

PRIVACY NOTICE

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

If you have any questions about this Notice, please contact Beth B. Williams at above telephone number

OUR PRIVACY PROMISE TO YOU

At The Mental Health & Recovery Board of Erie & Ottawa Counties (hereafter referred to as MHRB) we understand that medical information about you and your health is personal. We are committed to protecting medical information about you and safeguarding that information against unauthorized use or disclosure. We are required by law to: 1) assure medical information that identifies you is kept private; 2) give you Notice of our legal duties and privacy practices with respect to medical information about you; and, 3) follow the terms of the Notice that is currently in effect. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. The Notice applies to all of the records that we have related to your care.

WHY WE COLLECT PERSONAL HEALTH INFORMATION?

We collect personal information to:

- Determine eligibility for health care coverage
- Provide benefits and pay claims
- Conduct our service evaluation programs
- Provide other information for planning and improving mental health and substance abuse services in the community

We may also be required to collect and keep certain information so that we meet legal and regulatory requirements. We keep this information after a client's health care coverage ends.

WHAT TYPES OF INFORMATION WILL BE COLLECTED?

We ask people seeking benefits to provide certain information when they complete an enrollment form. This information may include, for example:

- Name, Address, Phone, Date of Birth, Marital Status, Social Security Number, Family Income

We may also receive personal information about you from others, such as:

- Health care providers (doctors, clinics, hospitals)
- Other ADAMH Boards that provide coverage to our clients
- Business partners (companies with whom we have arrangements to assist us in providing products and services)
- Other government agencies (criminal justice system, child welfare, juvenile justice, etc.)

The information we collect from others may include, for example, eligibility, claims and payment information. We create and maintain a record of your enrollment in the public mental health and or drug addiction and substance abuse system of the State of Ohio, and maintain records of payment for treatment you receive in the public system. We may also receive information from your treatment provider related to your diagnosis, treatment and progress in recovery, and any major unexpected emergencies or crises you may experience that help the Board to plan for and improve the quality of services for the region's citizens.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

When you receive services paid for in part or in full by the MHR Board, we may use your personal information for such activities as conducting our normal board business known as health care operations. If you have a guardian or a power of attorney we will provide the information to your guardian or attorney in fact. Examples of how we use your information include:

Payment for Mental Health Services – We keep records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment for your services from Medicaid, insurance or other sources. For example, we may disclose personal information about the services provided to you to confirm your eligibility for Medicaid and to obtain payment from Medicaid.

Health Care Operations – We use personal information to train staff, manage costs, conduct required business duties, and make plans to better serve you and other community residents who may need mental health or substance abuse services.

Other Services We Provide We may also use your personal information to:

- Review and evaluate the quality, effectiveness, and efficiency of the services you have received;
- Conduct program and fiscal audits of programs who have provided you with services;
- Investigate major unusual incidents, report these kinds of incidents, and take steps to protect your health and safety;
- Prepare reports required by the Ohio Dept. of Mental Health, the Ohio Dept. of Alcohol & Drug Addiction Services and the Ohio Dept. of Job and Family Services;
- Contact you for assistance in passing levies, unless you notify the MHR Board that you do not wish to be contacted for these purposes.

Sharing Your Personal Information

There are limited situations when we are permitted or required to disclose personal information without your signed authorization. These situations are:

- To protect victims of abuse, neglect, or domestic violence;
- To reduce or prevent a serious threat to public health and safety;
- For health oversight activities such as investigations, audits, and inspections;
- For local, state, federal agencies to monitor your services;
- For lawsuits and similar proceedings;
- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices;
- When required by law or requested by law enforcement as required by law or court order, except as limited by laws regarding disclosure of alcohol and other drug treatment;
- To coroners, medical examiners, and funeral directors or organ and tissue donation;
- For workers' compensation or other programs if you are injured at work and are covered by workers' compensation or other programs;
- For specialized government functions such as intelligence and national security;

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

WHAT RIGHTS DO YOU HAVE CONCERNING YOUR PROTECTED INFORMATION?

You have the following rights regarding the medical information we maintain about you:

- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- Right to Inspect, Copy or Amend. Our clients can access the personal information we collect upon request. Under certain circumstances, we may not share information that we collected, for example, if the information is the subject of a lawsuit or legal claim or if release of the information may present a danger to you or someone else. We try to keep client information correct and current. However, if you feel that any personal information we have about you is inaccurate, please let us know.
- Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures made of your personal information that were not related to our business operations or your authorization. Under certain circumstances, we may not share information that we collected, for example, if the information is the subject of a lawsuit or legal claim or if release of the information may present a danger to you or someone else.
- Right to a Paper Copy of Notice. You have the right to a paper copy of this Notice.

To exercise any of your rights described in this paragraph, please contact the Board Privacy Officer, Beth B. Williams, at the address or phone number listed at the top of this notice.

HOW WE SAFEGUARD YOUR PROTECTED INFORMATION?

We maintain physical, electronic and procedural safeguards that comply with applicable federal and state laws and regulations to guard your personal information against unauthorized use or disclosure. We also restrict access to your personal information to those employees who need to know the information in order to perform their job duties. The Board maintains policies and procedures that prohibit employees and agents of the MHRB from using, disclosing, transferring, providing access to or otherwise divulging client health information to any person or entity other than to the individual who is the subject of the information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Board Office. The Notice will contain on the first page at the top, the effective date. In addition, each time there is a change in the Notice, you will receive a copy by mail at the last known address we have in our plan enrollment file.

COMPLAINTS

If you have a complaint about our Privacy policies and procedures or you believe your privacy rights have been violated, you may file a complaint with the MHRB or with the Secretary of the Department of Health and Human Services. To file a complaint with the MHRB, contact the Privacy Officer at the address at the top of this notice. If you wish to file a complaint with the Secretary you may send the complaint to: HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244

OTHER USES OF PERSONAL HEALTH INFORMATION

Other uses and disclosures of your personal health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.