



NOTICE OF PRIVACY PRACTICES

Effective Date: December 1, 2017

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.

DUTY TO SAFEGUARD YOUR HEALTH INFORMATION

At Hamilton County Mental Health and Recovery Services Board (MHR SB), we are committed to protecting medical information about you and safeguarding that information against unauthorized use or disclosure. 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 of the records that we have related to your care.

We are required by law to:

- Protect the privacy of your health information.
- Provide you with this notice of our legal duty and our privacy practices.
- Follow the practices described in this notice.
- To notify you if there is a breach of your unsecured health information.

USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION

Please note that if you have received treatment services for alcohol or other drug (AOD) or mental health (MH) issues, you were asked to sign an authorization when you were at your provider's office so that we can process payment for your services.

We may use and disclose information about your health for several reasons. We have a limited right to use or disclose information about your health for treatment, payment, or our health plan operations. For uses beyond that, we must have your written authorization unless the law allows us to use or disclose it without authorization. Except for specified reasons, we must use or disclose only the minimum necessary health information to accomplish the intended purpose.

The following categories describe different ways we may use and disclose information about your health. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information fall within one of them.

Treatment: While MHR SB does not provide direct health treatment, we may use or disclose health information to service providers, with whom we have a current agreement for patient services, to coordinate your health care. If we disclose MH information, it contains no more than your medication and physical health status and history; summaries of your course of treatment and treatment needs; discharge summary; and financial status. We will only disclose AOD information to medical personnel in the case of an actual medical emergency.

Payment: MHR SB uses or discloses health information to state agencies and other Alcohol, Drug Addiction, and Mental Health Boards to determine your eligibility for publicly funded services and so we can administer eligibility, enrollment, billing, and payment for your health care services. However, prior to our use or disclosure of AOD information for payment purposes, your service provider was required to obtain your permission to release your health information. Prior to our use or disclosure of MH information, your service provider attempted to obtain your consent for disclosure in order to obtain payment for goods and services. MHR SB is prohibited from using or disclosing genetic information for underwriting purposes.

Health Plan Operations: MHR SB uses or discloses your health information for our business operations. For example, we evaluate the quality of services provided to you by our service providers. We disclose information to our accountant or attorney for audit purposes. In our MH and AOD evaluation and audit reports, we do not include or retain the names of individual health care consumers, or disclose their identities in any way. We may share health information with our contract service providers to resolve your complaints, grievances, or customer service issues. If we disclose MH information, it contains no more than your medication, health status and history; a summary of your course of treatment and treatment needs; discharge summary; and financial status, and an attempt will be made to obtain your consent for disclosure. We conduct oversight activities as described below.

Other Uses and Disclosures: We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: 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 organ and tissue donation; 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 consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

USES & DISCLOSURES REQUIRING YOUR AUTHORIZATION

MHR SB can use or disclose information about you only if you give an authorization for:

- Marketing
- Sales of your protected health information
- Most uses and disclosures of psychotherapy notes
- Other uses and disclosures not described in this notice.

You can revoke your authorization at any time by giving us a written notice.

USES & DISCLOSURES TO WHICH YOU MAY OBJECT

We may disclose a limited amount of your health information directly related to your care, if we inform you in advance and you do not object:

- To family, friends, or those involved with your care, about their direct involvement in your care or payment for your care;
- Following previously expressed wishes, or if it is an emergency and you cannot be given a chance to object to disclosure of information before treatment is given;
- To family, friends, or those involved with your care about your location, general condition, or death.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights about the health information we maintain about you:

To Access and Copy: You have the right to see the health information we maintain about you. Usually this includes billing records. You must make your request in writing, and we will respond within 30 days. If we deny your access, we will give you the reasons in writing. Usually this would be because access to the information might reasonably endanger the life or physical safety of you or another person. You may ask that the denial be reviewed. If you want copies of your health information, you have a right to choose what parts of your information you want copied, and to have prior information on the cost of copying.

To Request Restrictions: You have the right to ask that we limit how we use or disclose information about your health. We cannot agree to limit uses or disclosures that are required by law. We are not required to agree to your request for restriction or limits. To the extent that we do agree, we will put it in writing and abide by it, except in emergencies.

To Choose How We Contact You: You have the right to ask that we send you information at an alternate address, or by an alternate means. We must agree to your request, as long as it is reasonably easy for us to do so, or if you demonstrate that the alternate address is needed for your safety.

To Find Out about Disclosures: You have the right to get a list of when, to whom, for what reason, and the content of information about your health that has been released to others. Exceptions include the information that is normally used for treatment, payment, and health plan operations; information released to you or those involved in your care; any information released according to your written authorization; or releases made for national security purposes or to law enforcement or corrections officials. We will respond to your written request for this list within 60 days. Your request can relate to disclosures going as far back as 6 years. There is no charge for the first list each year, but there may be a charge for more frequent requests.

To Revoke an Authorization: If you have signed an authorization for us to use or disclose information about your health, you may revoke it by notifying us.

To Be Notified in the Event of a Breach of Confidentiality: If your PHI has been used or released inappropriately or accidentally, you have a right to be notified of that release.

To Request Amendment of Your Information: If you believe that there is a mistake or missing information in our records, 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 find that the information:

- Is correct and complete;
- Was not created by us;
- Is not part of the information about your health that we keep; or
- Is not part of your health information that you would be allowed to inspect and copy.

If we deny your request to amend the information we have about your health, we will tell you in writing what the reasons are. You have the right for your request, our denial, and any statement in response that you provide to be added to your records.

If we approve the request for amendment, we will change the information and inform you of the change. We will also tell others that need to know about the change in your information. Please submit your request about your health information to:

Privacy Officer
Hamilton County Mental Health and Recovery Services Board
2350 Auburn Ave, Cincinnati, OH 45219
Phone: 513-946-8600

To File a Complaint: We will take no retaliation against you if you make a complaint. If you believe your privacy rights have been violated by MHRSB, you may file a written complaint:

With MHRSB
Privacy Officer
Hamilton County Mental Health and Recovery Services Board
2350 Auburn Ave, Cincinnati, OH 45219
Phone: 513-946-8600

With the Office for Civil Rights
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: OCRComplaint@hhs.gov

RIGHT TO A COPY OF THIS NOTICE: You have a right to get a copy of this notice at any time. However, this notice is available on our Web site [www.hcmhrsb.org].

CHANGES TO THIS NOTICE: We reserve the right to change our privacy practices described in this notice, and to make the changes apply to all health information we maintain. If we do, we will mail a copy on the new notice to all current clients and post the new privacy notice on our Web site [www.hcmhrsb.org]. You may request a copy of the new notice from the MHRSB Board.