



Inspiring Hope. Strengthening Families. Transforming Communities.

CLIENT/GUARDIAN INFORMATION HANDBOOK



A Resiliency-Oriented/Trauma-Informed Agency

Dear Parent or Guardian,

Welcome to Directions for Youth & Families. Directions for Youth & Families has been providing behavioral health services to Central Ohio youth and their families since 1899. Our services are Resiliency-Oriented/Trauma-Informed. We specifically use the Resiliency framework and ARC (Attachment, Self-Regulation, and Competency) model and to work with children and families, recognizing the impact of challenging life experiences and we believe that addressing these experiences can support kids and families in healing. We recognize trauma as any past event, situation, or experience resulting in distress. Through our resiliency-oriented / trauma-informed approach it is our goal to work in partnership with you to obtain the skills and supports in order to meet life's challenges with a sense of hope, mastery, and self-determination.

We strongly encourage family/caregiver involvement in the program and believe the caregiver team can be a major support to us as we assist your child to utilize his/her strengths in positive ways. If for some reason you or your child must cancel a scheduled appointment, please contact your worker at least 24 hours in advance if possible.

We are hopeful that our services will be beneficial to you and your family in the months to come. Your satisfaction with our services is very important to us and we are always interested in your input. A representative from the agency may contact you at some point during the treatment process for some feedback on how we are doing. If at any time you have comments or concerns about the services we are providing or ideas about how we can improve our services, please feel free to share this information with one of our managers. Our main office number is (614) 294-2661. Feel free to ask for the Manager/Supervisor of the direct service worker that is assigned to you.

Sincerely,

Directions for Youth and Families Management Team



MISSION STATEMENT

Build and inspire hope, healing, and resilience for youth, families, and communities through counseling and education.

VISION

Building healthy individuals, strong families, and safe communities through innovative treatment and prevention services.

VALUES

*Quality * Diversity * Accessibility * Acceptance * Collaboration
Investment in individuals, families and communities.*



WE BELIEVE ALL INDIVIDUALS HAVE RIGHTS AND A VOICE IN TREATMENT THAT WILL BE MET WITH RESPECT AND DIGNITY.



WE BELIEVE CHILDREN AND FAMILIES THRIVE BEST IN PHYSICALLY AND EMOTIONALLY SAFE ENVIRONMENTS.



WE BELIEVE ALL CHILDREN AND FAMILIES HAVE UNIQUE STRENGTHS, ABILITIES, AND TALENTS AND THAT WITH THE RIGHT SUPPORTS AND ENCOURAGEMENT YOUTH CAN ACHIEVE THEIR FULL POTENTIAL.



WE KNOW PARENT INVOLVEMENT IS CRITICAL IN HELPING CHILDREN LEARN TO INTERACT IN A HEALTHY WAY WITH OTHERS, MANAGE THEIR EMOTIONS, AND COMMUNICATE THEIR FEELINGS AND NEEDS.



Worker and Client Responsibilities

- Worker and client will develop a scheduled time for sessions. If either person is unable to make the scheduled time, please notify the other person within 24 hours (if possible)
 - Please provide notification if you are going to be more than 15 minutes late.
- Worker and client will establish a professional relationship: therefore, it is important to have a relationship built on mutual respect and honesty.
- Consistent participation is important to achieve goals set by worker and client; therefore, after 2 missed appointments, case will be reviewed for continuation. If contact attempts are unsuccessful, worker will notify client and/or parent/guardian by letter and/ or telephone, that the case will be closed.
- DFYF values the collaboration of worker, client and or parent/guardian. Therefore, we ask for participation in the development and quarterly review of the Individualized Service Plan in order to achieve desired goals.
- If any of the following changes occur, please notify your worker:
 - Address or phone number
 - Significant life changes
 - Participation in the treatment process
 - Insurance information
 - Any outside mental health agency involvement

RISK BENEFIT STATEMENT

Each mental health and/or alcohol and drug addiction service that I receive has potential benefits and risk associated within, possible benefits and risks are outlined below and have been explained to me. My signature, dated today, indicates that I wish to receive this service.

I understand that mental health and/or alcohol and drug addiction services are a shared effort and that success or failure is the result of the efforts of both the worker and me.

Specific benefits for me will be outlined in my Individual Service / Treatment Plan. General benefits may include relief of symptoms, increased understanding and confidence, improvement of interpersonal relationships and a general improvement in my daily living.

The possible risks associated with refusing or stopping services include either a continuation or a worsening of the symptoms, increased stress and lack of progress in developing skills needed for a more adaptive way of living.



CLIENT RIGHTS STATEMENT

Please carefully read the following and ask any questions you may have about your rights or the meaning of this document. Admission to Directions for Youth & Families services is granted to any person regardless of race, culture, color, sex, age, religion, national origin, handicap, sexual orientation or income. While you are receiving services from Directions for Youth & Families, you have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting which is the least restrictive, feasible environment;
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
5. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic need, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from restraint or seclusion;
9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This shall be explained to the client and written in the client's current service plan;
10. The right to be informed of and refuse any unusual or hazardous treatment procedure;
11. The right to be advised of and refuse observation by such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;

13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and /or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the administrative code;
14. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear Treatment Reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
15. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
16. The right to receive an explanation of the reasons for denial or service;
17. The right not to be discriminated against in the provision of service on the basis of religion, culture race, color, creed, sex, national origin, age, lifestyle, sexual orientation, physical or mental handicap, developmental disability, or inability to pay;
18. The right to know the cost of services;
19. The right to be fully informed of all rights;
20. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
21. The right to file a grievance; and
22. The right to have oral and written instructions for filing a grievance.



CLIENT GRIEVANCE PROCEDURE

The following procedure will be observed for addressing client rights and complaints:

1. When a person expresses a concern, complaint, or grievance regarding past and/or present services at Directions for Youth & Families, she/he will be advised by any agency staff member of the right to file a grievance and given the name and hours of availability of the agency's Client Rights Officer, Maranda Libster, Directions For Youth & Families, 1515 Indianola Ave., Columbus, Ohio, 43201, phone (614) 294-2661. Available hours are from 8:30a.m. to 5:00 p.m. In addition, messages can be left on agency voicemail 24 hours a day. Evening hours will be made available upon request.
2. The Client Rights Officer will explain the grievance procedure from filing to final resolution and discuss the person's concerns. The client grievance must be in writing and include the date, time, description of the incident, and names of individuals involved in the incident/situation being grieved. The client grievance must be signed and dated by the client and/or parent / guardian or by an individual filing the grievance on behalf of the client, and given to the Client's Rights Officer.
3. Should the person decide to file a grievance, the Client Rights Officer will assist the client or person authorized by the client in completing a Client Grievance Form. An alternative agency representative will be appointed by the CEO if the Client Rights Officer is the subject of grievance.
4. Within three (3) days of receipt of the grievance, the Client Rights Officer shall provide written acknowledgement to each grievant that shall include date grievance was received, summary of grievance, overview of grievance investigation process, timetable for completion, investigation and notification of resolution including provider contact name, address and telephone number.
5. The client's grievance will be forwarded to the CEO to review. The client or an authorized representative has the right to meet with the CEO regarding his/her grievance. The Client Rights Officer will provide a written statement of resolution to the griever after the CEO review within seven (7) days from receipt of original grievance.
6. If the griever is not satisfied with Client Rights Officer's or the CEO's response, she/he may submit the written grievance to the Chairperson of the Program Committee of the Directions For Youth & Families Board of Trustees. The Chairperson will render a decision and the program committee will provide a written response within ten (10) days of the chairperson's receipt of the grievance. The Client Rights Officer will expedite any grievance hearing/review in such a manner that a written response can be provided within 20 working days of the original filing. Any extenuating circumstances indicating that the time period needs to be extended will be documented in the grievance log and written notification will be given to the griever.
7. The Client Rights Officer will follow up on any external grievance hearing to ensure that a written response and final resolution is provided to the griever and the CEO of DFYF.

8. A client has the right to represent him/herself in the grievance procedure or to designate a representative to be involved in the process; DFYF will provide such representation when requested. If a representative for the client is to be involved, a release of information form will need to be signed by the client giving the agency permission to discuss relevant concerns with the party.
9. A copy of this grievance procedure will be posted in each building operated by Directions For Youth & Families. The name of and hours of availability of the Client Rights Officer will also be posted with the grievance procedure in each agency building.
10. Provision will be made for grievors to have prompt access to the Client Rights Officer. Staff members will be informed of their responsibility to notify availability of the Client Rights Officer. The Client Rights Officer will have the responsibility for ensuring that Directions For Youth & Families remains in compliance with the grievance procedure.
11. A Client has the option at anytime to file a grievance with outside organizations that include, but are not limited to any of the following:
 - Ohio Mental Health and Addiction Services
 - Ohio Legal Rights Services
 - U.S. Department of Health and Human Services
 - Civil Rights Regional Office in Chicago
 - Applicable Professional Licensing or Regulatory Associations

A listing of mailing addresses and telephone numbers for these agencies and others is provided for in the attachment listed as Resource Agencies.

Upon request and after obtaining a signed release form, Directions For Youth & Families will provide all relevant information about the grievance if the griever has initiated a complaint with any outside organizations.

OTHER RESOURCE AGENCIES

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| 1.) Franklin County ADAMH Board
447 E. Broad Street
Columbus, OH 43215
(614) 224-1057 | 2.) US Department of Health and Human Services, Region V
Office of General Counsel
233 N. Michigan Ave. Suite 700
Chicago, IL 60603
(312) 886-1709 | 3.) LeeAnn Mattes, Ombudsman
Mental Health America of Franklin County
2323 W. Fifth Avenue, Suite 160
Columbus, Ohio 43204
(614) 242-4357 |
| 4.) Ohio Department of Mental Health and Addiction Services
30 E. Broad Street
Columbus, OH 43215
(614) 466-2596 | 5.) Counselor and Social Worker Board
77 S. High Street, 24 th Floor
Columbus, OH 43215
(614) 466-0912 | 6.) Disability Rights Ohio
200 Civic Center Dr. Suite 300
Columbus, OH 43215
(614) 466-7264 |
| 7.) State Board of Psychology
77 S. High Street, Suite 1830
Columbus, OH 43215
(614) 466-8808 | | |

CRISIS INTERVENTION PHONE NUMBERS INFORMATION SHEET

Directions for Youth & Families has the following locations and hours:

Central Office - (614) 294-2661 1515 Indianola Avenue Columbus, OH 43201 Monday ó Thursday 8:00 a.m. - 7:00 p.m. Friday 8:00 a.m. - 5:00 p.m.

East Office - (614) 251-0103 3616 E. Main Street Columbus, OH 43213 Monday - Thursday 8:30 a.m. - 6:00 p.m. Friday 8:30 a.m. - 5:00 p.m.
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Ohio Avenue Office – (614) 258-8043 657 South Ohio Avenue Columbus, OH 43205 Monday ó Friday 8:00 a.m. - 7:30 p.m.

Crittenton Center ó (614) 694-0203 3840 Kimberly Parkway N. Columbus, OH 43232 Monday ó Friday (school year) 3:00 p.m. ó 7:30 p.m. Monday ó Friday (summer) 9:00 a.m. - 3:00 p.m.

If you or your young person has a crisis situation and your family requires additional support, the following resources may be helpful:

Nationwide Children’s Hospital Psychiatric Crisis Line 722-1800

24 hour crisis line ó mental health or substance abuse crisis for youth 17 and under

Nationwide Children’s Hospital Emergency Department: 722-2000

630 Children’s Drive Columbus, OH 43205

24 hour crisis evaluation & stabilization for youth 17 and under

Netcare ACCESS: 276-CARE (2273)

24 hour crisis line - mental health, substance use for adults

Franklin County Children Services: 229-7000

To report child abuse and neglect in Franklin County - 24 hour hotline

Teen Hotline: 294-3300

Suicide issues and other emotional distress

Suicide Prevention Hotline: 221-5445

24 hour anonymous line for adults and young people

Huckleberry House: 294-5553

1421 Hamlet Street, Columbus, Ohio 43201

Provides 24 hour emergency crisis counseling and shelter for teenagers

Domestic Violence Hotline: 224-HOME (4663)

24 hours crisis and information

Sexual Assault Hotline 800-656-HOPE (4673)

Provides support and referral information.

HandsOn: 221-6766 OR 2-1-1

24 hour resource service. Free, confidential information and referral provided to callers by phone.

**Directions for Youth & Families have select staff on-call for crisis situations when alternative options do not meet the immediate needs of your family. If it is a crisis, you may call any DFYF office and follow the prompt to be transferred to an on-call staff person. After hours staff are available after 7:00 p.m., Monday-Thursday; Friday after 5:00 p.m.; 24 hours Saturday and Sunday; and holidays. If you are an adult in the Office Based Counseling program, please access Netcare first.

- If you have a question regarding scheduling appointments or if your concern is not a crisis, please call our office, Monday through Thursday from 8:00 a.m. to 7:00 p.m., and Friday from 8:00 a.m. to 5:00 p.m. at 294-2661.
- You may also leave a message on the voice mail regarding non-crisis situations after hours and a staff member will return your call the next working day.

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Directions For Youth and Families' 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). 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. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the 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 in our lobby and on our Website. You may request a copy of the new notice from **PQI Manager/Client Rights Officer.**

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. To disclose information, we must have your written authorization. In some instances, the law provides that we are permitted to make some uses/disclosures without your authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations

Generally, we do not need consent or authorization to use/disclose your PHI:

For treatment: We may disclose your PHI to 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 our staff involved in your care here.

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 Medicaid, the ODMH Central office, ODADAS, the local ADAMH Board and/or a private insurer to get paid for services that we delivered to you.

For health care operations: We may use/disclose your PHI in the course of operating our outpatient facility. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Release of your PHI to the MACSIS system/ADAMH Board and/or Medicaid 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 and other similar materials to your home, or we may call your home to remind you of appointments.

Exceptions: The law allows us to use/disclose your PHI without your acknowledgement in certain situations. For example, we may disclose your PHI if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give consent if able.

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 can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI without authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, including child abuse/neglect 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. (Behavioral health organizations, such as DFYF have very few such requirements)

For health oversight activities: We may disclose PHI to the ADAMH Board of your home county, if your services are publicly funded, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Relating to decedents: We may disclose PHI relating to an individual's death to coroners, funeral home directors, or medical examiners.

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 to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the president.

Uses and Disclosures Requiring You to have an Opportunity to Object

In the following situation, we may disclose your PHI if we inform you about the disclosure in advance and you do not object. 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.

To families, friends or others involved in your care: We may share with these people information directly related to your family's, friend's or other person's 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:

You have the right 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 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.

You have the right 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.

You have the right to inspect and copy your PHI: You must put your request in writing. We will respond to your request within 30 days. If we deny you access to your PHI, 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, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

You have the right 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.

You have the right 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 which you authorized or where information was disclosed. (i.e. for treatment, payment, health care operations). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. 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.

You have the right 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.

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, we encourage you to first contact the Privacy Officer of this agency listed below. You also may file a written complaint, without fear of retaliation from DFYF, with the Secretary of the U.S. Department of Health and Human Services at:

**The U.S. Department of Health and Human
Services
280 North High Street
Columbus, Ohio 43215**

**The U.S. Department of Health and Human
Services
Civil Rights Regional Office
233 N. Michigan Ave. Ste. 240
Chicago, Illinois 60601**

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:

PQI Manager/Client Rights Officer
Directions For Youth and Families
1515 Indianola Avenue
Columbus, Ohio, 43201
614-294-2661



Notice Of Privacy Practices

Effective Date: This Notice was effective on
April 14, 2003.

ADAMH BOARD OF FRANKLIN COUNTY – NOTICE OF PRIVACY PRACTICES



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.

This notice is effective as of September 23, 2013.

Protecting the privacy of information about your health is important to us, and a responsibility we take seriously. We, at ADAMH, understand that information about you and your health is personal, and it is important to you that we keep it confidential. We are committed to protecting the confidential nature of information about your past, present, or future health condition, treatment, or payment.

ADAMH'S DUTY TO SAFEGUARD YOUR HEALTH INFORMATION

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.

This notice describes the ways we may use and disclose information about your health to carry out treatment, payment, and health plan operations and for other purposes as permitted or required by law. It also describes your rights and our duties regarding our records or information about your health.

HOW WE MAY USE & DISCLOSE INFORMATION ABOUT YOUR HEALTH & LIMITS ON USE WITHOUT YOUR AUTHORIZATION

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 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 ADAMH 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: ADAMH uses or discloses health information to state agencies and other ADAMH 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. ADAMH is prohibited from using or disclosing genetic information for underwriting purposes.

Health Plan Operations: ADAMH 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.

The law provides that we may use or disclose information about your health without your consent or authorization under the following circumstances:

Law Enforcement & Government: ADAMH may use or disclose AOD health information relating to suspected serious criminal activity in response to a court order. We may disclose MH information related to suspected criminal activity at the request of a law enforcement official. In order to avoid a serious threat to health or physical safety to you or others, we may disclose information about your health to law enforcement. We may disclose health information of military personnel or veterans in certain situations; to correctional facilities; to government benefit programs about eligibility and enrollment; or for national security reasons, such as protection of the President. We may disclose information to a state or federal regulatory agency.

Health Oversight Activities: ADAMH may use or disclose information about your health for audits, inspections, advocacy, or other monitoring activities related to our legal responsibility toward our contracted service providers. We may use or disclose information about MH care for reporting or investigating unusual incidents.

Public Health: ADAMH may disclose information about your health to public authorities in situations where abuse, neglect, or domestic violence has been substantiated.

Coroners: ADAMH may release information about your health to a coroner.

Research: ADAMH may use or disclose your AOD information for research purposes if we abide by established guidelines. However, your identity would NOT be revealed in any report. We must obtain your consent to release MH information for research purposes.

USES & DISCLOSURES REQUIRING YOUR AUTHORIZATION

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

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

ADAMH BOARD OF FRANKLIN COUNTY – NOTICE OF PRIVACY PRACTICES

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 INFORMATION ABOUT YOUR HEALTH

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
ADAMH Board
447 E. Broad St.
Columbus, OH 43215
614-224-1075

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 ADAMH, you may file a written complaint:

With ADAMH
Privacy Officer
ADAMH Board
447 E. Broad St.
Columbus, OH 43215
Phone: **614-224-1075**

With the Office for Civil Rights
Region V Office for Civil Rights
U.S. Dept. of Health and Human Services
223 N. Michigan Ave. Suite 240
Chicago, IL 60601
Phone: 312-866-2359
TDD: 312-353-5693
Email: OCRCComplaint@hhs.gov

RIGHT TO A COPY OF THIS NOTICE: You have a right to get a copy of this notice at any time. This notice is also available on our website [www.adamhfranklin.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 of the new notice to all current clients and post the new privacy notice on our website [www.adamhfranklin.org]. You may request a copy of the new notice from the ADAMH Board.

FOR MORE INFORMATION: If you have questions about how we handle your health information or about our privacy notice, please contact our Privacy Officer at **614-224-1075**.

