



Prevention. Healing. Wellbeing

Notice of Privacy Practices

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restriction on our use/ disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by alternative means. We must agree to your request as long as it is reasonably easy for us to do so. We will avoid using your answering machine if you inform us of such a request.

To inspect and request a copy of 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 your access, 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 will be imposed**, depending on your circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

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 30 days of receiving your request. We may deny the request if we determine that the PHI is (1) not created by us and/or not part of our records; or (2) not permitted to be disclosed. Any denial will state the reasons for the denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will add your written amendment to the PHI and so inform you, and tell others that need to know about the changes in the PHI.

To find out what disclosures have been made: You have the 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 routine disclosure for payment, and operations. 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 14, 2003. We will respond to your written request for such a list within 30 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.

USES AND DISCLOSURES OF PHI FROM MENTAL HEALTH RECORDS NOT REQUIRING CONSENT OF 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 your PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected 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 your 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 our central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of 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, tissue donations or transplants.

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 of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefits programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

USES AND DISCLOSURES OF PHI REQUIRING AUTHORIZATION

For uses and disclosures beyond treatment, payment and operation 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.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for the 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 in order for that entity to 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 potential uses/disclosures of your PHI.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

In the following situations, we may disclose a limited amount of your PHI **if we inform you about the disclosure in advance and you do not object**, as long as law does not otherwise prohibit the disclosure.

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

USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

Generally, we may routinely use or disclose your PHI as follows:

For treatment: Your PHI will be shared among members of your BBHS treatment staff. Your PHI may also be shared with certain outside entities performing services relating to you treatment, such as lab work, consultation with your pharmacist or the Mental Health Board involved in the provision or coordination of your care. In the event of an emergency we may disclose PHI to other healthcare personnel involved in provision of emergency services.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, the ODMH central office, the local ADAMH/CMH Board through the Multi-Agency Community 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 programs. 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 Multi-Agency Community Service Information System will be necessary to determine your eligibility for publicly funded services.

Appointment reminders: Unless you provide us with alternative instructions, we may call and leave on answering machine or voice mail appointment reminders. If this is not acceptable, you should inform program staff and request a restriction.

YOU HAVE THE RIGHT TO RECEIVE THIS NOTICE

You have the right to receive a paper copy of this notice and/or an electronic copy by e/mail upon request.

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

Individually identifiable information about your past, present, or future health or condition, the provision of health care 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 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.**

HOW TO FILE A GRIEVANCE IF YOU THINK YOUR PRIVACY IS VIOLATED

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a grievance with the person listed below. You may also file a written grievance with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such grievances.

CONTACT PERSON FOR INFORMATION OR TO SUBMIT A GRIEVANCE

If you have questions about this notice or any grievances about our privacy practices, please contact your Client Rights Advocate at:

**Butler Behavioral Health
1502 University Boulevard
Hamilton, Ohio 45011
Attn: Client Rights Officer
(513) 896-7887 ext. 3130**