

**NOTICE OF PRIVACY PRACTICES**  
**WomenSafe, Inc. \* 12041 Ravenna Road \* Chardon, Ohio \* 44024**

**Effective Date: October 23, 2017**  
**Revised to reflect the 2013 HIPAA/HITECH Omnibus Final Rule**

**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:  
**Andrea R. Gutka, Privacy Officer, 440-286-7154 x224**  
**Terra Thorpe, Client's Rights Officer/Security Officer, 440-286-7154 x225**

**OUR DUTIES**

At **WomenSafe**, we understand that information about your health is personal. 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.

You may receive a copy of any revised notices by mailing a request to WomenSafe to the contact listed above.

**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:

**Your Authorization** – Except as outlined below, WomenSafe, Inc. will not use or disclose your protected health information for any purposes unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless WomenSafe, Inc. has acted in reliance on the authorization.

**Uses and Disclosures for Treatment** – WomenSafe, Inc. will make uses and disclosures of your protected health information as necessary for your treatment. For example clinical and direct care staff members involved in your care will use information in your clinical record and information that you provide about your situation and issues to plan a course of treatment for you that will best meet your needs.

**Family and Friends Involved in Your Care** – With your approval, WomenSafe, Inc. may from time to time disclose your protected health information to designated family members, friends, and others who are involved in your treatment in order to facilitate the person's involvement in your care. If you are unavailable, incapacitated, or facing an emergency medical situation and it is determined that a limited disclosure may be in your best interest, limited protected health information may be shared with such individuals without your approval. WomenSafe, Inc. may also disclose limited health information in a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates** – Certain aspects and components of WomenSafe, Inc.'s services are performed through contracts with outside persons or organizations, such as auditing and quality assurance review, etc. At all times, it may be necessary to provide certain aspects of your protected health information to one or more of those outside persons or organizations that assist WomenSafe operations. In all cases, these business associates are required to appropriately safeguard the privacy of your information.

**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** – WomenSafe may use or disclose, as needed, your protected health information in order to support business activities. 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. Research: In limited circumstances, WomenSafe may use and disclose your protected health information for research purposes. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by the Institutional Review Committee, which oversees the research, or by representatives of the researchers that limit their use and disclosure of client information.

**Confidentiality of Alcohol and Drug Abuse Patient Records** – The confidentiality of alcohol and drug abuse client’s records maintained by WomenSafe, Inc. is protected by federal law and regulations. Generally, WomenSafe Inc., may not disclose any information identifying you as an alcohol or drug abuser unless a) you consent in writing, b) the disclosure is made to medical personnel in a medical emergency, or c) to qualified personnel for research, audit, or program evaluations.

**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 (ordered subpoena or discovery requests); 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. In many of these cases you will have advance notice of such release.

### **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 Inspect and Copy.** You have the right to request access to certain health information we have about you. Fees may apply to copied information. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to WomenSafe Privacy Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.\*
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable cost-based fee for the labor associated with transmitting the electronic medical record.

- Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health 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 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 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 [www.womensafe.org](http://www.womensafe.org) but you may obtain a paper copy by contacting the office at any time.

To exercise any of the rights described in this paragraph, please contact the Privacy Officer,  
**Andrea R. Gutka, M.Ed. MCHES, Executive Director**  
 12041 Ravenna Road, Chardon, OH. 44024  
 (440) 286-7154 x222

\* 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: [www.womensafe.org](http://www.womensafe.org). 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. 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 WomenSafe, contact the Privacy Officer at the address above. **You will not be penalized or 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

*WomenSafe may change the terms of this Notice at any time. If WomenSafe change this Notice, WomenSafe may make the new Notice terms effective for all of your PHI WomenSafe maintain, including any information WomenSafe created or received before we issued the new Notice. If WomenSafe change this Notice, WomenSafe will make it available to you.*

## Ohio Department of Mental Health and Addiction Services (OhioMHAS)



### Multi-Agency Community Services Information System (MACSIS)

## NOTICE OF PRIVACY PRACTICES

[9/23/13]

This notice describes how medical information about you entered into the Multi-Agency Community Services Information System (MACSIS) may be used and disclosed and how you can get access to this information. **Please review it carefully.**

The Multi-Agency Community Services Information System (MACSIS) is an automated payment and management information system for certain publicly funded community behavioral health services. It is a collaborative effort of OhioMHAS and Alcohol, Drug Addiction and Mental Health Services Boards (Boards). MACSIS compiles enrollment and claims information relating to behavioral health care services for both Medicaid paid and non-Medicaid paid services.

Providers submit to the Board (or its administrative agent) information specific to the treatment and any related services you receive, which is then entered into the MACSIS system. This information is used by OhioMHAS to monitor the funding and operations of the community behavioral health system across the state and is interfaced with the Medicaid Information Technology System (MITS) to determine which enrollees are eligible for Medicaid services.

### **Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, 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 in MACSIS.

We are required to follow the privacy practices described in this Privacy 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 on our website at: <http://mha.ohio.gov/>

Additionally, you may request a copy of the new notice from the Contact Resource listed near the end of this Privacy Notice

## How We May Use and Disclose Your Protected Health Information

We have a limited right to use and/or disclose your PHI for purposes of payment or our health care operations. We also have the right to use or disclose your PHI for certain health oversight functions. 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. The following offers more description and some examples of our potential uses/disclosures of your PHI.

◆ **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.** Generally, we may use or disclose your PHI in MACSIS as follows:

**For treatment:** We do not have a role in using or disclosing your PHI for treatment purposes.

**For payment:** We may use or disclose portions of your PHI to determine your eligibility for publicly funded services and to obtain or authorize payment for services delivered to you. For example, your information may be shared with the Medicaid program to coordinate payment for services delivered to you.

**For health care operations:** We may use or disclose your PHI in the course of planning and evaluating services, auditing programs and payments, and other aspects of funding and monitoring community mental health programs. For example, we may use your information to determine whether certain treatments are effective or to decide which new services should be offered.

**Future communications:** Unless you provide us with alternative instructions, we may send communications to your home to collect follow-up information or to provide you information, such as opportunities to participate in satisfaction surveys or research studies.

◆ **Uses and Disclosures Relating to Health Care Oversight:** OhioMHAS has oversight responsibilities for the publicly funded behavioral health system and may access and use your PHI for activities such as provider licensure and certification, service evaluation and program, financial and system audits.

◆ **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations or oversight 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 uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

◆ **Uses and Disclosures of PHI from MACSIS Mental Health Records Not Requiring Consent or Authorization:** The law provides that we may use/disclose your PHI from MACSIS mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information 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.

**For health oversight activities:** We may disclose PHI to other agencies that also have health oversight responsibilities, such as the State's protection and advocacy agency, or the Ohio Department of Medicaid for such purposes as reporting or investigation of unusual incidents or administration of the Medicaid program.

**Relating to decedents:** We may disclose PHI to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

**For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office research staff and their designees in order to assist medical/psychiatric research.

**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, or disclose PHI to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

◆ **Uses and Disclosures of PHI from MACSIS Alcohol and other Drug Records Not Requiring Consent or Authorization:** The law provides that we may use/disclose your PHI from MACSIS alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

**For research, audit or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

◆ **Other Uses and Disclosures of your PHI Require your Written Authorization.**

### **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 bound to agree to the restriction unless the restriction is of a disclosure to a health plan and the PHI relates only to a health care item or service for which you have paid "out of pocket" in full. To the extent that we do agree to any restrictions, 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 an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your 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 may be imposed, depending on your circumstances.

**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 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 that need to know about the change in the PHI.

**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: for treatment, payment, and operations, or; to you, your family, or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. 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.

**To be notified of any breach of the privacy of your PHI:** You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI was not encrypted or otherwise made unreadable to such unauthorized recipients.

**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 Comment or 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, you may file a complaint using the address listed below. Additionally, if you have questions about this Notice or any complaints about our privacy practices, please contact us at:

**MACSIS Support Desk**  
**Ohio Department of Mental Health and Addiction Services**  
**30 East Broad Street, 36<sup>rd</sup> Floor**  
**Columbus, Ohio 43215-3430**  
**Toll free phone: 1-877-462-2747**  
**Facsimile: 1-614-485-9745**  
**Email address: [Macsisupport@mha.ohio.gov](mailto:Macsisupport@mha.ohio.gov)**

You also may 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.

We will take no retaliatory action against you if you make such complaints.

**Effective Date:** This Notice is effective on September 23, 2013.



**Geauga County Board of Mental Health and Recovery Services  
NOTICE OF PRIVACY PRACTICES**

**Effective Date: September 23, 2013**

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PLEASE REVIEW IT CAREFULLY.

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

**Bethany G. Matthews, Privacy Officer, 440-285-2282**

**OUR DUTIES**

At the **Geauga County Board of Mental Health and Recovery Services**, 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.

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**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.

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drug and alcohol treatment records generally receive greater protections under federal law.

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- **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 [www.geauga.org](http://www.geauga.org) 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,

**Bethany Matthews**

13244 Ravenna Road, Chardon, OH. 44024

(440) 285-2282

\* To exercise rights marked with a star (\*), your request must be made in writing. Please contact us if you need assistance.

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Office for Civil Rights  
U.S. Department of Health and Human Services

Attn: Regional Manager  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601

Lake County ADAMHS Board launching initiative to help bring a sense of hope amid coronavirus pandemic (<http://www.helpthatworks.us/lake-county-adamhs-board-launching-initiative-to-help-bring-a-sense-of-hope-amid-coronavirus-pandemic/>)

Jordyn Paratore Appointed to Lake County ADAMHS Board (<http://www.helpthatworks.us/jordyn-paratore-appointed-to-lake-county-adamhs-board/>)

Riverside Schools teams up with Crossroads Health to weave in mindfulness during pandemic (<http://www.helpthatworks.us/riverside-schools-teams-up-with-crossroads-health-to-weave-in-mindfulness-during-pandemic/>)



Providers in the Lake County ADAMHS service network include:

**Crossroads Health** 9220 Mentor Ave., Mentor, OH 44060 (440) 354-9924

8445 Munson Road, Mentor, OH 44060 (440) 255-1700 <http://www.crossroadshealth.org>

(<http://www.crossroadshealth.org>)

**Crossroads (Early Childhood Services)** 1083 Mentor Ave. Painesville, Ohio 44077 (440) 358-7370

<http://www.crossroadshealth.org> (<http://crossroadshealth.org>)

**BRIDGES: Mental Health Consumer Empowerment** 270 Main Street, Suite 100, Painesville, OH 44077 (440) 350-9922

**Catholic Charities Community Services of Lake County** 8 North State Street, Suite 455, Painesville, OH 44077 (440) 352-6191 <http://ccdacle.org> (<http://ccdacle.org>)

**Cleveland Rape Crisis Center** 1228 Euclid Avenue, Suite 200, Cleveland, OH 44115 (216) 619-6194

<http://www.clevelandrapecrisis.org> (<http://www.clevelandrapecrisis.org/>)

**Extended Housing** 270 Main Street, Suite 300, Painesville, OH 44077 (440) 352-8424

<http://extendedhousing.org> (<http://extendedhousing.org>)

**Lake-Geauga Recovery Centers, Inc.** 9083 Mentor Ave., Mentor, OH 44060 (440) 255-0678

<http://www.lgrc.us> (<http://www.lgrc.us>)

**Lake Health Emergency Based Crisis Services**

**Lake West Hospital** 36000 Euclid Avenue Willoughby, OH 44094 440-953-9600

**Tri Point Medical Center** 7590 Auburn Road Concord, OH 44077 440-375-8100

**Lifeline, Inc./211** 54 S. State Street, Suite 309, Painesville, OH 44077 Dial 2-1-1 from any telephone

<http://www.lclifeline.org> (<http://www.lclifeline.org/>)

**NAMI (National Alliance on Mental Illness) of Lake County** One Victoria Place, Suite 315, Painesville, OH 44077 (440) 639-1200 [www.namilakecountyohio.org](http://www.namilakecountyohio.org) (<http://www.namilakecountyohio.org/>)

**Northcoast Behavioral Healthcare/Community Services Network** (330) 467-7131

**Signature Health** 38882 Mentor Ave., Willoughby, OH 44094 (440) 953-9999

462 Chardon Street, Painesville (440) 853-1501 <https://www.signaturehealthinc.org>

(<https://www.signaturehealthinc.org>)

**Signature Health/The Family Planning Association of Northeast Ohio** 54 South State Street, Suite 203, Painesville, OH 44077 (440) 352-0608 <http://www.fpaneo.org> ([http://www.fpaneo.org](http://www.fpaneo.org/))

**Torchlight Youth Mentoring Alliance (formerly Big Brothers/Big Sisters of Northeast Ohio)** 8 North

State Street, Suite 360, Painesville, OH 44077 (440) 352-2526 <https://torchlightyouthmentoring.org/>

(<https://torchlightyouthmentoring.org/>)

**Windsor-Laurelwood Center for Behavioral Medicine** 35900 Euclid Ave, Willoughby, OH 44094 (440) 953-3000 <http://www.windsorlaurelwood.com> (<http://www.windsorlaurelwood.com/>)

**WomenSafe, Inc.** 12041 Ravenna Road, Chardon, OH 44024 **Satellite Office:** 9220 Mentor Ave., Mentor OH 44060 (440) 285-7154 (administrative line) (888) 285-5665 (24 hour crisis support)

<http://www.womensafe.org> (<http://www.womensafe.org/>)

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(<http://helphatworks.wpengine.com/lcablogin>)



## Eligibility

You must be a resident of Geauga County to be eligible for the Geauga County Board of Mental Health and Recovery Services Benefit Plan.

## Enrollment in Benefit Plan

Any Geauga County resident who requests services at one of the provider agencies will be given the opportunity to enroll in the Board's benefit plan. When enrolling, you will be asked to sign a billing authorization form. This authorization permits the provider to bill the Board for public funds to help offset the cost of your mental health and/or substance abuse treatment. You will be asked about your income, family size, whether you have medical insurance, or whether you are covered by Medicaid or Medicare. Financial assistance will be offered based on this information. If you choose not to enroll, you may not qualify for all treatment and services available through Network provider agencies. Other arrangements will need to be made for covering your treatment costs if you do not enroll, and you may be billed.

## Mission

It shall be the mission of the Geauga County Board of Mental Health and Recovery Services to provide community leadership in the development, implementation, and evaluation of evidence based mental health and recovery services that are responsive to consumer-centered planning.

## Provider Agencies

Big Brothers Big Sisters.....1-800-222-2440  
Catholic Charities Diocese.....440-285-3537  
D.A.R.E./Sheriff's Dept.....440-279-2009  
Family Planning Association.....1-800-246-1645  
Family Pride of NE Ohio.....440-286-1553  
Lake-Geauga Recovery Centers....440-285-9119  
NAMI Geauga County ..... 440-286-6264  
Ravenwood Mental Health Center...440-285-3568  
WomenSafe Inc.....440-286-7154

Geauga County Board of Mental  
Health and Recovery Services

13244 Ravenna Road  
Chardon, OH 44024

Phone: 440-285-2282  
Fax: 440-285-9617  
E-mail: [mhrs@geauga.org](mailto:mhrs@geauga.org)

## Geauga County Board of Mental Health and Recovery Services



## MEMBER INFORMATION BENEFIT PLAN

## Introduction

The Geauga County Board of Mental Health and Recovery Services is the health plan covering any instance where publicly funded dollars are used in the payment of services for mental health or substance abuse treatment. Services are available to all county residents at a cost based on an individual's ability to pay.

The Mental Health and Recovery Network of Geauga County is made up of the agencies funded by the Board. Together, they provide a comprehensive continuum of services, including help for:

Alcohol Abuse	Suicidal Thoughts
Depression	Drug Addiction
Domestic Violence	Divorce
Housing Needs	Loneliness
Paranoia	Alcoholism
Family Problems	Coping With a Loss
Job Problems	of a Loved One
Eating Disorders	Drug Abuse
Mental Illness	Parenting Problems
Opiate Addiction	Crisis Mental
	Health Situations

The Board receives State and Federal funding and local tax dollars to plan, fund, coordinate, and evaluate community mental health and recovery services. Input from consumers, family members, and the community is encouraged to ensure that programs are comprehensive, client focused, cost effective, and consistent with the dignity, needs, and rights of the citizens of Geauga County.

## Services

The Mental Health and Recovery Network member agencies provide quality, culturally competent, and responsive behavioral health care including, but not limited to: crisis services, diagnostic assessment, community support, counseling, medication, prevention, education and other outpatient services.

### What do I do to get services?

In an emergency situation,  
call COPELINE at  
1-888-285-5665 or 440-285-5665

If you are not in an emergency situation, contact the agency from which you'd like to receive services and request an appointment. A professional staff person will ask you about your situation to make sure the services that agency provides are appropriate for your needs. It is possible you may be referred to another agency because the type of care you need may only be available at certain facilities.

### What services will I receive?

There are many kinds of services available at the different agencies covered by the Board. Agency staff will work with you to develop a treatment plan that addresses the various issues with which you need assistance and what services you can expect to receive. The services available to you depend upon the level of care needed.

## Complaint Process

### What to do when you are unhappy with services:

Talk it over with your counselor, therapist, case manager, or other professional. Sometimes problems can easily be resolved through communication.

Talk with the professional's supervisor.

Talk with the agency's Client Rights Officer. If the problem is still not solved, this person can assist you in taking appropriate action.

Call the Geauga County Board of Mental Health and Recovery Services' Client Rights Officer at 440-285-2282.

### What to do when you feel an adverse decision was made regarding your eligibility and benefits:

Contact the agency's finance or billing department to discuss your concerns.

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Geauga County Board of Mental  
Health and Recovery Services

13244 Ravenna Road  
Chardon, OH 44024

Phone: 440-285-2282

Fax: 440-285-9617

E-mail: [mhrs@geauga.org](mailto:mhrs@geauga.org)



# Lake County ADAMHS Board

## NOTICE OF PRIVACY PRACTICES

Effective Date: September 1, 2013 (rev. July 1, 2016)

**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: Christine Lakomiak, Privacy Officer at 440-350-3117, 440-918-3117 or 1-800-899-5253, ext. 3117, or email: [clakomiak@lakeadamhs.org](mailto:clakomiak@lakeadamhs.org).

### OUR DUTIES

At the **Lake 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 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 <http://www.helphatworks.us> 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* Christine Lakomiak at the following address or phone number:

One Victoria Place, Suite 205, Painesville, Ohio 44077  
440-350-3117 or 440-918-3117 or 1-800-899-5253, ext. 3117

\* 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: <http://www.helphatworks.us>. 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. 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