

NOTICE OF PRIVACY PRACTICES

WOOD COUNTY ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD

Effective: April 14, 2003

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
Wood County Alcohol, Drug Addiction and Mental Health Services Board
745 Haskins Rd Suite H
Bowling Green, OH 43402
(419) 352-8475

OUR PLEDGE REGARDING MEDICAL INFORMATION

The Wood County Alcohol, Drug Addiction and Mental Health Services Board (WCADAMH) believes 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.

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 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. 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 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 MEDICAL INFORMATION ABOUT YOU.

We may share personal information we collect as permitted by law. We do not share personal client information outside of our business partners except when the law allows or requires us to do so. 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 the

categories. Some examples of persons to whom we disclose personal information and the type of information we may disclose include the following:

- Business partners who help to administer client benefits and services
- Our attorneys, accountants and auditors who need the information to provide their services to us
- Authorized representatives such as parents and guardians or people given permission by the client
- Health care providers (doctors, clinics, hospitals, substance abuse and mental health agencies)
- Other mental health and substance abuse boards
- State Departments (ODMH, ODADAS, ODJFS)
- Law enforcement and regulatory authorities as required by law
- For public health activities
- About victims of abuse, neglect or domestic violence
- Health oversight agencies for health oversight activities
- For judicial and administrative proceedings
- Regarding decedents, to coroners, medical examiners and funeral directors
- For research if a waiver of authorization has been obtained by the IRB or a Privacy Board
- To prevent serious and imminent harm to health or safety of a person or the public
- For specialized government functions
- Military and veterans activities
- National security and intelligence
- Protective services for the President and others
- To correctional institutions and law enforcement officials regarding an inmate.
- Worker's compensation if necessary to comply with the laws relating to worker's compensation or other similar programs.

For any other types of disclosures to third parties, we require a client request or authorization.

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 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.

INDIVIDUAL CLIENT RIGHTS

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 and Copy. 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.

Right to Amend. We make every effort to keep client information

correct and current. If you believe that any personal information we have about you is not accurate, 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. This Notice is available at our web site www.wcadamh.org or you may obtain a copy of the Notice by contacting the Board Office.

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
Wood County Alcohol, Drug
Addiction and Mental Health
Services Board
745 Haskins Rd Suite H
Bowling Green, OH 43402
(419)352-8475*

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, 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 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. 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.

By signing the line below, you acknowledge that you received a copy of the Wood County Alcohol, Drug Addiction and Mental Health Services Board's Notice of Privacy Practices, updated on September 23, 2013 from this agency.

Name (please print): _____

Signature: _____

Date: ____ / ____ / ____

If client is a minor (under 18 years of age):

Parent/guardian name (please print): _____

Parent/guardian signature: _____

Date: ____ / ____ / ____