

## Ohio Department of Mental Health and Addiction Services



### Regional Psychiatric Hospitals

## NOTICE OF PRIVACY PRACTICES

[9/23/13]

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.**

### **Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). Regional Psychiatric Hospitals operated by the Ohio Department of Mental Health and Addiction Services are required to protect 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. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this 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 the department's website at <http://mha.ohio.gov> You may request a copy of the new notice by calling the number for the hospital, listed at the end of this notice.

### **How We May Use and Disclose Your Protected Health Information**

We have a limited right to use and/or disclosure your PHI for purposes of treatment, payment and our health care operations. For other uses, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity for it to perform a function on our behalf, we must have in place an agreement from the entity that it will extend the same privacy protections to your information that we must apply to your PHI. However, the law permits us to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

◆ **Uses and Disclosures Relating to Treatment, Payment or Health Care Operations.** Generally, we may use or disclose your PHI as follows:

**For treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your care. For example, your PHI will be shared among members of your treatment team, or with our pharmacy staff. Your PHI may also be shared with outside entities performing services relating to your treatment, such as lab work or x-rays, or for consultation. Your PHI may be shared with community services providers or ADAMH/CMH/ADAS Boards and/or health care providers involved in delivering or coordinating your health care.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, the OhioMHAS central office, or the local ADAMH/CMH/ADAS Board 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/disclose your PHI in the course of operating our hospital or Community Support Network (CSN). For example, we may take your photograph for medication identification purposes, use your PHI in evaluating the quality of services provided, or disclose your PHI to our state fiscal and legal staff for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our other OhioMHAS facilities or offices for similar purposes. Release of your PHI to other state agencies might also be necessary to determine your eligibility for publicly funded services.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders, research inquiries, and other similar materials to your home.

◆ **Uses and Disclosures Requiring 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 may be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action based upon your authorization.

◆ **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:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse or neglect, criminal activity, or in response to a court order. We also must 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 the OhioMHAS central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system or the Medicaid program.

**Relating to decedents:** We may disclose PHI relating to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations.

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

**To avert threat to health or safety:** 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 to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, or to federal agencies for national security purposes, such as protection of the President. We may disclose PHI of military personnel and veterans in certain situations.

◆ **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 related to suspected child abuse and neglect, 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.

◆ **Uses and Disclosures Requiring You to have an Opportunity to Object:** In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

**Patient Directories:** Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

**To families, friends or others involved in your care:** We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

## 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, generally, are not legally bound to agree to the restriction except where the disclosure is to a health plan and you have paid “out of pocket” in full for the item or service. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, 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 protected health information upon your written request. We will respond to your request within 30 days. If we deny your request, 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. You have a right to choose what portions of your information you want copied and to receive cost information prior to copies being made. If your record is available electronically, you may request a copy in an electronic format to be delivered to you or to someone you choose.

**To request amendment of your PHI:** 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 determine that the record 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 record. If we approve the request for amendment, we will change the record 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 dates, recipients, purposes, and contents of any of your PHI has been released other than instances of disclosure: for treatment, payment, and operations<sup>1</sup>; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes or 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 occurring during the past 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 get notice of any breach:** You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI has not been 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.

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<sup>1</sup> In the future, disclosures of your PHI for treatment, payment and operations purposes may be included in the accounting of PHI disclosures in an electronic health record.

## **How to Comment or Complain about our Privacy Practices**

We strive to protect your privacy rights. 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 Client Rights Specialist at the hospital or Community Support Network (CSN), or with the statewide Consumer Advocacy and Protection Specialist at:

Ohio Department of Mental Health and Addiction Services  
30 East Broad Street, 36th Floor  
Columbus, OH 43215  
1-877-275-6364 (toll free)

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. SW, Washington D.C., 20201 or call 1-877-696-6775.

We will take no retaliatory action against you if you make such complaints.

## **Regional Psychiatric Hospital Contact Information**

### **Appalachian Behavioral Healthcare - Athens**

**(740) 594-5000** or **(800) 372-8862**  
TDD: (740) 594-2911 Fax: (740) 594-3006

### **Heartland Behavioral Healthcare - Massillon**

**(330) 833-3135** or **(800) 783-9301**  
TDD: (330) 832-9991 Fax: (330) 833-6564

### **Northcoast Behavioral Healthcare - Northfield**

**(330) 467-7131** or **(800) 557-5512**  
TDD: (330) 467-5522 Fax: (330) 467-2420

### **Northwest Ohio Psychiatric Hospital - Toledo**

**(419) 381-1881** or **(877) 970-4325**  
TDD: (419) 381-0815 Fax: (419) 389-1967

### **Summit Behavioral Healthcare - Cincinnati**

**(513) 948-3600** or **(888) 636-4724**  
TDD: (513) 948-0441 Fax: (513) 948-3080

### **Twin Valley Behavioral Healthcare - Columbus**

**(614) 752-0333** or **(877) 301-8824**  
TDD: (614) 274-7137 Fax: (614) 752-0087

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