



Clients Rights Policy

This policy will be posted in the lobby of each location certified to provide mental health services and staff will receive training on client rights and the grievance procedure upon hire and annually.

Each youth receiving mental health services has the right:

1. To be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. To service in a humane setting which is the least restrictive feasible as defined in the treatment plan.
3. To be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives.
4. To consent to or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a minor client.
5. To a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
6. To active and informed participation in the establishment, periodic review, and reassessment of the service plan.
7. To freedom from unnecessary or excessive medication.
8. To freedom from unnecessary restraint or seclusion.
9. To participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
10. To be informed of and refuse any unusual or hazardous treatment procedures.
11. To be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs.
12. To have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
13. To confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122.31 of the Administrative Code of Ohio.
14. To have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an eminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
15. To be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
16. To receive an explanation of the reason for denial of service.

17. To not be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay.
18. To know the cost of services.
19. To be fully informed of all rights.
20. To exercise any and all rights without reprisal in any form including continued and uncompromised access to service.
21. To file a grievance.
22. To have oral and written instructions for filing a grievance.

Cadence Care Network assures that staff will distribute a written copy of this policy and offer a verbal explanation regarding client's rights at the time of admission and at the client's request thereafter. In the case of a crisis where it is not feasible to distribute a written copy of the Client's Rights Policy, the client will be verbally advised of the right to consent to or refuse treatment and the consequences of such action. The written copy of this policy will be distributed and orally explained to the client at the next available appointment.

Clients receiving "Community Services" such as consultation, education, prevention, or training may receive a copy of this policy at their request.

The Client's Rights Officer's Responsibilities include the following:

1. Assisting clients in understanding their rights, both verbally and in writing.
2. Assisting clients in their efforts to file a grievance if they feel their rights have been violated.
3. Impartially investigating a grievance on the behalf of the griever.

To have these rights explained, receive assistance in filing a grievance or to have a grievance investigated the following persons may be contacted:

Name: Shannon Harnichar
Title: Clients Rights Officer

Name: Jenna Kifer
Title: Alternate Clients Rights Officer

Location: 165 East Park Avenue Niles, OH 44446
Telephone #: 330-544-8005
Hours Available: 8:30am to 4:30pm, Monday through Friday

Client Grievance Procedure

1. Cadence Care Network assures that it will assist clients or grievors in filing a grievance if needed by investigating the grievance on behalf of the griever, and representing the griever at the agency hearing on the grievance if desired by the griever. The Client Rights Officer (CRO) will be the designated staff member responsible for assuring that the client is represented. The CRO has authority to access all forms of information necessary to investigate the grievance.
2. All staff (administrative, clerical, support, clinical) will receive training which emphasizes their clearly understood, specified, continuing responsibility to immediately advise any client or any other person who is articulating a concern, complaint, or grievance, about the name and availability of the agency's client rights officer and the complainant's right to file a grievance. All staff will receive copies of the Client Rights and Grievance Policy any time either document is revised. All new staff will be provided copies of the documents and acknowledge receipt of these documents in writing. The CRO is responsible for monitoring and assuring compliance with the grievance procedure.
3. Clients may direct grievances to the Clients Rights Officer or Alternate Clients Rights Officer.

4. Alleged instances of abuse and/or neglect shall be reported and investigated in accordance with Ohio Administrative Code 5101:2-9-25(B) and ORC 2151.42.1 (2151.421).
5. All other client rights complaints or grievances will be subject to the following process.
 - a) A written copy of the grievance procedure will be supplied to all clients and their parents/custodial agency upon admission. The procedure will also be verbally explained to all clients.
 - b) The CEO will serve as the CRO in the absence of the regular CRO or in the case that the regular CRO is the subject of a grievance. The CEO is available Monday through Friday from 8:30 AM to 4:30 PM at the same location as the regular CRO.
 - c) Upon filing a grievance, the CRO will initiate the investigation within three working days and will notify the grievor in writing that the investigation has been initiated.
 - d) Quick Resolution – Within 3 days of the grievance, the CRO will meet with the grievor and attempt to resolve the grievance if at all possible. If a quick resolution is obtained a written copy of the resolution will be prepared within 7 days of the grievance resolution.
 - e) The grievor or their designated representative may elect at any time to have the grievance reviewed by an impartial committee. Committee membership will be agreed upon by both the grievor and the CRO, and will consist of other non-provider staff who are not involved in the grievance. Members of this impartial committee may include any of the following: case manager, clinician, probation officer, volunteer, custodial agency representative or teacher. This impartial committee will attempt to obtain a quick resolution and will meet with the grievor within 3 days of the request for an impartial committee. If a resolution is obtained, a written copy of the resolution will be prepared within 7 days of the resolution of the grievance. The written copy of the resolution must not exceed 20 days from the filing of the original grievance.
 - f) If a quick resolution is not obtained, the CRO or the impartial committee will gather all pertinent information and will notify the grievor in writing when the information gathering is completed. The grievor will be provided a written response, considered to be the proposed resolution and explanation within the 11 to 20 days from the time that the grievance was filed.
 - g) The CRO will provide the grievor a statement regarding the options of the grievor to further grieve with any and all of the following: Ohio Department of Mental Health and Addiction Services, Ohio Legal Rights Service, US Department of Health and Human Services, Ohio Department of Human Services, Counselor, Social Worker, and Marriage and Family Therapist Licensure Board, Trumbull County ADAMH Board or Trumbull County Children’s Services. Addressees for all agencies will be provided to the grievor upon request.
 - h) The CRO will provide, upon request, information about the grievance to one or more of the above organizations.
 - i) The CRO will annually summarize the number of grievances received, type of grievance and resolution of grievances. A copy of this annual summary will be submitted to the local mental health board.
6. Written notification and explanation of the resolution will be provided to the grievor if other than the client, with the client’s permission
7. Grievances may be filed within 6 months of the date the grievance occurred unless otherwise limited by law.
8. The grievance procedure will be posted in public place, and a written copy furnished to each applicant and client upon request.

Resource Agencies

Ohio Department of Mental Health & Addiction Services Ohio Legal Rights Services

30 East Broad Street, 36th Floor
Columbus, OH 43215-3430
1-877-275-6364

50 W. Broad Street, Suite 1400
Columbus, OH 43215
(614)644-6804

Attorney General's Office
30 E. Broad Street, 14th Floor
Columbus, OH 43215
800-282-0515

Ohio Department of Human Services
30 E. Broad Street
Columbus, OH 43215
(614) 466-4456

Trumbull County Mental Health and Recovery Board
4076 Youngstown Road. S.E., Suite 201
Warren, OH 44484
(330) 675-2765

Trumbull County Children's Services
2282 Reeves Rd. NE
Warren, OH 44483
(330) 372-2010

Ohio Counselor, Social Worker, and Marriage
And Family Therapist Board
77 South High Street, 24th Floor, Rm 2468
Columbus, OH 43215-6171
(614) 466-0912
www.cswmft.ohio.gov

US Department of Health and
Human Services Region V
300 S. Wacker Drive
Chicago, IL 60606
(312) 866-5078
Attn: Marilyn Brusherd



Client Care Philosophy

Cadence Care Network provides behavioral health and treatment foster care services in a strength based approach that requires individuals receive services that employ positive reinforcement techniques and least restrictive behavioral modification methods to promote safety and client progress throughout the course of treatment.

Staff members are trained on permitted behavioral management techniques and interventions. These techniques may include:

- role modeling,
- setting limits,
- contracting,
- social rewards,
- removal of privileges, and
- planned ignoring among others.

Staff members will teach parents, guardians, and foster caregivers how to utilize the appropriate treatment in order to create stable, healthy, and desired behaviors in the clients and prevent the need for restrictive behavior management interventions by parents and guardians.

The target of any behavior intervention utilized by Cadence Care Network is to:

- educate,
- promote internal controls,
- promote responsible behavior,
- protect a child from harming him/her self or others, and
- maintain a child in the least restrictive setting possible.

In the event that least restrictive behavioral modification or positive reinforcement techniques do not work and the client's behaviors continue to escalate the following should occur: The client's behaviors will immediately be assessed by qualified staff that include Behavior Support Providers, Outpatient Therapists (OPT), or after-hours on-call staff as well as a staff supervisor.

If the client is harming self / others or is threatening to harm self / others a psychiatric hospital assessment, direct admission to psychiatric hospital, or police intervention will occur. Cadence Care Network staff will follow through with the recommendations set forth by the police or hospital staff to ensure the safety of the client and the community.

Cadence Care Network will create a Crisis Prevention Plan to guide interventions with predicted behaviors of the clients. This plan will be developed with oversight from a clinical supervisor. This plan will be created based on information from the initial Mental Health Assessment regarding client's history of behaviors and diagnosis. Medical factors that can potentially put the client at harm, risk assessment to self and others, and effectiveness to out-of-control behavior must be noted in the plan. This plan will describe which interventions can and cannot be used by direct and support staff when the specified disruptive behavior is displayed by the client. This plan is a guideline and can be modified as needed by direct and support staff working with the client.

Cadence Care Network does not permit direct staff or support staff to utilize restrictive interventions that include, but are not limited to, isolation, manual or mechanical restraint, locked seclusion, or chemical restraint.



Client Attendance and Participation Policy

People miss appointments when other things take priority over meeting with their clinicians, or when they are physically prevented from meeting. Personal crises, medical emergencies and transportation failures are common reasons for missing appointments, but we know that families cancel or don't show up for appointments for other reasons, too.

People **repeatedly** miss appointments because they 1) experience repeated crises, or 2) have repeated transportation failures, or 3) do not value the time with their clinician enough to give up other activities, or 4) are avoiding services because they've decided not to make the changes we're recommending or feel they can't afford our fees. Whatever the reason, **continuing to schedule with families who repeatedly miss appointments is neither responsive to their situations nor an effective use of our resources.**

Cadence Care Network expects our clinicians to discuss all missed appointments with their clients, to determine why they are missing appointments and to plan remedies.

Remedies can include:

- Changing service plans to focus on reducing repeated crises;
- Finding solutions to transportation problems;
- Negotiating changes in services that would make them more valuable to families;
- Agreeing to terminate services for families who have decided not to change;
- Discussing payment options to make the cost of services manageable for families.

Clients must notify their clinician 24 hours in advance of the need to cancel an appointment. Failure to do so may result in a change in service delivery scheduling, a delay in future services, or termination of services.

Definitions:

- **No-Show/Late Cancellation** – the family either misses the appointment without notifying us, or notifies us less than 24 hours before their appointment, making it difficult for the clinician to help another client/family during that appointment time.
- **Cancellation** – the family notifies us at least 24 hours in advance that they will miss their appointment; 24-hour notice usually allows the clinician to reschedule their time productively.
- **Peak hours** – times most families prefer for service appointments, generally late afternoon and evening hours and Saturdays for families with school-aged children using office-based and home-based services.
- **Off-peak hours** – times most families prefer **not** to have service appointments, generally weekday mornings and early afternoons for families with school-aged children using office-based and home-based services.

Our intent is to offer the best treatment possible. Regular attendance and participation are important components of effective treatment. Therefore, the following measures will occur due to lack of participation in treatment:

- When a family's rate of no-show/late cancellation exceeds 20% or 2 Sessions over a 90-day period
- Two consecutive no-show/late cancellations
- Rate of cancellation exceeds 30% or 3 Sessions over a 90-day period
- No face to face contact with client and guardian in a 30-day period.
- **No further routine appointments are scheduled for the family**

If you or your child meet any of the above criteria, HFK/CFS will send a "10 Day Letter" to your last known mailing address, that advises you to contact your clinician within 10 days to schedule and attend an appointment to discuss reasons for missed appointments and negotiate an alternative plan. We will assume that you are no longer interested in further services and will close your case if you fail to respond to this letter and/or keep your scheduled appointment to discuss your alternative plan.



PartnerSolutions Health Informatics

RELEASE OF INFORMATION
FOR
PARTNERSOLUTIONS HEALTH INFORMATICS CONSORTIUM (PSHIC)

I, _____ authorize _____
Name of Client **Agency Name**

and the other members of the PartnerSolutions Health Informatics Consortium, **as listed on the back of this form**, to communicate with and disclose to one another the following information about me:

- _____ My name, contact information and other personal identifying information
- _____ My status as a services recipient
- _____ Initial and subsequent evaluations of my service needs
- _____ Medications and allergies
- _____ My treatment history, including mental health and alcohol/drug services
- _____ Discharge plans and outcomes
- _____ Enrollment, eligibility and payment information

The purposes of this exchange of information is to enable the members of PSHIC to better evaluate my need for services, to enable the coordination of services provided to me, to allow for billing and payment of those services and to enhance the care that I receive. All disclosures will be limited to the information necessary to fulfill these purposes.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), CFR Parts 160 & 164, and cannot be re-disclosed to a third party without my written authorization unless permitted by the regulations. I also understand that my mental health treatment records are protected by HIPAA but if the recipient of my information is not subject to HIPAA, they may no longer be protected by state or federal law and therefore subject to re-disclosure by a third party.

I understand that his release takes effect upon signature and that I may revoke this authorization at any time, except to the extent that the entity(ies) authorization to make the disclosure has taken action in reliance on it. In any event this authorization expires automatically when I am no longer receiving services from any member of PSHIC and no longer have an active case record.

I understand that I may refuse to sign this authorization, if it is for purposes other than alcohol and/or drug treatment and payment for that treatment, and that my refusal to sign it for other purposes will not otherwise affect my ability to obtain treatment, my eligibility for benefits, or the payment provided for those services. I understand that refusing to sign this form does not prohibit disclosure of my health information that is otherwise permitted by law without my specific authorization or permission.

Signature of Client/Legal Representative

Date

Client Date of Birth

Printed Name and Authority of Person Signing on Behalf of Client (if applicable)

NOTICE TO RECIPIENTS OF ALCOHOL AND/OR DRUG TREATMENT INFORMATION: 42 CFR part 2 prohibits unauthorized disclosure of these records.

ASHTABULA COUNTY:

- **Ashtabula County Mental Health and Recovery Services Board** - 4817 State Road, Suite 203, Ashtabula, Ohio 44004
- **Lake Area Recovery Center**- 2801 C Court, Ashtabula, Ohio 44004

FRANKLIN COUNTY:

- **Chrysalis Health Ohio** – 5250 Strawberry Farms Blvd, Columbus, Ohio 43230

JEFFERSON COUNTY:

- **Chrysalis Health Ohio** - 1 Ross Park Blvd - Suite 201 Steubenville, Ohio 43952

MONTGOMERY COUNTY:

- **ADAMHS Board for Montgomery County** - 409 E. Monument Avenue, Suite 102, Dayton, Ohio 45402
- **Addiction Services** - 1 Elizabeth Place SE 3rd Floor, Dayton, Ohio 45417
- **Nova Behavioral Health, Inc.** - 732 Beckman Street, Dayton, Ohio 45410
- **PLACES Inc.** - 11 West Monument Ave, 7th Floor, Dayton, Ohio 45402
- **Project Cure, Inc.** - 200 Daruma Parkway, Moraine, Ohio 45439

PORTAGE COUNTY:

- **Mental Health & Recovery Board of Portage County** - 155 E. Main Street, PO Box 743, Kent, Ohio 44240
- **Children's Advantage** - 520 North Chestnut Street, Ravenna, Ohio 44266
- **Townhall II** - 155 N Water St, Kent, Ohio 44240

STARK COUNTY:

- **Stark County Mental Health & Addiction Recovery** - 121 Cleveland Avenue SW, Canton, Ohio 44702
- **Child and Adolescent Behavioral Health** - 919 Second Street NE, Canton, Ohio 44704
- **CommQuest Services, Inc.** - 625 Cleveland Avenue NW, Canton, Ohio 44702
- **Stark County TASC** - 624 Market Ave North, Canton, Ohio 44710

TRUMBULL:

- **Trumbull County Mental Health and Recovery Board** - 4076 Youngstown Road SE, Suite 201, Warren, Ohio 44484
- **Cadence Care Network** - 165 E. Park Avenue, Niles, Ohio 44446

WAYNE/HOLMES COUNTIES:

- **Mental Health & Recovery Board of Wayne & Holmes Counties** - 1985 Eagle Pass Drive, Wooster, Ohio 44691
- **Anazao Community Partners** - 2587 Back Orrville Road, Wooster, Ohio 44691



165 E. Park Ave, Niles, OH. 44446
 43 N Main St. Niles, OH. 44446
 4822 Market St, Boardman, OH. 44512
 4717 Main Ave, Ashtabula, Ohio 44004
 213 Royal Mall Dr. Niles, OH. 44446
 www.cadencecare.org

**Your Information.
 Your Rights.
 Our Responsibilities.**

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A psychiatrist that you are seeing asks our agency for information regarding your progress.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

10/1/2019

PRIVACY OFFICER: SHANNON HARNICHAR, MHHS, LSW/PROGRAM AND COMPLIANCE OFFICER
PHONE # (330) 544-8005 EMAIL ADDRESS: Shannon.harnichar@cadencecare.org

**TRUMBULL COUNTY MENTAL HEALTH AND RECOVERY BOARD
NOTICE OF PRIVACY PRACTICES**

Effective: September 23, 2013

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.

If you have any questions about this Notice, please contact:

Privacy Officer
Trumbull County Mental Health and Recovery Board
4076 Youngstown Road S.E., Suite 201
Warren, Ohio 44484
(330) 675-2765

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

At the Trumbull County Mental Health and Recovery Board we understand that health information about you and your health is personal. We are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure.

When you receive services paid for in full or part by the Trumbull County Mental Health and Recovery Board, we receive health information about you. The information we receive may include, for example, eligibility, claims and payment information. We create a record of your enrollment in Ohio's public mental health and addiction services system and maintain that record and records related to the services you receive in the public system and payment for those services. We may also receive information from your treatment provider related to your diagnosis, treatment, progress in recovery, and any major unexpected emergencies or crises you may experience to help the Board plan for and improve the quality of services paid for with Board funds.

We are required by law to: 1) maintain the privacy of your health information; 2) give you Notice of our legal duties and privacy practices with respect to your health information; 3) abide by the terms of the Notice that is currently in effect; and 4) notify you if there is a breach of your unsecured health information. This Notice will tell you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or share your health information for such activities as conducting our internal board business known as health care operations, paying for services provided to you, communicating with your healthcare providers about your treatment, and for other purposes permitted or required by law, as described in more detail below.

Payment– We may use or disclose your health information for payment activities such as confirming your eligibility, paying for services, managing your claims, conducting utilization reviews and processing health care data.

Health Care Operations – We may use your health information for our internal health care operations such as to train staff, manage costs, conduct quality review activities, perform required business duties and make plans to better serve you and other community residents who may need mental health or substance abuse services. We may also disclose your health information to health care providers and other health plans for certain health care operations of those entities such as care coordination, quality assessment and improvement activities and health care fraud and abuse detection or compliance, provided that the entity has had a relationship with you and the information pertains to that relationship.

Treatment – We do not provide treatment but we may share your health information with your health care providers to assist in coordinating your care.

Other Uses and Disclosures - We may use or disclose your health information, in accordance with specific requirements, for the following purposes: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; for us to receive assistance from business associates that have signed an agreement requiring them to maintain the confidentiality of your health information; and for the purpose of raising funds to benefit the Board.

If you have a guardian or a power of attorney, we are also permitted to provide information to them.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

We are prohibited from selling your health information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your health information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice 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. We are unable to take back any disclosures we have already made with your permission.

PROHIBITED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing any genetic information in your health information for such purposes.

POTENTIAL IMPACT OF OTHER LAWS

If any state or federal privacy law requires us to provide you with more privacy protections than those described in this Notice, then we must also follow that law in addition to HIPAA. For example, drug and alcohol treatment records generally receive greater protections under federal law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, and health care operations and to inform individuals involved in your care about that care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.*
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health 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 and Copy.** You have the right to request access to certain health information we have about you. Under certain circumstances we may deny access to that information such as if the information is the subject of a lawsuit or legal claim or if the release of the information may present a danger to you or someone else. We may charge a reasonable fee to copy information for you.*
- **Right to Amend.** You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures we make of your health information, except for those related to treatment, payment, our health care operations, and certain other purposes, such as 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. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*

- Right to a Paper Copy of Notice. You have the right to receive a paper copy of this Notice. This Notice is also available on our web site: <http://www.trumbullmhrb.org>, but you may contact us to obtain a paper copy.

To exercise any of your rights described in this paragraph, please contact the Board Privacy Officer at the address or phone number listed below:

***Privacy Officer
Trumbull County Mental Health and Recovery Board
4076 Youngstown Road S.E., Suite 201
Warren, Ohio 44484
(330) 675-2765***

* To exercise rights marked with a star (*), your request must be made in writing. Please contact us if you need assistance with your request.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health 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 and on our website at: <http://www.trumbullmhrb.org>. Each Notice will contain an effective date on the first page in the top center. In addition, each time there is a change to our Notice, we will mail information about the revised Notice and how you can obtain a copy to the last known address we have for you in our plan enrollment file.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address above. We will investigate all complaints and will not retaliate against you for filing a complaint.