognizes the essential need of family/natural support to be informed, knowledgeable, and involved in the consumer's treatment. It shall be the policy of Care Plus 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 Care Plus.
- 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.

You 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 support's 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 Use Disorders Services, minors have the right to control access to their records in the same manner as an adult.

For Mental Health Services, Care Plus will follow best practices with regard to minors aged 14 and over.

In cases of Minors with parents who are divorced or separated, Care Plus reserves the right to ask for a copy of the divorce decree or separation documentation, to establish whether or not the parent bringing the child in for services has the legal right to do so. It is important to note that in cases where parents have joint legal custody, each parent is entitled to the Minor child's records and to participate in treatment decisions unless otherwise indicated by a Court or other such legal documents. If both parents are involved in treatment, Care Plus will be governed by N . J .A .C . 10:37-6 .79 (j) 1 regarding family therapy as referred herein.

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 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) .

Consumer Bill of Rights- Outpatient Addiction Services

Each client receiving Outpatient Addiction services at Care Plus NJ, Inc. shall have:

- The right to be informed of these rights, as evidenced by the client's written acknowledgment or by documentation by staff in the clinical record that the client was offered a written copy of these rights and given a written or verbal explanation of these rights in terms the client could understand;
- The right to be notified of any rules and policies the program has established governing client conduct in the facility;
- The right to be informed of services available in the program, the names and professional status of the staff providing and/or responsible for the client's care, and fees and related charges, including the payment, fee, deposit, and refund policy of the program and any charges for services not covered by sources of third-party payment or the program's basic rate;
- The right to be informed if the program has authorized other health care and educational institutions to participate in his or her treatment, the identity and function of these institutions, and to refuse to allow their participation in his or her treatment.
- The right to receive from his or her physicians or clinical practitioner(s) an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risks(s) of treatment, and expected result(s), in terms that he or she understands;
 - i. If, in the opinion of the medical director or director of substance abuse counseling, this information would be detrimental to the client's health, or if the client is not capable of understanding the information, the explanation shall be provided to a family member, legal guardian or significant other, as available;
 - ii. Release of information to a family member, legal guardian or significant other, along with the reason for not informing the client directly, shall be documented in the client's clinical record; and
 - iii. All consents to release information shall be signed by client or their parent, guardian or legally authorized representative;

- The right to participate in the planning of his or her care and treatment, and to refuse medication and treatment;
 - iv. A client's refusal of medication or treatment shall be documented in the client's clinical record;
- The right to participate in experimental research only when the client gives informed, written consent to such participation, or when a guardian or legally authorized representative gives such consent for an incompetent client in accordance with law, rule, and regulation;
- The right to voice grievances or recommend changes in policies and services to program staff, the governing authority, and/or outside representatives of his or her choice either individually or as group, free from restraint, interference, coercion, discrimination, or reprisal;
- The right to be free from mental and physical abuse, exploitation, and from use of restraints;
 - v. A client's ordered medications shall not be withheld for failure to comply with facility rules or procedures unless the decision is made to terminate the client in accordance with this chapter; medications may only be withheld when the facility medical staff determines that such action is medically indicated;
- The right to confidential treatment of information about the client;
 - vi. Information in the client's clinical record shall not be released to anyone outside the program without the client's written approval to release the information in accordance with Federal statutes and rules for the Confidentiality of Alcohol and Drug Abuse Client Records at 42 U.S.C. §§ 290dd-2, and 290ee-2, and 42 CFR Part 2 §§ 2.1 et seq., and the provisions of the Health Insurance Portability and Accountability Act (HIPAA) at 45 CFR Parts 160 and 164, unless the release of the information is required and permitted by law, a third-party payment contract, a peer review, or the information is needed by DHS for statutorily authorized purposes; and
 - vii. The program may release data about the client for studies containing aggregated statistics only when the client's identity is protected and masked;

- The right to be treated with courtesy, consideration, respect, and with recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy;
 - viii. The client's privacy also shall be respected when program staff are discussing the client with others;
- The right to exercise civil and religious liberties, including the right to independent personal decisions;
 - ix. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any client;
- The right to not be discriminated against because of age, race, religion, sex, nationality, sexual orientation, disability (including, but not limited to, blind, deaf, hard of hearing), or ability to pay; or to be deprived of any constitutional, civil, and/or legal rights.
 - x. Programs shall not discriminate against clients taking medications as prescribed;
- The right to be transferred or discharged only for medical reasons, for the client's welfare, that of other clients or staff upon the written order of a physician or other licensed clinician, or for failure to pay required fees as agreed at the time of admission (except as prohibited by sources of third-party payment);
 - xi. Transfers and discharges, and the reasons, therefore, shall be documented in the client's clinical record; and
 - xii. If a transfer or discharge on a non-emergency basis is planned by the outpatient substance use disorder treatment program, the client and his or her family shall be given at least 10 days advance notice of such transfer or discharge, except as otherwise provided for in N.J.A.C. 10:161B-6.4(c);
- The right to be notified in writing, and to have the opportunity to appeal, an involuntary discharge; and
- The right to have access to and obtain a copy of his or her clinical record, in accordance with the program's policies and procedures and applicable Federal and State laws and rules.

Grievance Procedure

Any person, at any time, can make suggestions or route complaints to the Center's Client Advocate, or to any resource listed below. If you are currently in therapy or need assistance in expressing your concerns, you may:

1. Talk over the situation with your provider.
2. If not satisfied, ask the office manager for the name of your provider's supervisor, and talk with him/her.
3. If not satisfied, you may contact the Department Director/ Vice President/Senior Executive.
4. If not satisfied, contact the Client Advocate at (201) 265- 8200 x 5550.
5. If not satisfied, contact the President, Chief Executive Officer, Brigitte D. Johnson, Esq., at (201)649-4446 x 5235

If not satisfied, write or call:

Bergen County Dept. of Health Services

Division of Mental Health Services
 Director- Shelby Klein
 One Bergen County Plaza, 4th Floor
 Hackensack, NJ 07601
 (201) 634-2745
sklein@co.bergen.nj.us

Bergen County Board of Social Services/

Adult Protective Services
 218 Rte. 17 North Rochelle
 Park, NJ 07662
 (201) 368-4200
 After hours: 1 800-624-0275 local
 police, first aid or hospital
sklein@co.bergen.nj.us

Adult Protective Services

Bergen-Bergen County Board of Social Services (See above)
Essex-Focus, Hispanic Center for Human Development Inc.
 441-443 Broad Street
 Newark, NJ 07102
 973-624-2528 ext. 135
 866-903-6287 (toll-free)
 After hours-911, local police, first aid or hospital
sklein@co.bergen.nj.us

Morris-Morris County Division
of Aging, Disabilities and
Community Programming
340 West Hanover Avenue
Morristown, NJ 07960
(973) 326-7282

Passaic-Passaic County Board of
Social Services
80 Hamilton Street
Paterson, NJ 07505
Main # (973) 881-0100
Adult Protective Services-
(862)433- 2249

**NJ Div. of Mental
Health & Addiction
Services** Northern
Regional Office 100
Hamilton Plaza, Box 4,
Paterson, NJ 07505
(973) 977-4397 or 1-800-382-
6717

**NJ Div. of Mental Health
Services & Addiction
Services**
P. O. Box 360
Trenton, NJ 08625
1-800-382-6717

**Department of Human
Services Division of
Mental Health and
Addiction Services**
5 Commerce Way P.O. Box
362 Trenton, New Jersey
08625
1-800-382-6717 - Toll Free
5 Commerce way- Suite 100
Hamilton NJ 08691

Morris-Morris County Division
of Aging, Disabilities and
Community Programming
340 West Hanover Avenue
Morristown, NJ 07960
(973) 326-7282

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Social Services
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Services & Addiction
Services**
P. O. Box 360
Trenton, NJ 08625
1-800-382-6717

**Department of Human
Services Division of
Mental Health and
Addiction Services**
5 Commerce Way P.O. Box
362 Trenton, New Jersey
08625
1-800-382-6717 - Toll Free
5 Commerce way- Suite 100
Hamilton NJ 08691

**Legal Services of New
Jersey (Essex-Newark)**
5 Commerce St. #2
Newark, NJ 07102
(973) 624-4500

**New Jersey Department of
Health**
PO Box 360
Division of Health Facility
Survey and Field Operations
PO Box 367
120 South Stockton Street
Trenton, NJ 08625-03671
800 792-9770

**Office of Program Integrity
and Accountability**
Attention: Office of Licensing
P.O. Box 707
Trenton, New Jersey 08625
Telephone: 1-877-712-1868

**Mental Health Association
of Essex and Morris
County Agency
Ombudsperson**
33 South Fullerton Avenue
Montclair NJ, 07042
973-509-9777

**Bergen County Mental
Health Law Project**
One Bergen County Plaza, 4th
Floor Hackensack, NJ 07601
(201) 634-2762

**Community Health Law
Project (North Jersey)**
650 Bloomfield Avenue,
Suite 210
Bloomfield, NJ 07003
(973) 680-5599

**Northeast New Jersey Legal
Services**
190 Moore St. Suite 100
Hackensack, NJ 07601
(201) 487-2166

**JCAHO Complaint
Office of Quality and
Patient Safety**
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
[https://www.jointcommission.org/
report_a_complaint.aspx](https://www.jointcommission.org/report_a_complaint.aspx)

NAMI- New Jersey
1562 Route 130
North Brunswick, NJ 08902

**New Jersey Self-Help Group
Clearinghouse**
673 Morris Ave #100
Springfield, NJ 07081
800-367-6274

**For Rooming/ Boarding/
Nursing Home Abuse,
Neglect and/or Exploitation
Department of Community
Affairs Division of Codes and
Standards**
101 South Broad St. Trenton,
NJ 08625
(609)292-7899

Minors

Child Abuse/Neglect
Hotline 1-877-NJ
ABUSE (652-2873)
24 hours a day/ 7 days a week

NJ Division of Child Protection
and Permanency (state)
50 East State Street
Trenton, NJ 08625
(855)463-6323

**NJ Division of Child
Protection and
Permanency (by counties)**

Bergen County:

Bergen Central

240 Frisch Court – 2nd Floor
Paramus, NJ 07652
(201) 291-0579 or (866)-224-
1859

Bergen South

125 State Street 1st & 2nd floors
Hackensack, NJ 07601
1-800-531-1096

Essex County:

Newark Center City LO

153 Halsey Street 3rd
Newark, NJ 07101
973-648-4200
1-800-392-9532

Newark Northeast LO

Same address, except 4th
floor 973-648-2960
1-800-392-9531

Newark South LO

Same address 4th
floor 973-648-2400
1-800-847-1751

Essex Central LO

33 Evergreen Place
East Orange, NJ
07018 973-395-5300
800-392-9535

Essex North LO

50 - 58 Burnett Avenue
Maplewood, NJ 07040
973-913-8500
800-392-9536

Essex South LO

21 Bleeker Street
Millburn, NJ 07041
973-218-7400
888-670-6407

Morris County:

Morris East LO

Mack-Cali Corporate Center
201 Littleton Road, Lower
Level Morris Plains, NJ
07950
973-829-3600
800-688-3890

Morris West LO

855 Route 10 East
Randolph, NJ 07869
973-927-0931
800-392-9518

Passaic County:

Passaic Central LO

100 Hamilton Plaza,
11th Floor Paterson,
NJ 07505
973-523-6090
800-531-1260

Passaic North LO

201 Willow brook
Boulevard, 4th Floor
Wayne, NJ 07470
973-826-1082
800-847-1743