

Notice of Privacy Practice (HIPAA)

MENTAL HEALTH AND RECOVERY SERVICES BOARD OF ERIE AND OTTAWA COUNTIES
NOTICE OF PRIVACY PRACTICES
Effective: JULY 1, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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

Privacy Officer
Mental Health and Recovery Services Board of Erie and Ottawa Counties
1907 E. Perkins Ave.
Sandusky, Ohio 44870
Phone: (419) 627-1908

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

The Mental Health and Recovery Board of Erie and Ottawa Counties serves as a payer for mental health and alcohol and drug addiction treatment services funded with public money. At the Board, we understand that health information about you is personal. We are committed to protecting health information about you and safeguarding that information against unauthorized use or disclosure.

We are required by law to: 1) assure health information that identifies you is kept private; 2) give you Notice of our legal duties and privacy practices with respect to health information about you; 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 health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. The Notice applies to all 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.

PERSONAL INFORMATION WE COLLECT

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 Alcohol Drug and Mental Health (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 governmental 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 substance use disorder services of the State of Ohio and maintain records of payment for treatment you receive in the public system. From time to time, we also receive information from your treatment provider related to your diagnosis, treatment and progress in recovery, and any major unexpected emergencies or crisis you may experience that helps the Board plan for and improve the quality of services for the region's citizens.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

When you receive services paid for in part or in full by the Mental Health and Recovery Services Board of Erie and Ottawa Counties, we may use your personal information for such activities as conducting our normal Board business known as health care operations. If the services we paid for were mental health services or addictions, we may also use your personal information for billing such services. If you have a guardian or a power of attorney, we will provide the information to your guardian or attorney.

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 use disorder 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; and for us to receive assistance from business associates that have signed an agreement requiring them to maintain the confidentiality of your health information.

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.

SAFEGUARDING YOUR PERSONAL 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. Any third-party processor used by the Board has signed an agreement with us requiring such entity to maintain the confidentiality of your personal information. 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 such employees and agents of the Board 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.

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: www.mhrbeo.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:
Mental Health and Recovery Services Board of Erie and Ottawa Counties
1907 E. Perkins Ave.
Sandusky, OH 44870
(419) 627-1908

* 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: www.mhrbeo.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 to your last known address about the revised Notice and how you may obtain a copy 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. If you wish to file with the Secretary, you may send the complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 (Fax)

Online Complaint Process: www.hhs.gov/ocr/privacy/howtofile.htm

Client's signature to acknowledge receipt of Notice of Privacy Practice

Date

Guardian's signature to acknowledge receipt of Notice of Privacy Practice
(if applicable)

Date