

RECOVERY SERVICES OF NORTHWEST OHIO, INC.

POLICY AND PROCEDURE MANUAL – HIPAA

Title: Notice of Privacy Practices **Page 1 of 2**
Number: 102 **Effective Date:** 4/16/03
Authorized by: Board of Directors **Revision Date:** 8/17, 1/26

POLICY: Recovery Services of Northwest Ohio shall insure the privacy of all clients at all sites.

PROCEDURE:

1. Recovery Services of Northwest Ohio shall inform all clients of the Notice of Privacy Practices and make available upon request to all individuals as specified in this policy.
2. Recovery Services of Northwest Ohio shall retain copies of the notices Recovery Services of Northwest Ohio issues, including the original and subsequent revisions. Copies may be printed or electronic, and shall be retained for at least six years from the date the notice was created or was last in effect, whichever is later.
3. Recovery Services of Northwest Ohio shall not use or disclose protected health information in a manner inconsistent with Recovery Services of Northwest Ohio's Notice of Privacy Practices or those practices described in Recovery Services of Northwest Ohio's HIPAA Policies and Procedures Addendum.
4. Recovery Services of Northwest Ohio shall promptly revise and distribute the Notice whenever there is a material change in a privacy practice as stated in the Notice. This could include a change to uses or disclosures, the individual's rights, Recovery Services of Northwest Ohio 's legal duties, or other privacy practices.
5. Revisions to the Notice shall not be implemented prior to the effective date of the revised notice, except as required by law.
6. Recovery Services of Northwest Ohio shall make the Notice available on request to any person all individuals as specified in this policy.
7. Recovery Services of Northwest Ohio shall provide the notice to clients:
 - No later than the date of first service delivery, including services delivered electronically;
 - If the individual is a client prior to the compliance date of the HIPAA regulations, no later than the date of first service delivery after the compliance date;

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- In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.
8. Recovery Services of Northwest Ohio shall make a good faith effort to obtain written acknowledgment of receipt of the Notice. If not obtained, Recovery Services of Northwest Ohio shall document his/her good faith efforts to obtain written acknowledgment and the reason why it was not obtained.
 9. In an emergency treatment situation Recovery Services of Northwest Ohio is not required to obtain written acknowledgment of receipt of the Notice.
 10. Recovery Services of Northwest Ohio shall post the notice in a clear and prominent location where individuals seeking services can reasonably read the Notice.
 11. Whenever the Notice is revised, the revised Notice shall be made available and posted as described in this policy. (Please see the document that is posted and provided to clients that follows this policy. Document is titled Recovery Services of Northwest Ohio Notice of Privacy Practices)

**RECOVERY SERVICES OF NORTHWEST OHIO
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.

1. You have a right to receive a paper copy of the Notice and/or an electronic copy by email upon request. Recovery Services of Northwest Ohio has the right to revise this Notice, and if revisions are made to this Notice, you have the right to receive the revised copy.
2. You have the right to file a complaint to our Privacy Officer, Megan Bowser, QI Coordinator 419-782-9920, if you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your protected health information (PHI). You may also file a written complaint 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. There will not be any penalties against you if you make a complaint.
3. Recovery Services of Northwest Ohio is required to maintain the privacy of the information in your file, and to abide by the terms of this notice.
4. Your protected health information refers to individually identifiable information relating to the past, present, or future physical or mental health or condition of you the client, provision of health care to you, or the past, present, or future payment for health care provided to you.
5. Recovery Services of Northwest Ohio maintains a limited right to use and/or disclose your PHI for purposes of treatment, payment, and health care operations as follows:

For Treatment

We may use medical information about you to provide you with behavioral health and medical treatment or services. We may disclose medical information about you to doctors, nurses, counselors, healthcare professionals in training, or other agency personnel who are involved in taking care of you through the agency. For example, a medical diagnosis may be shared with a specialist to help in your treatment process. Different departments of the agency may also share medical information about you in order to coordinate the different things you need, such as prescriptions, counseling and residential support.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, we need to give the CMH/ADAMHS Board and/or the State Departments information about counseling you received at the agency so the Board will pay us for the service.

For Healthcare Operations

We may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health professionals in training, and other agency personnel for review and learning purposes. We may also combine the medical information we have with medical information from other agencies to compare how we are doing and see where we can make improvements in the

care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

6. You have the right to pay out of pocket at the time of service for all services and refuse to supply Recovery Services your insurance information. Recovery Services would not submit PHI to your health plan in this instance.
7. Recovery Services of Northwest Ohio maintains a right or is required by law to use and/or disclose your PHI in certain circumstances without your authorization. Refer to Recovery Services of Northwest Ohio's HIPAA Policies and Procedures Manual for specific explanations regarding these cases. The following circumstances do not require your authorization: to employers (for medical surveillance activities); concerning victims of abuse, neglect, or domestic violence; to health oversight agencies; for judicial/administrative proceedings; for law enforcement purposes; for approved research; to correctional institutes; to avert a serious threat to health or safety; for workers' compensation purposes; and relating to decedents.
8. You have the right to revoke your authorization at any time to stop future uses and/or disclosures except to the extent that Recovery Services of Northwest Ohio has already undertaken an action in reliance upon your authorization.
9. Recovery Services of Northwest Ohio may send appointment reminders and other similar materials to your home unless you provide us with alternative instructions.
10. Recovery Services of Northwest Ohio may contact you about treatment alternatives or other health related benefits and services.
11. Recovery Services of Northwest Ohio may contact you during fundraising activities. You may opt out of receiving such communications.
12. You have the right to request the receipt of confidential communications by alternative means or at alternative locations as long as it is reasonably easy for Recovery Services of Northwest Ohio to do so.
13. If Recovery Services of Northwest Ohio informs you about the disclosure in advance and you do not object, Recovery Services of Northwest Ohio may share with your family, friends, or others involved in your care, information directly related to their involvement in your care, or payment for your care. Recovery Services of Northwest Ohio may also share PHI with these people to notify them about your location, general condition, or death.
14. You have the right to request restrictions on uses and disclosures of information in your file. Recovery Services of Northwest Ohio is not required to agree to requested restrictions except when you request to restrict disclosure of protected health information to a health plan when the protected health information pertains to a health care item or service for which you or other person has paid Recovery Services of Northwest Ohio in full.
15. You have the right to receive confidential communications of PHI, and you also have the right to inspect, copy, and amend your PHI as permitted under the regulations of HIPAA.
16. You will be provided access to protected health information in the form and format requested if it is readily producible in such form and format. If the protected health information is maintained in an electronic format you may request an electronic copy of the information. Recovery Services of Northwest Ohio will provide the protected health information electronically if it is readily producible in that form. If not readily producible electronically

Recovery Services of Northwest Ohio will provide the protected health information in a readable electronic form or format as agreed to by you and Recovery Services of Northwest Ohio.

17. 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 facility 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. Recovery Services of Northwest Ohio 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 6 years.
18. You have the right to be notified in the event there is a breach of Recovery Services of Northwest Ohio's unsecured protected health information. Recovery Services of Northwest Ohio is required by law to notify you in case of a breach of our unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired, used, or disclosed in violation of privacy regulations.

SUBSTANCE USE ORIENTED PROGRAMS ONLY

1. The confidentiality of protected health information related to alcohol and drug abuse is protected by federal law and regulations. Violations of the applicable federal law and regulations is a crime, and may be reported to appropriate authorities.
2. We may not disclose any information about you unless you authorize the disclosure in writing, except as specified below.
3. We may disclose information about you relevant to treatment, payment and healthcare operations as allowable by federal law, if you completed the TPO consent. This information can not be redisclosed for civil, criminal, administrative and legislative proceedings against you unless you have given separate, written consent.
4. If you provide a single consent for the treatment, payment and healthcare operations, records disclosed to a covered entity or business associate under this consent may be redisclosed by the covered entity or business associate without your written consent, to the extent allowed under HIPAA.
5. If you do not consent to the disclosure of your records or information, it may not be readily available to those who need the information to provide you appropriate care, coordinate care, or provide reimbursement for the services rendered.
6. We may disclose information about you if a court orders the disclosure.
7. We may disclose information about you in a medical emergency, to permit you to receive needed treatment.
8. We may disclose information about you for purposes of program evaluation, audits, or research.
9. We may disclose information about you if you commit a crime on our premises or against any person who works for us, or if you threaten to commit such a crime.
10. We are required to disclose information about you if we suspect child abuse or neglect.
11. You have the right to request an accounting of disclosures of your records or information for the past three years.
12. Except as stated in this notice, you have the same rights and protections with respect to your health information as described in our general Notice of Privacy Practices.

Effective Date April 14, 2003

Revised 1/2026

Four County ADAMhs Board
NOTICE OF PRIVACY PRACTICES

Effective Date: April 1, 2024

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:

Tonie S. Long M.ED., 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 stated 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 purpose.

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 restriction 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 information copied. *
- 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 website fourcountynamhs.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: **Tonie S. Long M.Ed., 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 the 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