



The Center for Child and Family Advocacy, Inc.

219 East Washington Street, Napoleon, Ohio 43545

Telephone 419-592-0540 • Fax 419-592-4514

NOTICE OF PRIVACY PRACTICES

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

1. You have a right to receive a paper copy of this Notice and/or an electronic copy by e-mail, upon your request.
2. You have the right to file a complaint with the agency's Privacy Officer, who is the Executive Director, at 419-592-0540, if you believe the agency may have violated your privacy rights, or if you disagree with a decision made about access to your protected health information (PHI). Also, you may file a written complaint with Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201, or call 1-877-696-6775.
3. The Center for Child and Family Advocacy, Inc. is required to maintain the privacy of the information in your file, and to abide by the terms of this notice. The Center for Child and Family Advocacy, Inc. has the right to make changes to the Privacy Notice and will provide any changes to the client in written notice.
4. The Center for Child and Family Advocacy, Inc. maintains a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for health care operations (TPO). For uses beyond the TPO, the agency must have your written authorization unless the law permits or requires the agency to make the use or disclosure without your authorization.
5. The Center for Child and Family Advocacy, Inc. may disclose your PHI in relations to TPO without your authorization. For example, the agency may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. Please refer to the Policies and Procedures Manual for more uses and disclosures that do not require your consent or authorization.
6. You have the right to revoke your authorization at any time to stop future uses and/or disclosures except to the extent that the agency has already undertaken an action in reliance upon your authorization.

continued



7. The Center for Child and Family Advocacy, Inc. may send appointment reminders and other similar materials to your home unless you provide alternate instructions.
8. If The Center for Child and Family Advocacy, Inc. informs you about the disclosure in advance and you do not object, the agency may share with your family, friends, and others involved in your care, information directly related to their involvement in your care, or payment for your care.
9. You have the right to request restrictions on uses and disclosures of information in your file. The Center for Child and Family Advocacy, Inc. is not required to agree to the requested restrictions.
10. You have the right to receive confidential communications of PHI, and you have the right to inspect, copy, and amend your PHI.
11. You have the right to receive a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the Executive Director, or pursuant to your written authorization. The list will not include any disclosures made for national security purposes, to law enforcement officials, or correctional facilities, or disclosures made before April 14, 2003. The Center for Child and Family Advocacy, Inc. 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 (6) years.

ACKNOWLEDGEMENT

I have read the above, and if requested, received a copy of the Notice of Privacy Practices.

Client's or Parent's/Guardian's Signature

Date

Staff Member's Signature

Date

Four County ADAMhs Board
NOTICE OF PRIVACY PRACTICES

Effective Date September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact:

Les McCaslin, Privacy Officer at 419-267-3355

OUR DUTIES

At the Four County ADAMhs Board, we are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure. This Notice will tell you how we may use and disclose your health information. It also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to: 1) maintain the privacy of your health information; 2) provide you Notice of our legal duties and privacy practices with respect to your health information; 3) to abide by the terms of the Notice that is currently in effect; and 4) to notify you if there is a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

When you receive services paid for in full or part by the Board, we receive health information about you. We may receive, use or share that health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make:

Payment - We may use or disclose information about the services provided to you and payment for those services for payment activities such as *confirming your eligibility, obtaining payment for services, managing your claims, utilization review activities and processing of health care data.*

Health Care Operations - We may use your health information to *train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.*

Treatment - We do not provide treatment but we may share your personal health information with your health care providers *to assist in coordinating your care.*

Other Uses and Disclosures - We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for organ and tissue donation; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from consultants that have signed an agreement requiring them to

maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

Uses and Disclosures That Require Your Permission

We are prohibited from selling your personal information, *such as to a company that wants your information in order to contact you about their services*, without your written permission.

We are prohibited from using or disclosing your personal information for marketing purposes, *such as to promote our services*, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the purposes state in your written permission except for those that we have already made prior to your revoking that permission.

Prohibited Uses and Disclosures

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing the genetic information in your health information for such purposes.

POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

If any state or federal privacy laws require us to provide you with more privacy protections than those explained here, then we must also follow that law. For example, drug and alcohol treatment records generally receive greater protections under federal law..

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request that we restrict the information we use or disclose about you for purposes of treatment, payment, health care operations and informing individuals involved in your care about your care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.*
- **Right to Request Confidential Communications.** You have the right to request that when we need to communicate with you, we do so in a certain way or at a certain location. For example, you can request that we only contact you by mail or at a certain phone number.
- **Right to Inspect and Copy.** You have the right to request access to certain health information we have about you. Fees may apply to copied information.*
- **Right to Amend.** You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.*
- **Right to An Accounting of Disclosures.** You have the right to request an accounting of the disclosures we make of your health information, except for those made with your permission and those related to treatment, payment, our health care operations, and certain other purposes. Your request must include a timeframe for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*
- **Right to a Paper Copy of Notice.** You have the right to receive a paper copy of this Notice. *This Notice is also available at our web site fourcountytadamhs.com, but you may obtain a paper copy by contacting the Board Office.*

To exercise any of the rights described in this paragraph, please contact the Board *Privacy Officer* [at the following address or phone number:

Les McCaslin
T-761 SR 66
Archbold, Ohio 43502
419-267-3355

* To exercise rights marked with a star (*), your request must be made in writing.

Please contact us if you need assistance.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of our current Notice at our office *and on our website at: fourcountyadamhs.com*. In addition, each time there is a change to our Notice, you will receive information about the revised Notice and how you can obtain a copy of it. Notification will be attempted through last known address. The effective date of each Notice is listed on the first page in the top center.

TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address above. You will not be retaliated against for filing a complaint. If you wish to file a complaint with the Secretary you may send the complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
Attn: Regional Manager
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

ACKNOWLEDGEMENT

I have read the above, and if requested, received a copy of the Notice of Privacy Practices.

Client's or Parent's/Guardian's Signature

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