



**CLIENT/GUARDIAN  
INFORMATION HANDBOOK**

# Directions for Youth & Families



A Resiliency-Oriented/Trauma-Informed Agency

Dear Parent or Guardian,

Welcome to Directions for Youth & Families. Directions for Youth & Families has provided 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 to work with children and families. We recognize 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/current event, situation, or experience that results in distress. Through our resiliency-oriented and 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 their 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 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 at any time. 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 & 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/CAREGIVER 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 the worker and client; therefore, after 2 missed appointments, the case will be reviewed for continuation. If contact attempts are unsuccessful, the worker will notify the client and/or parent/guardian by letter and/or telephone that the case will be closed.

DFYF values the collaboration of the 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 the 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 risks associated with it, 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.



## **What is Telehealth?**

Telehealth, also known as online therapy, e-therapy, or video therapy, is therapy delivered through a virtual platform via a computer, laptop, tablet, or mobile device. If you have ever used FaceTime or Zoom, it is essentially the same thing, except for being more secure and with a qualified mental health professional.

Telehealth sessions work much the same as traditional face-to-face sessions, with only one significant difference: the mental health professional and the client are not in the same room.

Sessions are scheduled at an appropriate and suitable time and day for each party, who then log in via a HIPAA-compliant secure video platform. Links to the secure video platform can be sent via text or email. The mental health professional and client can see and hear each other in real time during the session via the use of webcams and headsets (if required). Through this virtual environment, they can interact with each other, and the mental health professional uses the same methods they would use in a face-to-face session.

In the event of a technological failure, staff will provide an alternative method of service delivery (i.e. such as phone or another secure video platform). Also, the client/guardian handbook provides crisis contact information for other service providers if needed.

## **Benefits of Telehealth Services**

- Clients are able to access services they could not receive otherwise.
- Clients are able to schedule services at times that are convenient to their schedule.
- Telehealth services eliminate the need for transportation to and from services.
- During outbreaks of illnesses, telehealth services reduce the risk of transmission of illnesses between clients and staff members.

## **Potential Barriers/Risks of Telehealth Services**

- It may be more difficult to read non-verbal communication and assess this part of functioning.
- Technology and related disruptions used in services may interfere with communication or prevent services from occurring.
- As with any information transmitted via technology, telehealth communications are vulnerable to being hacked or intercepted.
- Depending on age, developmental level, and diagnosis, telehealth may not be appropriate or as effective as in-person services.



## 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 freedom from cruel/unusual punishment or discipline;
10. 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;
11. The right to be informed of and refuse any unusual or hazardous treatment procedure;
12. The right to be advised of and refuse observation by such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;

13. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
14. 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 a 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;
15. 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;
16. 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;
17. The right to receive an explanation of the reasons for denial or service;
18. 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;
19. The right to know the cost of services;
20. The right to be fully informed of all rights;
21. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
22. The right to file a grievance; and
23. 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 Officers, Jennifer VanSchoyck and Andrea Light, Directions For Youth & Families, 1515 Indianola Ave., Columbus, Ohio, 43201, phone (614) 294-2661. Available hours are from 8:30 a.m. to 5:00 p.m. In addition, messages can be left on the agency's 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's 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 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 the grievance.
4. Within three (3) days of receipt of the grievance, the Client Rights Officer shall provide written acknowledgment to each grievant that shall include the date the grievance was received, a summary of the grievance, an overview of the grievance investigation process, the 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 for review. The client or an authorized representative has the right to meet with the CEO regarding their 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 the original grievance.
6. If the grievant is not satisfied with the Client Rights Officer's or the CEO's response, they 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 twenty (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 grievant.
7. The Client Rights Officer will follow up on any external grievance hearing to ensure that a written response and final resolution are provided to the grievant 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 permitting the agency 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 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 the grievant to have prompt access to the Client Rights Officer. Staff members will be informed of their responsibility to notify the 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 to file a grievance with outside organizations at any time that includes, but is 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 grievant has initiated a complaint with any outside organizations.

### **OTHER RESOURCE AGENCIES**

**Franklin County ADAMH Board**  
 447 E. Broad St.  
 Columbus OH 43215  
 614-224-1057

**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

**Mental Health America of Franklin County**  
**Ombudsman**  
[connect@mhaohio.org](mailto:connect@mhaohio.org)  
 614-242-4357

**Ohio Department of Mental Health and Addiction Services**  
 30 E. Broad St.  
 Columbus, OH 43215  
 614-466-2596

**Counselor and Social Worker Board**  
 77 S. High St, 24<sup>th</sup> Floor  
 Columbus, OH 43215  
 614-466-0912

**Disability Rights Ohio**  
 200 Civic Center Dr, Suite 300  
 Columbus, OH 43215  
 614-466-7264

**State Board of Psychology**  
 77 S. High St, Suite 1830  
 Columbus, OH 43215  
 614-466-8808



## SCOPE OF PRACTICE

Directions for Youth & Families (DFYF), is a resiliency-oriented and trauma-informed agency whose mission is to build and inspire hope, healing, and resilience for youth, families, and communities through counseling and education. Directions for Youth & Families provides short-term counseling and mental health services to youth and families. We strive to build resiliency skills and foster independence throughout treatment. The duration of services will be 3 to 6 months. Services may only be extended past 6 months if there are extenuating circumstances. This will be determined by the client's Mental Health Professional and Clinical Program Manager.

Directions for Youth & Families does not provide long-term care or vocational services and is unable to provide treatment for the following:

- Eating Disorders
- Moderate to Severe Intellectual and Developmental Disabilities
- Aggressive Disorders (i.e. Conduct Disorder, Reactive Attachment Disorder)
- Psychosis

In the case that a client's needs are beyond Directions for Youth & Families' scope of practice or in need of intensive/specialized services, Directions for Youth & Families will provide referrals, community supports, and resources to assist with the linkage of appropriate services and support.

Directions for Youth & Families Mental Health Professionals do not sign or provide letters of support for Emotional Support Animals or Service Animals, as this is out of our scope of practice and requires specialized education and training.

Directions For Youth & Families' Mental Health Professionals do not participate in court hearings, trials, or proceedings of Custody, Visitation, and placement of a client. The Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board Laws and Rules guide professional conduct in this matter. Professionals working in a clinical role with a family, when requested by a family member, lawyer, or Guardian Ad Litem to make a recommendation regarding custody, visitation, and/or guardianship, are informed that doing such is an ethics violation. As such, professionals working with families in a clinical role decline the role of expert witnesses and do not give professional opinions regarding custody, visitation, and/or guardianship issues.

Also, per The Ohio Counselor, Social Worker, and Marriage and Family Therapist (CSWMFT) Board Laws and Rules, Directions for Youth & Families' services do not include sexual orientation change efforts (SOCE, also sometimes referred to as "conversion therapy") or efforts to change gender identity. However, supporting clients in exploring their questions and concerns about their sexual orientation or gender identity is appropriate assistance that may be provided to a client.



## **CLIENT/GUARDIAN PARTICIPATION**

Directions For Youth & Families values the collaboration among the client, parent/guardian, and those a part of the child's caregiving team, while recognizing its significance to the client's short and long-term success. Consistent involvement and active participation throughout services is important to achieve progress on treatment goals.

It is expected that the parent/guardian/family participates in the development and quarterly review of the treatment plan goals in the Individualized Service Plan. Progress in treatment can be optimized through consistently scheduled appointments and regular parent/guardian/family check-ins. It is expected that the parent/guardian will need to check in with the client's Mental Health Professional at least twice a month. The frequency and duration of the parent/guardian/family check-in are subject to change throughout services and will be determined by the client's Mental Health Professional and the client's needs. A Treatment Plan that assists in coordinating the best way to communicate and check in with your Mental Health Professional will be completed and signed during the Individualized Services Plan appointment. Should two (2) appointments be missed without prior communication, services will be reviewed for continuation. If contact attempts are unsuccessful, the Mental Health Professional will notify the client and/or parent/guardian by letter and/or telephone that the case will be closed.

If any of the following changes occur, please notify your Mental Health Professional:

- Address or phone number
- Significant life changes
- Participation in the treatment process
- Insurance information
- Any outside mental health agency involvement

## 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-Friday: 8:00 am - 5:00 pm

**Ohio Avenue Youth Center** - (614) 258-8043  
657 South Ohio Avenue Columbus, OH 43205  
Monday- Friday (school year): 3:00 pm - 7:30 pm  
Monday-Friday (summer): 9:00 am - 3:00 pm

**Crittenton Community Center** - (614) 694-0203  
3840 Kimberly Parkway N. Columbus, OH 43232  
Monday- Friday (school year): 3:00 pm - 7:30 pm  
Monday-Friday (summer): 9:00 am - 3:00 pm

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

**If you are in immediate danger, always call 9-1-1 or visit your nearest emergency room.**



### [Suicide Prevention & Mental Health Assistance:](#)

#### ***Suicide & Crisis Hotline: 988 (Call or Text)***

**Direct Spanish access:** Dial 988 and press "2" to speak with a Spanish-speaking counselor.

**Texting in Spanish:** Text "AYUDA" to 988 to connect with a Spanish-speaking counselor.

**Translation services:** For other languages, call 988 and request an interpreter through Language Line Solutions.

#### ***Nationwide Children's Hospital Psychiatric Crisis Line: 614-722-1800 or Dial 988 and ask for MRSS***

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

#### ***Netcare ACCESS: 614-276-CARE (2273)***

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

#### ***Franklin County Children Services: 614-229-7000***

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

#### ***Huckleberry House: 614-294-5553***

**1421 Hamlet Street, Columbus, Ohio 43201**

24-hour emergency crisis counseling and shelter for teenagers

#### ***Franklin County Domestic Violence Hotline: 614-224-HOME (4663)***

24-hour crisis and information

#### ***Sexual Assault Hotline 800-656-HOPE (4673)***

Provides support and referral information.

#### ***LSS 211 Central Ohio: 614-221-6766 OR 2-1-1***

24-hour resource service. Free, confidential information and referrals are provided to callers by phone.

\*\*Directions for Youth & Families has 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 5:00 p.m. Monday through Friday, 24-hour Saturday and Sunday, and holidays. If you are an adult in the Outpatient 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 Friday, from 8:00 a.m. to 5:00 p.m. at 614-294-2661.
- You may also leave a message on the voicemail 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 & 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 the 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, electronic, or verbal authorization. In some instances, the law provides that we are permitted to make some uses/disclosures without your authorization. The following offers more descriptions and examples of our potential uses/disclosures of your PHI.

**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 the Ohio Department of Medicaid and the Medicaid providers in Ohio, the Ohio Department of Mental Health, and Addiction Services, 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 acknowledgment 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 descendants: We may disclose PHI relating to an individual's death to coroners, funeral home directors, or medical examiners.

To avert a 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 programs relating to eligibility and enrollment, and for national security reasons, such as the 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 your information to 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 it 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 an 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 who 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 that 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 a Person for Information, or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact:

Client Rights Officer  
Directions for Youth & Families  
1515 Indianola Avenue  
Columbus, Ohio, 43201  
614-294-2661



## Notice Of Privacy Practices

Effective Date: This Notice was effective on March 25th, 2025

