

# CHARLENE'S ANGELS PARTICIPANT HANDBOOK

## CHARLENE'S ANGELS

5800 W. Smith Valley Road  
Greenwood, Indiana 46142

[www.charsangels.org](http://www.charsangels.org)

317-431-1484

### TABLE OF CONTENTS

Who is Charlene's Angels?

Vision, Mission, and Core Values

Administrative Office Information

Charlene's Angels Scope of Service

From Referral to Intake

Notice of Termination of Services

Policy on Infectious Parasites and Illnesses

What are My Rights?

How do I Make a Complaint?

Activity Fees

Information and Referral

Notice of Privacy Practices

## **WHO IS CHARLENE'S ANGELS?**

Charlene Guthrie's commitment to supporting individuals with intellectual and developmental disabilities began in middle school, when her uncle, who had Down Syndrome, came to live with her family. This early experience shaped her values and inspired a lifelong dedication to the field. Charlene went on to build a 40-year career as a special education teacher, providing individualized instruction and advocating for inclusive opportunities.

Throughout her teaching career, Charlene recognized a significant gap in post-secondary programs for adults with disabilities, particularly the absence of the kind of meaningful, community-based opportunities her uncle once enjoyed. Guided by this insight and her continued passion for service, Charlene founded Charlene's Angels in 2012 following her retirement. The program was created to offer adults with special needs a supportive, engaging, and person-centered environment that promotes skill development, independence, and community involvement.

Today, Charlene's Angels reflects her vision of a robust, dynamic program where individuals are respected, empowered, and provided with opportunities to achieve their personal goals.

## **VISION, MISSION, AND CORE VALUES**

### **VISION**

Charlene's Angels will be the provider of choice for adults with developmental disabilities and be recognized for its compassionate, innovative services and practices on a city, state, and national level.

### **MISSION**

To provide a compassionate, personalized, and learning environment and instruction in order to encourage and empower extraordinary adults to unlock their potential and to realize an enriched quality of life.

### **PURPOSE**

To develop and mature each "Angel" so that they might fulfill their purpose and achieve their highest degree of independence.

## **ADMINISTRATIVE OFFICE INFORMATION**

### **Charlene's Angels**

Address: 5800 W. Smith Valley Road, Greenwood, Indiana 46142  
Hours of Operation: Monday through Friday, 7:30 a.m. until 4:00 p.m.  
Main Phone: 317-431-1484

## **CHARLENE'S SCOPE OF BUSINESS**

Charlene's Angels will provide a combination of facility and community-based activities, including opportunities for community service. Services are funded through the CID and FS Medicaid waivers.

Charlene's Angels will meet Monday through Friday. A person who receives 1:1 service can also join a group with their dedicated staff for individualized support.

## **FROM REFERRAL TO INTAKE**

When a call is made to Charlene's Angels to ask about our services, we will gather basic information about what your current needs are and what services Charlene's Angels can offer. If you are interested in pursuing services, we will assist you with completing the following steps in our application process:

1. We will set up a time for you and your family or provider to come in and meet with us. During this meeting, we will take a tour of the facility and answer any questions that you have. We will also give you a Charlene's Angels Application.
2. We will also talk with your case manager to request the following information during the referral process:
  - Plan of Care and services budget
  - Person-Centered Individualized Support Plan and service goals
  - Transportation needs
  - Medical needs
  - Behavioral status and needs
  - Staffing preferences and needs
3. You will need to complete all paperwork in the Application. If you have questions during this process, please call us, and we would be happy to assist you.
4. Once your completed Application is received, we will review your paperwork and determine if we will be able to serve you effectively and successfully. We will call you once a decision is made.
5. If the program you choose is full, you will be placed at the top of a waiting list. We will contact you when a spot becomes available in your chosen program.

## NOTICE OF TERMINATION OR SUSPENSION FROM SERVICES

Suspension: At the discretion of the management staff, services may be suspended in the following situations:

- Your medical needs cannot be safely met by agency staff
- The continuation of services would pose an immediate threat to your safety, the safety of other individuals receiving services, or Charlene's Angels employees and representatives.

The length of the suspension will be for a period deemed sufficient by Charlene's Angels executive staff to ensure your safety and the safety of others.

If services are suspended, a verbal explanation will be given to you along with a written notice to you and/or your legal representative, other support team members, and BDS. The written notice will include the reason for and the length of the suspension. A support team meeting will be requested within five (5) days of the suspension to:

- Determine whether you can continue to be safely served
- Adjust your program and plans as appropriate

**Termination:** If Charlene's Angels feels that we can no longer meet your needs, a written notice of termination of services will be sent to you or your legal representative, the waiver case manager, and BDS. Notices of termination of services will only be issued by executive staff.

The notice of termination will be given at a minimum of sixty (60) days before the actual termination date of services if the services being provided are of an ongoing nature. Charlene's Angels will continue to provide services to you until a new agency providing similar services is chosen and in place.

## POLICY ON INFECTIOUS PARASITES AND ILLNESSES

If you have or come in contact with bed bugs, lice, or scabies, please notify the Charlene's Angels Director immediately. You will need to stay home until we receive an official document stating that there is no longer any presence of infectious parasites. After review and approval of documentation, you will be permitted back into the facility.

If you are ill, please stay home until you are better. If you have a fever, meaning your temperature is above 98.6 degrees Fahrenheit, please stay home until you have been fever-free for 24 hours.

## WHAT ARE MY RIGHTS?

It is the obligation of Charlene's Angels to ensure that you are informed annually of your rights.

### **Your rights:**

1. You have the right to be treated humanely and to be protected from harm.
2. You have the right to meaningful and appropriate services.
3. You have the right to live and receive services in a safe, secure, and supportive environment.
4. You have the right for information to be confidential.
5. You have the right to complain about treatment or care and to have that complaint answered in a timely manner.
6. You have the right to be informed of your rights at least annually and in a way that you can understand.
7. You have the right to be free from abuse, neglect, exploitation, or mistreatment. This includes but is not limited to being free from punishment, name-calling, and other verbal abuse, humiliation, intimidation, harassment, confinement, deprivation, unauthorized use of your property or identity, and financial abuse or exploitation.
8. You have the right to not be placed in a room or other area from which exit is prevented.
9. You have the right to be treated with dignity and respect.
10. You have the right to be free from restrictions involving sleep, shelter, food, drink, medical care, use of bathroom facilities, or prolonged restriction of movement, unless a doctor's order is followed.
11. You have the right to not work or perform chores without payment, except for normal chores in your home or for volunteer work that you have chosen.
12. You have the right to regularly see your doctor, at your own expense.
13. You have the right to regular developmental and behavioral assessments.
14. You have the right to refuse treatment.
15. You have the right to be informed of all risks of treatment.
16. You have the right to be free from unnecessary physical or chemical restraints.
17. You have the right to personal privacy.
18. You have the right to meet privately with and communicate with people of your own choosing.
19. You have the right to send and receive unopened mail.
20. You have the right to make and receive telephone calls privately, at your own expense.
21. You have the right to participate in social, religious, and community activities of your choice.
22. You have the right to have and use appropriate personal possessions and clothing.
23. You have the right to have personal funds and property protected from misuse and misappropriation.

24. You have the right to have alleged violations of your rights reported and investigated.
25. You have the right to be free from unnecessary medications and physical restraints.
26. You are not required to perform any type of service or work for Charlene's Angels. If you do choose to work for Charlene's Angels you will be compensated at the prevailing wage for the job, commensurate with your abilities.

## **HOW DO I MAKE A COMPLAINT**

Charlene's Angels is committed to ensuring that complaints and critical incidents involving you are addressed promptly and appropriately to assess and protect your rights and agency integrity and operations. Complaints will be handled confidentially to the extent possible while ensuring the resolution of issues and concerns.

If you want to file a complaint, you may do so at any time by using the Grievance & Complaint Form provided by Charlene's Angels. If you need help filling out the form, any employee can assist and will be expected to do so. You can also call any employee to file a verbal complaint at any time. The person taking your call will complete the form and help you through the process. Any employee who has observed, is involved in, or is told of a complaint is required to complete a Grievance & Complaint Form. The form should be completed as thoroughly as possible.

Once a Grievance & Complaint Form is received at the office, it will be given to Executive Management. They will determine who will be responsible for following up and will make sure that your complaint or grievance is resolved within two (2) weeks of receipt. Someone will contact you to let you know the outcome of the complaint, including actions taken and resolutions.

If Charlene's Angels is unable to resolve your complaint, you can contact one of the following individuals to help you:

1. Your Waiver Case Manager  
If you do not know your Case Manager's phone number, you can find it on your Individual Profile, your PCISP, or you can ask Charlene's Angels staff to get it for you.
2. Your local BDS office staff
  - Indianapolis                      317-845-1646
3. The DD Ombudsman
  - 1-800-622-4484

## **ACTIVITY FEES**

Charlene's Angels may require a monthly fee to cover the cost of materials and supplies, as well as community expenses such as food and entry fees. Charlene's Angels will

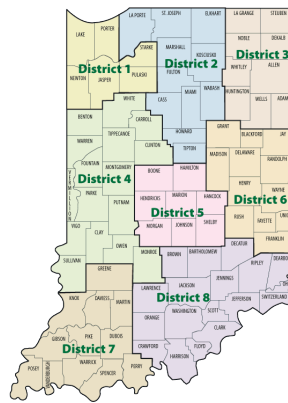
request activity fees in writing monthly, based on planned activities. If you are unable to afford activity fees, you can discuss options with the Director.

**INFORMATION AND REFERRAL**

The Indiana Bureau of Disabilities Services (BDS) administers funding for services for individuals with developmental disabilities in order for them to maximize their capabilities and to actively participate in the community. Local BDS office contact information is included below.

**BDS District Offices**

The Bureau of Disabilities Services (BDS) is a program of the Division of Disability & Rehabilitation Services, a division of the Indiana & Social Services Administration



[www.ddrs.IN.gov](http://www.ddrs.IN.gov)  
800-545-4463

District 1  
110 W. Ridge Road  
Gary, IN 46408-2709  
Phone: 219-981-5313  
Toll Free: 877-218-3053 (V/VRS/711)  
Toll Free Fax: 855-455-4265  
Counties: Jasper, Lake, Newton, Porter, Pulaski & Stark

District 2  
401 E. Colfax Avenue, Suite 270  
South Bend, IN 46617-2737  
Phone: 574-232-1412  
Toll Free: 877-218-3059 (V/VRS/711)  
Toll Free Fax: 855-455-4266  
Counties: Cass, Elkhart, Fulton, Howard, Kosciusko, La Porte, Marshall, Miami, Saint Joseph, Tipton & Wabash

District 3  
201 E. Rudisill Blvd., Suite 300  
Fort Wayne, IN 46806-1756  
Phone: 260-423-2571  
Toll Free: 877-218-3061 (V/VRS/711)  
Toll Free Fax: 855-525-9370  
Counties: Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells & Whitley

District 4  
30 N. 8th Street, P.O. Box 10217  
Terre Haute, IN 47801-0217  
Phone: 812-232-3603  
Toll Free: 877-218-3096 (V/VRS/711)  
Toll Free Fax: 855-525-9374  
Counties: Benton, Carroll, Clay, Clinton, Fountain, Monroe,

Montgomery, Owen, Parke, Putman, Sullivan, Tippecanoe, Vermillion,  
Vigo, Warren & White

District 5  
2620 Kessler Blvd. E. Dr., Suite 105  
Indianapolis, IN 46220-2890  
Phone: 317-205-0101  
Toll Free: 877-218-3530 (V/VRS/711)  
Toll Free Fax: 855-525-9373  
Counties: Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan & Shelby

District 6  
201 E. Charles Street, Suite 130  
Muncie, IN 47305-2434  
Phone: 765-288-6516  
Toll Free: 877-218-3531 (V/VRS/711)  
Toll Free Fax: 855-525-9372  
Counties: Blackford, Delaware, Fayette, Franklin, Grant, Henry, Jay, Madison,  
Randolph, Rush, Union & Wayne

District 7  
700 E. Walnut Street  
Evansville, IN 47713-2561  
Phone: 812-423-8449  
Toll Free: 877-218-3528 (V/VRS/711)  
Toll Free Fax: 855-525-9375  
Counties: Daviess, Dubois, Gibson, Greene, Knox, Martin, Perry,  
Pike, Posey, Spencer, Vanderburgh & Warrick

District 8  
1452 Vaxter Avenue  
Clarksville, IN 47129-7721  
Phone: 812-283-1040  
Toll Free: 877-218-3529 (V/VRS/711)  
Toll Free Fax: 855-525-9376  
Counties: Bartholomew, Brown, Clark, Crawford, Dearborn, Decatur,  
Floyd, Harrison, Jackson, Jefferson, Jennings, Lawrence, Ohio, Orange,  
Ripley, Scott, Switzerland & Washington

## **RESOURCES**

You may be able to receive services from a number of different resources.  
Talk to your case manager about some of the resources listed below. They may  
also know of other resources that you should pursue.

## **CHOICE**

A state-funded program under the Indiana Bureau of Aging and In-Home Services that  
provides support to people who are elderly and disabled, including children. In-home  
services such as respite care, home modifications, personal assistance, and other  
services can be provided. There is a waiting list for services.

Contact: Area Agencies on Aging, 1-800-986-3505

## **DEPARTMENT OF EDUCATION (DOE) FUNDING**

The Department of Education (DOE) offers funding for a variety of “wraparound” services  
for children enrolled in special education whose education program cannot be fully met by  
their local school district. These community-based services are individually planned to  
meet a child’s needs, and plans are family-centered, rather than child-centered.

Contact: Local school system

### **DEPARTMENT OF HEALTH**

The Children's Special Health Care Services covers a variety of medical needs for children who qualify (needs and income requirements).

### **DIVISION OF FAMILY RESOURCES (DFR) FUNDING**

The Division of Family Resources (DFR) offers funding for some services. Their CHINS Program (Children in Need of Services) ensures Medicaid eligibility and services for children who are wards of the State. Healthy Families program offers intensive services for at-risk children and their families. The First Steps program assures families with infants and toddlers (birth to age 3) experiencing developmental delays or disabilities have access to early intervention services close to home when they need them.

Contact: Local Division of Family Resources Office

### **EMPLOYMENT EARNINGS**

An individual's employment earnings or savings from that earning may constitute a personal resource that can pay for some of the services. If you are unemployed or want to be employed, discuss the possibility of employment with your case manager or BDS Service Coordinator. Both BDS and Vocational Rehabilitation Services (VRS) offer various work-related services.

Contact: Bureau of Disabilities Services

### **MEDICAID**

Medicaid is a medical insurance program which funds medical services and equipment to eligible individuals. An individual must meet specific income and resources guidelines, based on the size of the family. Medicaid can also pay for a licensed residential facility, such as a group home.

Some individuals may be eligible to receive services through one of Medicaid's managed care programs, such as Hoosier Healthwise. An individual cannot be on a Medicaid managed care program and also receive Medicaid waiver services; however, an individual receiving Medicaid waiver services can receive Medicaid-funded residential services.

### **MEDICAID HOME AND COMMUNITY-BASED SERVICES (HCBS) WAIVERS**

The Medicaid HCBS Waivers fund supportive services to Individuals in their own homes or in community settings. The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the level of care specific to a waiver, and meet the financial limits established by the particular waiver. (For children under 18 years old, parental income is disregarded.) There are a limited number of slots for each waiver, so eligible individuals cannot receive services until there is a slot available for that individual.

An individual can be on the waiting list for any or all of the waivers, after meeting eligibility requirements; however, may receive services from only one waiver.

Contact: Bureau of Disabilities Services

## **MEDICARE**

Medicare is the nation's largest health insurance program and funds health care benefits for individuals who meet the eligibility criteria. Individuals must be at least 65 years old, or disabled, or have permanent kidney failure.

Medicare has two parts – Part A is hospital insurance, Part B is medical insurance.

Contact: Local Social Security Administration office. Addresses and phone numbers can be obtained by calling 1-800-722-1213 or via the internet at <http://www.ssa.org/>

## **SOCIAL SECURITY ADMINISTRATION DISABILITY INSURANCE (SSDI)**

Social Security Administration Disability Insurance (SSDI) provides a specified monthly benefit to individuals who meet eligibility requirements. An individual must have paid into the Social Security system for a minimum of 5 years (fewer years for individuals under 25) or be the widow/widower of an individual who has paid into the system. Children can receive SSDI benefits after the death or disability of a parent who paid into the Social Security system. The amount of the monthly benefit is based on the individual's, spouse's, or parent's past income.

To be eligible for SSDI payments, an individual must meet the criteria of "disability," e.g., have physical or mental impairment, or a combination of impairments that are long-lasting in nature or expected to last for at least a year, and the condition prevents the individual from working. Individuals who are approved for SSDI will have periodic reviews of their condition of disability in order to ascertain if the individual continues to be disabled.

Contact: Local Social Administration office. Addresses and phone numbers can be obtained by calling 1-800-722-1213 or via the internet at <http://www.ssa.org/>

## **SUPPLEMENTAL SECURITY INCOME (SSI)**

Supplemental Security Income (SSI) provides a specified monthly benefit to individuals who meet eligibility requirements. SSI can be paid to individuals who are disabled. To be eligible for SSI disability payments, an individual must meet the established eligibility criteria to be "disabled." For instance, the individual must have a physical or mental impairment, or a combination of impairments, that are long-lasting in nature or expected to last for at least a year, and the condition prevents the individual from working. The eligibility also includes an income limit that varies with the size of the family. The amount of the benefit is based on the individual's income and resources.

Individuals who are approved for SSI disability will have periodic review of their conditions to ascertain if the individual continues to be disabled.

Contact: Local Social Administration office. Addresses and phone numbers can be obtained by calling 1-800-722-1213 or via the internet at <http://www.ssa.org/>

## **TRUST FUNDS**

There are various types of trust funds, e.g. funds in a trust that has been established for the benefit of an individual. Families should consult a knowledgeable attorney or trust advisor when creating a trust. How a trust is established can determine whether or not trust funds count as a personal resource. Following is a brief description of trusts that may be established for an individual with a disability.

A trust is “available” to an individual with a disability if he or she has the unrestricted right, authority, or legal ability to liquidate or dispose of the trust property.

A trust is not “available” to the person with a disability if he or she does not have the unrestricted right, authority, or legal ability to liquidate or dispose of the trust property.

“Special Needs Trusts” and “Pooled Trusts”, if set up to meet specific guidelines under federal law, are not available to the person with a disability, and therefore would not count as a resource for means tested benefits such as SSI, the federal/state Medicaid program, or the state supported living program.

Information on Special Needs Trusts and Pooled Trusts is available from the ARC of Indiana at 1-800-382-9100 or via <http://www.arcind.org/>. This information is provided by The ARC Trust, which is sponsored by The ARC of the United States and The ARC of Indiana.

## **VOCATIONAL REHABILITATION SERVICES**

Vocational Rehabilitation Services (VRS) can provide any goods and services necessary to help an individual become employable. Vocational Rehabilitation Services provides individualized services for those who meet the eligibility requirements and want to work. To be eligible for services, an individual must have a physical or mental impairment which creates or causes a substantial impediment to employment. The individual must require VRS services to prepare for, secure, retain, or regain employment.

Contact: Local Vocational Rehabilitative Services office. You may call 1-800-545-7763 and ask for extension 1319 to obtain local office numbers.

## **OTHER RESOURCES**

Your family may assist you in meeting some of your needs. You may also have other supports from friends, faith community, clubs, etc. that can help meet some of your needs. There may be other types of funding and/or supports available to you from

agencies. Examples are United Cerebral Palsy, the Epilepsy Foundation or any not-for-profit community organization; support from a philanthropic individual/organization; or funds/gifts or willingness to volunteer for unpaid supports/assistance from a relative or friend. Your case manager can help you explore the availability of these funds.

## **NOTICE OF PRIVACY PRACTICES**

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

### Purpose of this Notice:

Charlene's Angels is required by law to protect certain aspects of your health care information known as Protected Health Information, or PHI, and to provide you with this Notice of Privacy Practices.

This Notice describes our privacy practices, your legal rights, and lets you know how Charlene's Angels is permitted to:

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request the amendment of that information
- How you may request restrictions on our use and disclosure of your PHI

In most situations, we may use the information described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy and treat all healthcare information about our clients with care under strict policies of confidentiality that our staff is committed to following at all times.

### Uses and Disclosures of PHI:

Charlene's Angels may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Not every use of disclosure will be listed; however, all of the ways Charlene's Angels is permitted to use and disclose information will fall within one of the following categories. Information may be disclosed in writing, orally, or electronically. Examples of our use of your PHI include:

#### For Treatment

This includes such things as verbal and written information that we obtain about you and use pertaining to your developmental disabilities services and treatment provided to you

by Charlene's Angels and other healthcare personnel. For example, your information will be shared among members of your support team.

#### For Payment

This includes any activities we must undertake to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies, management of billed claims for services rendered, and collection of outstanding accounts.

#### For Healthcare Operations

This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data purposes.

#### Use and Disclosures of PHI Without Your Authorization:

Charlene's Angels is permitted to use PHI without your written authorization or opportunity to object in certain situations, including:

- As required by state or federal law.
- To a government authority, if necessary, to report abuse or neglect of a child.
- To a person legally authorized to investigate a report that you have been abused or denied your rights.
- For public health and health oversight activities, we may disclose confidential information about you when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.
- To another healthcare provider or entity for the payment activities of the provider or entity that receives the information (such as your other healthcare service providers or insurance company).
- To another healthcare provider for the healthcare operations activities of the covered entity that receives the information, as long as the covered entity receiving the information has or has had a relationship with you and the PHI pertains to the relationship.
- For healthcare fraud abuse detection for activities related to compliance with the law.
- To a family member, other relative, close personal friend, or other individual involved in your care, if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure. And you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting because you are not present or due to your incapacity or

medical emergency, we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information related to that person's involvement in your care.

- To avert a serious threat to health or safety, we may disclose information to medical, law enforcement personnel, or other persons who can reasonably prevent or lessen the threat of harm, if you or others are in danger and the information is necessary to prevent physical harm.
- To a public health authority in certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law).
- For health oversight activities, including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the healthcare system.
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process.
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime.
- For military, national defense, security, and other special government functions.
- To avert a serious threat to health and safety of a person or the public at large.
- For workers' compensation purposes, and in compliance with workers' compensation laws.
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law.
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation.
- For research projects, but this will be subject to strict oversight and approvals, and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law.
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above, will only be made with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information based upon that authorization.**

Your Rights:

You have a number of rights with respect to the protection of your PHI, including:

*The right to access, copy, or inspect your PHI.*

This means you may come to our offices and inspect and copy most of the information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a fee for you to copy any information that you have the right to access. If you wish to inspect and copy your information, you should contact the privacy officer liaison listed at the end of this Notice.

*The right to request and amendment of your PHI.*

You have the right to ask us to amend written information that we may have about you. If errors are found, we will generally amend your information within 60 days of your request, or notify you in writing if we are unable to make the amendment and explain the basis for the denial.

*The right to receive this Notice electronically:*

You may request to receive this Notice by electronic mail instead of on paper, and you may always request a paper copy of the Notice.

*Your Legal Rights and Complaints:*

You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments, or complaints, you may direct all inquiries to the privacy officer listed at the end of this Notice.

Revisions to the Notice:

Charlene's Angels reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facility and posted to our website. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below:

Mary Cox 317-777-4028