



ADOLESCENT Patient Handbook

*At North Tampa Behavioral Health our mission is to
provide Help for Today and Hope for Tomorrow.*

Welcome to North Tampa Behavioral Health!

We are pleased to welcome you to our program. Our team is committed to making your stay a positive, beneficial, and rewarding experience. We encourage you—and your family—to ask questions, share concerns, and take full advantage of the expertise and resources available to support your healing journey. Active participation in your individualized treatment plan, including group sessions and therapeutic activities, is key to your growth and a successful discharge.

We strive to accommodate individual needs and make your stay as comfortable as possible. If there is anything we can do to assist you, please don't hesitate to ask.

North Tampa Behavioral Health is committed to ensuring effective communication for all patients, including those with limited English proficiency. We provide interpreters, written translations, and a telephone interpretation system at no cost. Information about these services is available on unit program community boards, hospital bulletin boards, and brochures.

What to Expect

Upon arrival, you will be welcomed by a compassionate team of healthcare professionals dedicated to your care. Your psychiatric provider will be your team leader, and you will meet with them for an initial evaluation. Based on this assessment, a comprehensive, individualized treatment plan will be developed to address your specific concerns. Within the first 24 hours of your stay, you will also receive a physical exam from one of our medical providers, who may order additional tests if needed.

As part of your care team, a nurse will conduct a health history interview and discuss the reasons for your admission. Additionally, a clinician will work closely with you and your family to determine how we can best support you during your stay and after discharge.

Your time at North Tampa Behavioral Health will be filled with structured activities and individualized programming designed to help you better understand your needs and develop effective coping tools for success. Your active participation is essential to achieving your treatment goals, and we are here to support you every step of the way.

We look forward to being part of your journey toward healing and recovery.

Daily Activities

Group Therapy

Led by clinical therapists, nurses, and other qualified staff, group therapy provides a safe and supportive space for discussing important issues, learning about challenges you may face, and developing coping skills to manage them effectively.

Family Meetings

Family meetings provide an opportunity to discuss important matters, gain valuable insights, and collaborate on decisions that support your recovery and future well-being.

Recreational Activities

Our recreational programs are designed to enhance focus, movement, and overall well-being. These activities are led by qualified recreational and music therapists and aim to improve memory, teach new skills, or refine existing ones.

Our facility includes:

- An indoor gym
- An outdoor courtyard with a full basketball court

While most activities are accessible to all individuals, please inform staff of any health concerns or physical limitations before participating. Engagement in these activities is voluntary and at your own risk.

Health Education

Our nursing staff conducts health and medication education sessions to address any questions you may have and provide information about prescribed medications.

Treatment Teams

Throughout your stay, you will meet regularly with your psychiatric provider and clinical team. Every three days, a formal Treatment Team Meeting will be held to review and adjust your individualized treatment plan. As an essential member of this team, your active participation in setting and managing your treatment goals is crucial to your progress.

What You Will Need While in the Hospital

Clothing & Toiletries

- Wear comfortable, casual clothing during the day and sleepwear at night.
- Bring only **two to three days' worth** of clothing. A washer and dryer are available for your use.
- Avoid bringing expensive clothing items.
- You may bring toiletries, but they must be **alcohol-free, free of sharp edges, and not in glass containers**. Essential toiletries can also be provided if needed.

Upon admission, staff will take inventory of your belongings with you. You will sign a completed inventory form, which will be returned to you upon discharge.

Jewelry & Valuables

To ensure the safety of your personal items, we **strongly discourage** bringing jewelry, cash, or other valuables. The facility **does not assume responsibility** for lost or misplaced items. Please leave unnecessary valuables at home or in the care of trusted friends or family members.

Spending Money

You will not need money during your stay.

Personal Items

If you enjoy hobbies or reading, you are welcome to bring paperback books and personal items that provide comfort. However, for safety reasons, certain items are **not permitted** in the facility, including but not limited to:

⊘ Prohibited Items:

- **Electronics:** Tablets, cellphones, computers, cameras
- **Clothing & Accessories:** Belts, shoelaces, jewelry, steel-toe boots, hats, underwire bras
- **Containers:** Glass bottles, aerosol containers
- **Personal Care Items:** Nail clippers, nail files, fingernail polish, certain hygiene products
- **Food & Substances:** Outside food or drink, cigarettes, chewing tobacco, e-cigarettes/vapes, illicit substances, drug paraphernalia
- **Miscellaneous:** Writing utensils, explicit photographs/literature, stuffed animals, sharp objects, weapons, lighters, matches

If any of these items are brought to the facility, family members will be asked to take them home. Otherwise, they will be securely stored in a patient inventory room and returned upon discharge.

Visiting & Phone Calls

Phone Calls

You may make and receive phone calls **whenever scheduled activities are not in progress**. Calls will not be permitted during group sessions unless authorized by clinical staff. To ensure confidentiality, staff **cannot interrupt scheduled activities** for incoming calls.

Visitation Schedule

Unit	Community Phone #	Visitation Days	Visitation Hours
M	813-452-4597 X 402	Sun/Tues/Wed/Fri/Sat	3:30 PM – 4:30 PM.

We encourage visitors to follow these designated times. If your family cannot visit during these hours, please notify staff so arrangements can be discussed with your treatment team.

Confidentiality & Visitor Approval

- If there is anyone **you do not wish to visit you**, please inform staff.
- Your parents or legal guardian must complete a **Release of Information (ROI)** form for anyone you wish to engage in your care.
- You will be assigned a **confidential code** for your parents or legal guardian to share with approved visitors and callers. If a visitor or caller **does not provide the correct code**, we will be unable to confirm your presence or connect the call.
- In the best interest of your treatment, **visitation may be ended at any time** if it disrupts the therapeutic environment.

Mail & Packages

You may send and receive mail. Any incoming packages will be checked by staff in your presence.

Unit Orientation

North Tampa Behavioral Health units include:

- **Activity Rooms** – Where most daily activities, including group therapy, take place. A television is available here.
- **Gym & Outdoor Courtyard** – Featuring a **full basketball court** for recreational activities.
- **Cafeteria** – Meals and larger group activities are held here.
- **Patient Rooms** – Your personal space for rest and sleep.

Daily activity schedules are posted in each unit.

Patient Expectations

To maintain a safe, respectful, and supportive environment for all patients and staff, we ask that you follow these expectations:

Personal Space & Belongings

- Keep **blankets and pillows** inside your bedroom.
- All **strings in clothing** will be removed or stored with your belongings.
- **Do not move furniture** within the unit.
- **Hygiene products** must be stored by staff after each use—please do not leave them in your room.
- Maintain **clothing and personal belongings** in a clean and neat condition.
- Keep your **bedroom tidy**, make your bed daily, and participate in changing linens and cleaning nightstands/closets.
- Assist in **keeping the unit clean** for the well-being of all patients.

Behavior & Interaction

- **No physical contact** with other patients or staff, including hair grooming.
- **Horseplay, wrestling, fighting, or bullying** will not be tolerated, as they create an unsafe environment.
- **Respectful communication** is expected—refrain from cursing, threatening, sexual language, or bullying.
- **Respect the rights of others**, including patients and staff.
- **Follow hospital safety policies** to maintain a secure environment.

Daily Routine & Participation

- Follow **curfew, lights out, quiet time, and the group schedule**.
- Attend and actively **participate in scheduled groups** as part of your treatment.
- Comply with **recommended treatment** (e.g., program attendance, medication, provider engagement).
- **No sharing or trading** of food, clothing, or personal items.
- **Hats are not permitted** in the unit and will be stored with your belongings.
- **Practice daily hygiene** (bathing and grooming).
- Cooperate with the **Treatment Team** in developing and following your treatment plan.
- Comply with these **rules both on and off the unit**.

Communication

You have the right to communicate **freely and privately** by phone, mail, or visitation with individuals approved by your parents or legal guardian during your stay.

Phone Access

- **Local calls are free**, and long-distance calls can be made using a collect service.
- If communication restrictions apply, you will receive a **written notice** explaining the reasons.

Legal & Advocacy Communication

Your access to legal assistance and advocacy organizations **cannot be restricted**. You have the right to:

- Contact **your attorney** at any time.
- Use a phone to **report abuse** if needed.
- Reach out to advocacy organizations for support.

Below are several **toll-free** numbers you may find useful:

- ☎ **Florida Abuse Registry – 1-800-96-ABUSE (1-800-962-2873)**
- ☎ **Florida Local Advocacy Council – 1-800-342-0825**
- ☎ **Advocacy Center for Persons with Disabilities – 1-800-342-0823**

These policies are in place to ensure a **safe, respectful, and supportive environment** for all. We appreciate your cooperation.

Treatment Planning

At North Tampa Behavioral Health, your **treatment plan** is designed by a **multi-disciplinary team** committed to your well-being and recovery. This team may include:

- **Psychiatric providers**
- **Nursing staff**
- **Clinicians**
- **Behavioral health technicians**
- **Activity therapists**

Your Individualized Treatment Plan

- Your treatment plan is tailored to **your specific needs** and is regularly reviewed and adjusted based on your progress.

- You have the right to receive the **least restrictive, appropriate treatment** available at this facility.
- You will undergo a **physical examination within 24 hours** of admission.
- You will actively participate in **developing your treatment plan** to ensure it aligns with your goals and needs.

Safety & Care Procedures

- North Tampa Behavioral Health follows strict guidelines regarding the use of **restraints, seclusion, isolation, emergency treatment orders, and close supervision**.
- These interventions are **never used as punishment** or for the convenience of staff.
- Our facility ensures that all staff receive **appropriate training** on these procedures.
- Policies on these procedures are **available for your review** upon request.

Pain Management

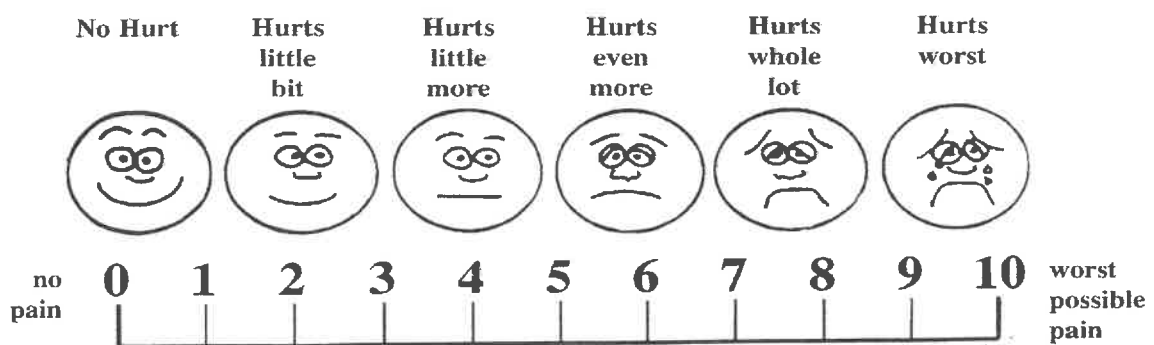
We recognize that **pain management** is an essential part of your care. **Upon admission, a registered nurse will assess you for pain.** If you experience pain at any time during your stay, you have the right to request an assessment.

Pain Assessment Includes:

- Location of pain
- Frequency and duration
- Pain intensity (based on a standardized pain scale)
- Description of the pain (e.g., sharp, dull, throbbing)

Your pain will be **monitored and treated appropriately**, ensuring that your comfort and well-being remain a priority.

The following is the scale which will be used in order to assess your pain:



Falls Prevention & Patient Safety

Providing a **safe environment** is a top priority at North Tampa Behavioral Health. A **fall prevention plan** is in place to protect you and others from injury.

Fall Risk Assessment

Upon admission, you will be screened for **fall risk factors**. If you are identified as high risk, additional safety measures will be implemented, such as:

- ✓ **Proper footwear** when walking
- ✓ Use of **wheelchairs or assistive devices** if needed
- ✓ **Assistance to and from** the bathroom, wheelchair, or other locations

We are committed to **minimizing risks** and ensuring a safe and secure environment for all patients, staff, and visitors.

Medication Education & Administration

Understanding your medications is essential to your treatment. Upon admission, a **nurse will explain your prescribed medications**, including potential side effects.

Medication Education Includes:

- Purpose of each medication
- Possible side effects and how to manage them
- Instructions on proper medication use

Health Education Groups

Nurses will conduct **educational sessions** covering health topics and medication management. You are encouraged to ask questions and request specific topics related to your health or treatment.

Your safety, education, and active participation in your care are **our top priorities**. If you have any concerns or questions about your treatment, pain management, safety, or medications, please do not hesitate to ask.

Discharge Planning

The **discharge planning process** is a collaborative effort involving **you, your family, your treatment team, your attending physician, and any recommended community resources**. Our goal is to ensure a smooth transition from North Tampa Behavioral Health to the next step in your journey toward wellness.

How Discharge Planning Works

- A **clinical staff member** will coordinate your discharge process.
- Your **family** may be involved through **treatment planning meetings, family sessions, or phone consultations** (if you provide consent).
- Before discharge, a **nurse will review and explain your discharge instructions** to you and your family.

We are dedicated to providing the **highest quality mental health care** and supporting you and your loved ones in making informed, confident decisions. If you have **any questions, comments, or feedback** about our program, we encourage you to share them as we continuously strive for excellence.

Restraint and Seclusion Philosophy

North Tampa Behavioral Health is committed to maintaining a **restraint-free environment** whenever possible.

Our Approach:

- ✓ Every patient has the right to **respectful, dignified, and safe care**.
- ✓ Restraints are used **only as a last resort**—and **only** when necessary to prevent harm.
- ✓ **Physician approval is required** before the use of any restraints.
- ✓ Staff members are **trained to use alternative de-escalation techniques** to minimize the need for restraint or seclusion.
- ✓ If restraint or seclusion is necessary, it will be done in a way that **prioritizes safety, dignity, and patient rights**.

While we strive for **zero restraints or seclusions**, **patient and staff safety remains our top priority**.

Damage to Property

Intentional or malicious damage to hospital property may result in:

- **Financial liability**—you may be billed for the repair or replacement of damaged items.
- **Legal consequences**—criminal charges may be pursued based on the severity of the damage.

We encourage **respect for the facility and its environment** to ensure a safe and supportive space for everyone.

We Promote Safe Boundaries

Maintaining **healthy boundaries** is essential to your safety, personal growth, and well-being.

Boundary Guidelines:

- ⊗ No physical contact between patients.
- ⊗ No brushing or braiding another patient's hair.
- ⊗ No sexual or inappropriate contact of any kind.
- ⊗ No entering other patients' rooms.
- ✓ You decide what personal information and feelings you choose to share.
- ✓ If you feel uncomfortable or unsafe, notify staff immediately.

Why Healthy Boundaries Matter:

- They help you feel good about yourself.
 - They protect you from harm and prevent others from violating your personal space.
 - They allow you to build genuine, respectful relationships.
 - They empower you to say "no" when needed.
 - They help you share personal information only with those you trust.
- Unhealthy boundaries can lead to dangerous situations and may result in hospital staff or law enforcement intervention.

By following these guidelines, you contribute to a **safe, supportive, and respectful environment** for yourself and others.

HEALTHY BOUNDARIES KEEP US SAFE **Zero Tolerance Policy for Abuse**

North Tampa Behavioral Health has a **zero tolerance policy** for all forms of abuse.

Our Commitment:

- ✓ We are dedicated to providing a **safe, healthy, secure, and respectful** environment for both patients and caregivers.
- ✓ We take proactive measures to **prevent violent, abusive, and aggressive behavior**.
- ✓ We foster a **healing environment** where patients and caregivers feel **safe and supported** throughout treatment.

Any violations of this policy will be taken seriously, with appropriate actions taken to ensure the safety and well-being of all individuals.

Rights of Persons in Mental Health Facilities and Programs

Your rights are protected under **Florida law**. These will be fully explained to you upon admission and throughout your stay. You will also receive a copy of these rights for your records.

Non-Discrimination Policy

North Tampa Behavioral Health **does not discriminate** in any form. We are committed to ensuring that all individuals receive **fair and equal treatment** regardless of:

- **Race, color, or ethnicity**
- **Age or gender**
- **Creed or religion**
- **National origin**
- **Physical capability/disability**
- **Sexual orientation**
- **Socioeconomic status**
- **Political affiliation**
- **Veteran status**

Every individual seeking care at our facility will be treated with **respect, dignity, and compassion**.

Individual Dignity

You have the right to **individual dignity** and access to **all constitutional rights**.

★ The **Americans with Disabilities Act (ADA)** applies to all individuals in this facility, ensuring equal rights and accessibility for persons with disabilities.

Right to Request Discharge (For Voluntary Patients)

If you are a **voluntary patient**, you have the right to request discharge.

- Upon your request, your **doctor will be notified**.
- You will be **discharged within 24 hours**, unless:
 - You withdraw your request, or
 - You meet the criteria for **involuntary placement**.

Communication & Unit Mailboxes

You have the right to **communicate openly and privately** by **phone, mail, or visitation** with persons approved by your parents or legal guardian.

- **Free local calls** are provided.
- You will have access to **long-distance services** for collect calls.
- If any communication restrictions apply, you will receive a **written notice** explaining the reasons.

This facility follows **reasonable rules** for:

- ✓ Visitors and visiting hours
- ✓ Telephone use

However, you **cannot** be restricted from contacting:

- **Your attorney**
- **A phone line to report abuse**
- **The Florida Local Advocacy Council**
- **The Advocacy Center for Persons with Disabilities**

Important Toll-Free Numbers:

- ☎ **Florida Abuse Registry: 1-800-96-ABUSE or (800) 342-9152**
- ☎ **Florida Local Advocacy Council: 1-800-342-0825**
- ☎ **Advocacy Center for Persons with Disabilities: 1-800-342-0823**

Confidentiality of Information & Records

All information regarding your stay is **confidential** and cannot be released without your parents or legal guardian **written consent**, except under **special circumstances**, such as:

- **Release of information to your attorney**
- **Court orders**
- **Aftercare treatment providers**
- **If a threat of harm to another person is made**

Access to Your Records:

You have the right to **reasonable access to your clinical records**, unless your physician determines that access may be **harmful to you**.

Treatment

You have the right to receive the **least restrictive, available, and appropriate treatment**.

- ✓ You will receive a **physical examination within 24 hours** of arrival.
- ✓ You will be **involved in developing your individualized treatment plan**.

Restraints & Seclusion

- The facility has strict guidelines for **restraints, seclusion, isolation, emergency treatment orders, and close supervision**.
- These interventions **cannot** be used for **punishment, staff convenience, or inadequate staffing**.
- A full description of the criteria, procedures, and staff training for these interventions is available for your review.

Clothing & Personal Belongings

You have the right to **keep your clothing and personal items**, unless removed for **safety or medical reasons**.

If items are removed:

- A **written inventory** will be prepared and provided to you for **signature**.
- Your belongings will be **returned to you or your designated representative** upon discharge or transfer.

Discharge

After leaving the facility, you have the right to seek **treatment from any professional or agency of your choice**.

Your discharge plan will be coordinated with you and, if applicable, your family, to ensure a smooth transition to aftercare services.

North Tampa Behavioral Health – Patient Complaint & Grievance Process

Your Right to File a Complaint or Grievance

If you have a complaint that has **not been resolved** by the healthcare staff, you have the right to **file a formal grievance**. You may submit your grievance **in writing or in person** to:

**Patient Advocate: Ray S.
North Tampa Behavioral Health
29910 SR 56
Wesley Chapel, FL 33543**

Filing a grievance **will not result in any form of retaliation** or impact your future access to care at **North Tampa Behavioral Health**.

Your grievance will be **reviewed and investigated**.
You will receive a **written response within seven (7) days** of submission.

How to Report a Complaint Externally

If you have additional concerns, you may contact the **Agency for Health Care Administration (AHCA)**:

**Toll-Free: (888) 419-3456
Mailing Address:
Agency for Health Care Administration
2727 Mahan Drive
Tallahassee, FL 32308**

Additionally, you can report complaints to **The Joint Commission** using one of the following methods:

**Email: complaint@jointcommission.org
Fax: 630-792-5636
Mailing Address:
Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181**

North Tampa Behavioral Health Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

North Tampa Behavioral Health will be referred to in this Notice of Privacy Practices ("Notice") as "Facility". This Notice is given to you by Facility to describe the ways in which Facility may use and disclose your medical information (called "protected health information" or "PHI") and to notify you of your rights with respect to PHI in the possession of Facility. Facility protects the privacy of PHI, which also is protected from disclosure by state and federal law. In certain circumstances, pursuant to this Notice, patient authorization or applicable laws and regulations, PHI can be used by Facility or disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Uses and Disclosures for Treatment, Payment and Health Care Operations

Facility may use or disclose your PHI for the purposes of treatment, payment and health care operations, described in more detail below, without obtaining written authorization from you.

FOR TREATMENT: Facility may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment, including the disclosure of PHI for treatment activities at another healthcare facility. These types of uses and disclosures may take place between physicians, nurses, technicians, students, and other health care professionals who provide your health care services or are otherwise involved in your care. For example, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition, or to a nurse who is assisting in your care.

FOR PAYMENT: Facility may use and disclose PHI in order to collect payment for the health care services provided to you. For example, Facility may need to give PHI to your health plan in order to be reimbursed for the services provided to you. Facility may also disclose PHI to their business associates, such as billing companies, claims processing companies, and others that assist in processing health claims. Facility may also disclose PHI to other health care providers and

OTHER USES AND DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED: In addition to using or disclosing PHI for treatment, payment and health care operations, Facility may use and disclose PHI without your written authorization under the following circumstances:

AS REQUIRED BY LAW AND LAW ENFORCEMENT: Facility may use or disclose PHI when required by law, Facility also may disclose PHI when ordered to in a judicial or administrative proceeding, in response to subpoenas or discovery requests, to identify or locate a suspect, fugitive, material witness, or missing person, when dealing with gunshot and other wounds, about criminal conduct, to report a crime, its location or victims, or the identify, description or location of a person who committed a crime, or for other law enforcement purposes.

FOR PUBLIC HEALTH ACTIVITIES AND PUBLIC HEALTH RISKS: Facility may disclose PHI to government officials in charge of collecting information about births and deaths, preventing and controlling disease, reports of child abuse or neglect and of other victims of abuse, neglect, or domestic violence, reactions to medications or product defects or problems, or to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.

FOR HEALTH OVERSIGHT ACTIVITIES: Facility may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: Facility may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

health plans for the payment activities of such providers or health plans.

FOR HEALTH CARE OPERATIONS: Facility may use and disclose PHI as part of their operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you. Other activities include hospital training, underwriting activities, compliance and risk management activities, planning and development, and management and administration. Facility may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes. These disclosures help make sure that Facility is complying with all applicable laws, and are continuing to provide health care to patients at a high level of quality. Facility may also disclose PHI to other health care facilities plans for certain of their operations, including their quality assessment and improvement activities, credentialing and peer review activities, and health care fraud and abuse detection or compliance, provided that those other facilities and plans have, or have had in the past, a relationship with the patient who is the subject of the information.

FOR SHARING PHI AMONG FACILITY AND PROFESSIONAL STAFF: Acadia works together with physicians and other care providers on their professional staff to provide medical services to you when you are a patient at Facility. Facility and members of their respective professional staff will share PHI with each other as needed to perform their treatment, payment and health care operations activities.

DISASTER RELIEF: Facility may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

DISCLOSURES TO YOU OR FOR HIPAA COMPLIANCE INVESTIGATIONS: Facility may disclose your PHI to you or to your personal representative, and are required to do so in certain circumstances described below in connection with your rights of access to your PHI and to an accounting of certain disclosures of your PHI. Facility must disclose your PHI to the Secretary of the U.S. Department of Health and Human Services

ORGAN, EYE, AND TISSUE DONATION: Facility may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

RESEARCH: Under certain circumstances, Facility may use and disclose PHI for medical research purposes.

TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY: Facility may use and disclose PHI to law enforcement personnel or other appropriate persons, to prevent or lessen a serious threat to the health or safety of a person or the public.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, Facility may disclose health information about you in response to a court or administrative order.

SPECIALIZED GOVERNMENT FUNCTIONS: Facility may use and disclose PHI of military personnel and veterans under certain circumstances, and may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

WORKERS' COMPENSATION: Facility may disclose PHI to comply with workers' compensation or other similar laws that provide benefits for work-related injuries or illnesses.

HEALTH-RELATED BENEFITS AND SERVICES; LIMITED MARKETING ACTIVITIES: Facility may use and disclose PHI to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you, such as disease management programs.

If you believe that your PHI maintained by Facility contains an error or needs to be updated, you have the right to request that the entity correct or supplement your PHI. Your request must be made in writing to the local Medical Records Department and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Facility will inform you of the extent to which your request has or has not been granted. Facility generally can deny your request if your request relates to PHI: (i) not created by Facility; (ii) that is not part of

(the "Secretary") when requested by the Secretary in order to investigate compliance with privacy regulations issued under the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

Uses and Disclosures to Which You May Object:

You may object to the following uses and disclosures of PHI that Facility may make:

PATIENT DIRECTORIES: Your information may be included in a patient directory that is available only to those individuals whom you have identified as contacts during your hospital stay. You will receive a unique patient code that can be provided to these contacts.

Other Uses and Disclosures of PHI for Which Authorization Is Required:

Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which you have the limited right to revoke in writing.

REGULATORY REQUIREMENTS: Facility is required by law to maintain the privacy of your PHI, to provide individuals with notice of their legal duties and privacy practices with respect to PHI, and to abide by the terms described in this Notice. Facility reserves the right to change the terms of this Notice and of its privacy policies, and to make the new terms applicable to all of the PHI it maintains. Before Facility makes an important change to its privacy policies, they will promptly revise this Notice and post a new Notice in registration and admitting areas. You have the following rights regarding your PHI:

You may request the Facility restrict the use and disclosure of your PHI. Facility is not required to agree to any restrictions you request, but if the entity does so it will be bound by the restrictions to which it agrees except in emergency situations.

You have the right to request that communications of PHI to you from Facility be made by particular means or at particular locations. For instance, you might request that communications be made at your work address, or by e-mail rather than regular mail. Your requests must be in writing and sent to the Privacy Officer. Facility will accommodate your reasonable requests without requiring you to provide a reason.

the records Facility maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, Facility will give you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Facility's denial attached, if you do not file a statement of disagreement; and (iii) complain about the denial.

You generally have the right to request and receive a list of disclosures of your PHI Facility has made during the six (6) years prior to your request (but not before April 14, 2003). The list will not include disclosures (i) for which you have provided a written authorization; (ii) for treatment, payment, and health care operations; (iii) made to you; (iv) for an Facility patient directory or to persons involved in your health care; (v) for national security or intelligence purposes; (vi) to correctional institutions or law enforcement officials; or (vii) of a limited data set. You should submit any such request to the Privacy Officer, and within sixty (60) days of receiving your request (unless extended by an additional thirty (30) days), Facility will respond to you regarding the status of your request. The entity will provide the list to you at no charge, but if you make more than one request in a year you will be charged \$25.00 for each additional request.

You have the right to receive PHI in an electronic format, if electronic medical records are in use in the facility.

You have the right to receive a paper copy of this notice upon request even if you have agreed to receive this notice electronically. You can view a copy of this notice on Acadia's website, www.acadiahealthcare.com. To obtain a paper copy of this notice, please contact the Privacy Officer.

You have the right to receive notice in the event of a breach of confidentiality

You have the right to opt out of fundraising communications

You have the right to restrict disclosures of PHI to health plans if you have paid for services out of pocket in full.

Generally, you have the right to inspect and copy your PHI in the possession of Facility if you make a request in writing to the Facility's Medical Records Department. Within thirty (30) days of receiving your request (unless extended by an additional thirty (30) days), Facility will inform you of the extent to which your request has or has not been granted. In some cases, Facility may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, Facility may impose a reasonable fee to cover copying, postage, and related costs. If Facility denies access to your PHI, it will explain the basis for denial and your opportunity to have the denial reviewed by a licensed health care professional (not involved in the initial denial decision) designated as a reviewing official. If Facility does not maintain the PHI you request, if it knows where that PHI is located it will tell you how to redirect your request.

CHANGES TO THIS NOTICE: We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of the new notice on our website. The notice will contain the effective date on the second page, in the bottom right-hand corner.

You may complain to Facility if you believe your privacy rights with respect to your PHI have been violated by contacting Facility's Privacy Officer and submitting a written complaint. To reach the Facility for any reason associated with this Notice, please contact: North Tampa Behavioral Health, Privacy Officer, 29910 SR 56, Wesley Chapel, FL 33543. Facility will not penalize you or retaliate against you for filing a complaint regarding their privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.E., Washington, DC 20201.

If you have any questions about this notice, please contact Acadia Healthcare's Compliance Hotline toll-free 866-500-0333, or email to corporatecompliance@acadiahealthcare.com or write to 830 Crescent Centre Drive, Suite 610, Franklin, TN 37067