

## How to Comment on Our Privacy Practices

We strive to preserve your privacy rights. If you think we may have violated those 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, or the statewide Client Rights Specialist at:

Ohio Department of Mental Health  
30 East Broad Street, 8th 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 Hospitals

**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**  
(216) 787-0500 or (800) 557-5512 - Cleveland

TDD: (216) 661-2411 Fax: (216) 787-5210

**(330) 467-7131 or (800) 557-5512 - Northfield**  
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 (TVBH)

TDD: (614) 274-7137 Fax: (614) 752-0087

This notice is effective March 31, 2010.  
Publication HS-2

# Hospital Services

## Notice of Privacy Practices

This pamphlet describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review carefully.

We are required to provide you with a copy of this notice. You may receive an electronic copy by email upon request.

**Ohio** | Department of Mental Health

## Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the treatment provided to you, or payment for such care is considered "Protected Health Information" (PHI). Regional Psychiatric Hospitals operated by the Ohio Department of Mental Health are required to extend certain protections to your PHI and to give you this Notice of 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.** You may request a copy of the new notice from any ODMH Regional Psychiatric Hospital. (Phone numbers are on the back of this brochure.) It is also posted on our Web site at

<http://mentalhealth.ohio.gov/what-we-do/provide/hospital-services>

## How We May Use and Disclose Your PHI

We have a limited right to use and/or disclose your PHI for purposes of treatment, payment and for our health care operations. For uses beyond that, 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 so that entity can perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted 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:

**For treatment:** We may disclose your PHI to doctors, nurses and other healthcare personnel who are involved in providing your 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 outside entities performing services relating to your treatment, such as lab work, x-rays or consultation. Your PHI may also be shared with community mental health agencies or ADAMH/CMH boards, and other providers involved in delivering your health care. (ADAMH = Alcohol, Drug Addiction and Mental Health, CMH = Community Mental Health).

**To obtain payment:** We may use/disclose your PHI to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, the ODMH central office, the local ADAMH/CMH 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/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 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 ODMH facilities, programs or offices for similar purposes. Release of your PHI to the MACSIS and/or 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.

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## Use and Disclosures of PHI 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 can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action upon your authorization.

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## 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, neglect, domestic violence or criminal activity, 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 the ODMH 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 related to a death 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 ODMH central office research staff and their designees 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 individuals 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 reasons, such as protection of the President. We may also disclose PHI of military personnel and veterans in certain situations.

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## Use 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 relating to 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:** We may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

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## Use 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.

**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 individuals information directly related to their involvement in your care or payment for your care. We may also share PHI with these individuals to notify them about your location, general condition or death.

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## Your Rights Regarding PHI

You have these rights relating to your PHI:

**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. 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 chose 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 request a copy your PHI:** Unless your access to your records 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 you access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want paper 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 a designated person or entity.

**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 (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your right 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, inform you and tell others that need to know about the change.

**To find out what disclosures have been made:** You have a right to get a list of the dates, recipients, purposes and contents of any of your PHI that has been released other than for instances of disclosure: for treatment, payment and operations\*; to you, your family or the facility directory; or with your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. 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 to provide one such list each year. There may be a charge for more frequent requests.

\*In the future, disclosures of your PHI for treatment, payment and operations purposes may be included in the accounting of PHI disclosures.