

Connections: Health • Wellness • Advocacy

NOTICE OF PRIVACY PRACTICES [09/23/13]

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

I. Our Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future health or condition, provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI.

We are required to follow the privacy practices described in this Privacy Notice, though we **reserve the right to change our privacy practices and the terms of this Notice at any time.**

If we do so, we will post a new Notice on our website at:

www.connectionsleveland.org

Additionally, you may request a copy of the new notice from the Contact Resource listed near the end of this Privacy Notice

II. How We May Use and Disclose Your Protected Health Information.

Generally, we may use or disclose your PHI as follows:

For treatment: We may use/ disclose your PHI to our doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with our central pharmacy staff. Your PHI may also be shared with other community mental health agencies and other health care providers such as: private therapists, psychologists or psychiatrists; primary care providers; health specialists; and Medicaid managed care plans for the purpose of facilitating continuity of care.

For payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the Medicaid program, the ODMH central office, the local ADAMHS Board through the Multi-Agency Community Information Services Information System, (MACSIS), and/or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes.

For health care operations: We may use or disclose your PHI in the course of planning and evaluating services, auditing programs and payments, and other aspects of funding and monitoring community mental health programs. For example, we may use your

information to determine whether certain treatments are effective or to decide which new services should be offered.

Future communications: Unless you provide us with alternative instructions, we may send communications to your home to collect follow-up information or to provide you information, such as opportunities to participate in satisfaction surveys or research studies.

III. Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment and operations or oversight purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

IV. Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

For Treatment: We may disclose PHI between community mental health agencies and other health care providers for purposes of continuity of care.

When required by law: We may disclose PHI when a law requires that we report information or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

For health oversight activities: We may disclose PHI to other agencies that also have health oversight responsibilities, such as the State's protection and advocacy agency, or the Ohio Department of Medicaid for such purposes as reporting or investigation of unusual incidents or administration of the Medicaid program.

Relating to decedents: We may disclose PHI to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office research staff and their designees in order to assist medical/psychiatric research.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, or disclose PHI to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

V. Uses and Disclosures of PHI from Alcohol and other Drug Records Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

Relating to decedents: We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

For research, audit or evaluation purposes: In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

VI. Other Uses and Disclosures of your PHI Require your Written Authorization.

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken action in reliance upon your authorization.

VII. Your Rights Regarding Your Protected Health Information: You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not bound to agree to the restriction unless the restriction is of a disclosure to a health plan and the PHI relates only to a health care item or service for which you have paid "out of pocket" in full. To the extent that we do agree to any restrictions, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of

our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations, or; to you, your family, or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To be notified of any breach of the privacy of your PHI: You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI was not encrypted or otherwise made unreadable to such unauthorized recipients.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

VIII. How to Complain about our Privacy Practices:

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section IX. below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

IX. Contact Person for Information, or to Submit a Complaint:

If you have questions about this Notice or any complaints about our privacy practices, please contact us at:

Client Rights Officer
Connections: Health • Wellness • Advocacy
24200 Chagrin Blvd.
Beachwood, OH 44122
(216) 831-6466

X. Effective Date: This Notice is effective on September 23, 2013.

Updated: 04/14/2003, 06/01/2007, 10/20/2009