

Optimum Health Outcomes, L.L.C .

CONSUMER HANDBOOK

5104 N Orange Blossom Trail. Suite 220. Orlando, FL 32810. 407 394 7181. Fax: 407 250 0788.
optimumhealthoutcomes@outlook.com

I Acknowledge That I Have Received A Copy Of The Consumer Handbook Below

CLIENT NAME

The OPTIMUM HEALTH OUTCOMES, L.L.C Consumer Handbook has information on the following subjects:

- How to Get Help/Report Abuse
- Consumer Rights and Responsibilities
- OPTIMUM HEALTH OUTCOMES, L.L.C Rights and Responsibilities
- Confidentiality and Release of or Request For Information
- Notice of Privacy Practices
- How to Plan and Receive Services
- Grievance Procedure

FLORIDA ABUSE REPORTING

The abuse hotline is the phone number and links you can use to report abuse, neglect and/or mistreatment for all children and vulnerable adults.

TEL: 1-800-962-2873 TTY: 711 or 1-800-955-8771 FAX: 1-800-914-0004

CHILD: <https://reportabuse.dcf.state.fl.us/Child/ChildForm.aspx>

ADULT: <https://reportabuse.dcf.state.fl.us/Adult/AdultForm.aspx>

If an emergency situation occurs where an individual appears to face immediate risk of abuse or neglect likely to result in death or serious harm;

CALL 911 FIRST

Contact the abuse hotline SECOND

Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a mandatory reporter. § 39.201(1)(a), Florida Statutes.

Consumer Rights

While receiving treatment at a facility, your rights as a consumer of services are guaranteed to you under Florida law. When you request or receive services, the network provider should give you written information regarding your rights. Your rights are as follows:

Right to Individual Dignity:

- Be treated with respect at all times
- Be free from abuse and neglect
- Be free from exploitation, retaliation and humiliation
- Have freedom of movement, unless it has been restricted as a part of your treatment or by a judge.
- Have freedom of religion and practice.

Right to Treatment:

- Appropriate treatment, regardless of your ability to pay.
- Receive treatment in the least restrictive setting.

Right to Express and Informed Consent:

- Consent or not consent to treatment, unless restricted by a judge or in an emergency. If you are under 18 years of age, your guardian must also be asked to give expressed and informed consent.
- Be informed about the reason for your admission, your proposed treatment, any potential side effects of any treatment, your approximate length of stay, and other possible treatments.
- Take back any consent to treatment, either verbally or in writing, by you, your guardian or guardian advocate.
- If necessary, to be provided, through court, a guardian advocate to make decisions regarding your treatment.

Right to Quality Treatment:

- Receive services that are skillfully, safely, and humanely administered.
- Receive appropriate medical, vocational, social, educational, and rehabilitative services.

Right To:

- To receive quality service, given in a qualified, professional and timely manner.
- To understand the availability of the services you need, what services you will be using, and OPTIMUM HEALTH OUTCOMES, L.L.C expectations and rules for using those services.
- To expect that employees working on behalf of OPTIMUM HEALTH OUTCOMES, L.L.C will comply with all laws that protect you from neglect or being taken advantage of.
- To be informed in writing, to know and to agree to any fees charged to you or billed to your insurance for services before you receive service.

Right to Ask for a Court Order (A Writ of Habeas Corpus):

- Question the cause and legality of your being detained.
- Ask the circuit court to order your release.

Right to Clinical Records:

- Have reasonable access to your own records.
- Authorize release of information to people or agencies.
- Have your records kept confidential.

Right to Designate Representatives:

- Designate a person to receive any required notices.

Right to Participate in Treatment and Discharge Planning:

- Help make decisions about your treatment and provide written comments on your treatment plan.
- Informed consent or refusal of expression of choice regarding the composition of the service delivery team.
- Help make plans for your discharge.

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OPTIMUM HEALTH OUTCOMES, L.L.C RIGHTS & RESPONSIBILITIES

Has the right to serve you according to staff and program availability, and to set up a waiting list when people needing services are more than the agency's capacity.

May provide you with information about other agencies that provide similar services if our programs are full. has the right to deny services, whether short or long term, to anyone who threatens the health or well-being of others or who does not meet his/her obligations to OPTIMUM HEALTH OUTCOMES, L.L.C.

OPTIMUM HEALTH OUTCOMES, L.L.C will offer high quality services and schedule appointments and activities that are helpful to you. Our services will be as easy to get to and convenient as possible Is responsible for protecting your privacy/confidentiality except when required by law if abuse and/or neglect are suspected.

- Is responsible for obtaining your ideas and help in setting up and carrying out your treatment plan.
- For ensuring the staff are qualified.
- To Ensure services are provided in safe and clean environments.
- Staff is required by law to report suspicion of child abuse or elder abuse.

If OPTIMUM HEALTH OUTCOMES, L.L.C staff considers someone receiving services as an immediate danger to himself/herself or others, the staff member must:

1. Consult with Authorized Leadership Personnel and/or mental health professional.
2. If possible, notify the individual who is believed to be in immediate danger or their family; or notify the consumer's family that the consumer may be a danger to himself/herself.
3. Notify the appropriate law enforcement personnel unless, in the judgment of the staff member and their supervisor, the situation has been resolved without such notification.
4. Disclose information needed to resolve the dangerous situation.
5. Document the situation as an incident.

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CONFIDENTIALITY & RELEASE OF AND/ OR REQUEST FOR INFORMATION

OPTIMUM HEALTH OUTCOMES, L.L.C follows laws and regulations regarding privacy and protection of health information.

“Informed consent” means that you or your legal guardian will know exactly what you are agreeing to do.

"Confidential information" includes drug, alcohol, and/or mental health information about you.

If OPTIMUM HEALTH OUTCOMES, L.L.C needs confidential information from another agency or provider, a OPTIMUM HEALTH OUTCOMES, L.L.C staff member will:

- Review, what information is needed and why, with you and/or your legal guardian
- The client or their legal guardian will be asked to sign the "Consent to Release/Request Information" indicating that you agree to have the necessary information released

OPTIMUM HEALTH OUTCOMES, L.L.C cannot get your confidential information without the "Consent to Release/Request Information"

HOW TO PLAN & RECEIVE SERVICES

Access to Services:

You are eligible for services based on your needs. You may receive services from the agency based on availability.

OPTIMUM HEALTH OUTCOMES, L.L.C will seek staff to match your needs. If you stop receiving services and later return, we will try to assign the same staff to your case.

Service / Treatment Plan:

OPTIMUM HEALTH OUTCOMES, L.L.C will go over any changes in your treatment plan with you and/or your parent or guardian. If you or your parent/guardian are not able to participate in treatment planning, you will be told in advance about the benefits, risks, and alternatives to planned services or treatment to be administered by OPTIMUM HEALTH OUTCOMES, L.L.C.

Access to Information:

You have the right to review the information collected during your treatment time with OPTIMUM HEALTH OUTCOMES, L.L.C and can do so by making a formal request of OPTIMUM HEALTH OUTCOMES, L.L.C staff.

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CONSUMER GRIEVANCE PROCEDURES

OPTIMUM HEALTH OUTCOMES, L.L.C wants to work with you to find solutions to problems when they happen. We seek solutions that both you and the agency find satisfactory.

You, your family, your guardian, or primary caretaker have the right to appeal if you are not satisfied with the service or decisions made by an OPTIMUM HEALTH OUTCOMES, L.L.C staff member. The worker will make every effort to resolve your problem. In the event that a solution is not found, you or your representative may file a written grievance.

The written grievance should contain the following information: Name of Staff Member Date of Occurrence
Explanation/Details of Greivance Desired Outcome

The written grievance should be given to the worker's Supervisor. It may be emailed at optimumhealthoutcomes@outlook.com or delivered to 5104 N Orange Blossom Trail, St 220 Orlando, FL 32810. The supervisor will try to find a solution that is acceptable to you. If a solution is not found, the supervisor of the program will send the grievance to the Chief Executive Director for final decision. The decision of the Chief Executive Director is final and shall be in writing.

If the services you receive are being paid by a government contract, the funder will be notified of the filing of a grievance. They will also be notified of the outcome. Implementation of this procedure does not prevent OPTIMUM HEALTH OUTCOMES, L.L.C from taking any necessary action to protect an individual from physical or mental harm, neglect or abuse.

You may also submit your complaint to the Department of Children's and Families Substance Abuse and Mental Health Office at 407-317-7010.

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY: Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

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To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information.
- Your privacy rights in your identifiable health information.
- Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our practice. We reserve the right to revise or amend our notice of privacy practices. Any revisions or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any office visit.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE ASK TO SPEAK TO A MANAGER AT THIS LOCATION.

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose your identifiable health information.

1. Treatment. Our organization may use your identifiable health information to treat you. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your records. Many of the people who work for our organization may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. OHO L.L.C may release information concerning immunizations for school admission to school officials. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as specialists, radiologists, therapists, or to spouse, children or parents when the medical information is directly relevant to that person's involvement in your care.

2. Payment. Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your identifiable health information to bill you directly for services and items.

3. Health Care Operations. Our organization may use and disclose your identifiable health information to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our organization may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. Some health care operations services provided in our organization are through contracts, referred to as business associate agreements. To protect your health information, we require the business associate to appropriately safeguard your information.

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4. Appointment Reminders. Our organization may use and disclose your identifiable health information to contact you and remind you of appointments, or to reschedule a visit.
5. Health Related Benefits and Services. Our organization may use and disclose your identifiable health information to inform you of health related benefits or services that may be of interest to you, or to advise of normal test results.
6. Research. Research studies may be conducted after approval of the research proposal and with established protocols to ensure the privacy of your health information.
7. Disclosures Required By Law. Our organization will use and disclose your identifiable health information when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

- 1. Public Health Risks.** Our organization may disclose your identifiable health information to public health authorities authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths.
 - Reporting child abuse or neglect.
 - Preventing or controlling disease, injury, or disability.
 - Notifying a person regarding potential exposure to a communicable disease.
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - Reporting reactions to drugs or problems with products or devices.
 - Notifying individuals if a product or device they may be using has been recalled.
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 2. Health Oversight Activities.** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 3. Lawsuits and Similar Proceedings.** Our organization may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a

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lawsuit or similar proceeding. We also may disclose your identifiable information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. We may release identifiable health information if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
- Concerning a death we believe might have resulted from criminal conduct.
- Regarding criminal conduct at our offices.
- In response to a warrant, summons, court order, subpoena or similar legal process.
- To identify/locate a suspect, material witness, fugitive or missing person.
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. Serious Threats to Health or Safety. Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

6. Military. Our organization may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

7. National Safety. Our organization may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

8. Inmates. Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

(a) for the institution to provide health care services to you; (b) for the safety and security of the institution, and/or; (c) to protect your health and safety or the health and safety of other individuals.

9. Workers Compensation. Our organization may release your identifiable health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have the following rights regarding the identifiable health information that we maintain about you:

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1. **Notification of Breach.** You have the right to be notified following a breach of your protected health information by our organization or any company acting on behalf of our organization.
2. **Fundraising.** You have a right to opt out of communication concerning fund raising activities of CHC, Inc.
3. **Confidential Communications.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to , Privacy Officer, Optimum Health Outcomes, L.L.C. 5104 N. Orange Blossom Trail, Orlando, FL 32810. Phone number 407-394 7181 specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.
4. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to , Privacy Officer, Optimum Health Outcomes, L.L.C. 5104 N. Orange Blossom Trail, Orlando, FL 32810. Phone number 407-394 7181 Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; (c) to whom you want the limits to apply.
5. **Accounting of Disclosures.** All of our patients have the right to request an "accounting of disclosures". An "accounting of disclosures" is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to , Privacy Officer, Community Health Centers, Inc., 110 South Woodland Street, Winter Garden, Florida 34787, phone 407-905-8827. All requests for an "accounting of disclosures" must state a time period, which may not be longer than seven (7) years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the Receptionist or a Manager at the Health Center.
7. **Right to Provide an Authorization for other Uses and Disclosures.** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the same reasons described in the authorization. Please note, we are required to retain records of your care. Most uses and disclosures of psychotherapy notes, uses and

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disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information, require authorization.

8. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a written complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact , Privacy Officer, Optimum Health Outcomes, L.L.C. 5104 N. Orange Blossom Trail, Orlando, FL 32810. Phone number 407-394 7181. To file a complaint outside our organization contact, Secretary, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509 F, HHH Building, Washington, D.C. 20201. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

INFECTIOUS CONTROL

Communicable diseases, sometimes called infectious diseases, are illnesses caused by organisms such as bacteria, viruses, fungi, and parasites. Communicable diseases may be transmitted from one person to another. Transmission may occur from one infected person directly to another, from an animal to a human, or from an inanimate object such as a doorknob to a person.

The State of Florida has over 90 diseases that are mandated by Florida Administrative Code to be reported to the local County Health Departments. Sexually transmitted diseases or infections (STD/STI) are among the most common of reportable diseases. STD/STI's spread from person to person through sexual contact.

Potentially Infectious Materials

- Human body fluids (cerebrospinal, peritoneal, synovial, pleural, pericardial, amniotic fluid, semen, vaginal secretions)
- Other body fluid visibly contaminated with blood i.e. saliva, vomit
- All body fluids where it is difficult to differentiate between body fluids i.e. emergency response situation

Other reportable diseases include:

- Human immunodeficiency virus (HIV) ~ AIDS
- Hepatitis B virus (HBV) ~ Hepatitis B
- Hepatitis C virus (HCV) ~ Hepatitis C
- Malaria
- Syphilis
- Brucellosis

Clients of OHO are responsible for telling their OHO Staff member if they have a reportable disease during client assessment.

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To have your rights to confidentiality and privacy respected and upheld within the limits of the law, and to obtain your agreement before information is given to another agency or person outside OPTIMUM HEALTH OUTCOMES, L.L.C.

To know that your record may be reviewed for quality and compliance and that persons from the Council on Accreditation, program staff and funder staff also may review your record.

To participate in setting up and reviewing your service plan.

To understand rules and conditions related to OPTIMUM HEALTH OUTCOMES, L.L.C stopping services.

To refuse services, unless law or court order has limited your rights, and to be informed of what will happen if you refuse.

To file a grievance and to be given a copy of the OPTIMUM HEALTH OUTCOMES, L.L.C consumer grievance procedure.

You have the responsibility:

To be honest in giving information that is requested by OPTIMUM HEALTH OUTCOMES, L.L.C in order to be accepted for service and set up a treatment plan.

To comply with all OPTIMUM HEALTH OUTCOMES, L.L.C rules, policies and requests.

To work towards treatment plan goals.

To respect the privacy/confidentiality of others receiving services.

To not behave in any way that threatens or endangers another person and to understand that such activity could cause OPTIMUM HEALTH OUTCOMES, L.L.C to stop services.

To promptly pay agreed upon fees or other charges.

Please read and discuss these Consumer Rights and Responsibilities with a OPTIMUM HEALTH OUTCOMES, L.L.C STAFF, and take this time to ask questions. When you are satisfied that you understand your rights and responsibilities, please sign the receipt form offered by the OPTIMUM HEALTH OUTCOMES, L.L.C worker to indicate you have received the OPTIMUM HEALTH OUTCOMES, L.L.C Consumer Handbook.