

**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, Miria Minch, 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 ABUSE 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 if a court orders the disclosure.
4. We may disclose information about you in a medical emergency, to permit you to receive needed treatment.
5. We may disclose information about you for purposes of program evaluation, audits, or research.
6. 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.
7. We are required to disclose information about you if we suspect child abuse or neglect.
8. 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.