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.

October 2017
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 subpoenas 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 for 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 you 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 format or format. If the Protected Health Information is not readily producible in the form or format you request your record will be

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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.
Geauga County Board of Mental Health and Recovery Services  
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:  
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.  

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 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 the 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 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.


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.geauga.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 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
Geneva County Board of Mental Health and Recovery Services

Mission

Consumer-centered planning and recovery services that are responsive to the development of evidence-based mental health services to provide community leadership in Board of Mental Health and Recovery.

Eligibility

You must be a resident of Geneva County to be eligible for the Geneva County Board of Mental Health and Recovery.

Enrollment in Benefit Plan

You will be asked about your medical insurance.

Provider Network Information

Geneva County Board of Mental Health and Recovery Services

Not enough information to determine eligibility.

Enrollment in Benefit Plan

You will be asked about your medical insurance.

Provider Network Information

Geneva County Board of Mental Health and Recovery Services

Not enough information to determine eligibility.
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, 36th Floor  
Columbus, Ohio 43215-3430  
Toll free phone: 1-877-462-2747  
Facsimile: 1-614-485-9745  
Email address: Macsissupport@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.
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 Lakomisk, Privacy Officer at 440-350-3117, 440-918-3117 or 1-800-899-5258, ext. 3117, or email: clakomisk@lakesadamhs.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 in 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 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 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 provided 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 [http://www.healththatworks.us](http://www.healththatworks.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 Lakomish at the following address or phone number:

One Victoria Place, Suite 205, Parma, Ohio 44177
440-350-3117 or 440-938-3117 or 1-800-839-5253, 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.healththatworks.us](http://www.healththatworks.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
Expressions of Recovery showcases artwork of Lake County residents with health issues
(http://www.helphatworks.us/expressions-of-recovery-showcases-artwork-of-lake-county-residents-with-health-
issues/)

Expressions of Recovery Art Show (http://www.helphatworks.us/expressions-of-recovery-art-show-3/)

Providers in the Lake County ADAMHS service network include:

**Beacon Health** 9220 Mentor Ave., Mentor, OH 44050 (440) 354-9924 http://www.beaconhealth.us
(http://www.beaconhealth.us/)

**Big Brothers/Big Sisters of Northeast Ohio** 8 North State Street, Suite 360, Painesville, OH 44077 (440)
352-2526 http://www.bbbsneo.org (http://www.bbbsneo.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://clevelandcatholiccharities.org/cccs/lake.htm
(http://clevelandcatholiccharities.org/cccs/lake.htm)

**Cleveland Rape Crisis Center** 1228 Euclid Avenue, Suite 200, Cleveland, OH 44115 (216) 619-6194
http://www.clevelandrapecrisis.org (http://www.clevelandrapecrisis.org/)

**Crossroads (Main Office)** 8445 Munson Road, Mentor, OH 44060 (440) 255-1700

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

**Extended Housing** 270 Main Street, Suite 300, Painesville, OH 44077 (440) 352-8424
http://extendedhousing.org (http://extendedhousing.org)

**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)
Lake County Sheriff's Jail Treatment Program 104 E. Erie Street, Painesville (440) 350-5669
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 260, Painesville, OH 44077 (440) 639-1200 www.namlakecountyohio.org (http://www.namlakecountyohio.org/)

Northcoast Behavioral Healthcare/Community Services Network (330) 467-7131
Signature Health 38882 Mentor Ave., Willoughby, OH 44094 (440) 953-9999 http://signaturehealthinc.com (http://signaturehealthinc.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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3. Operations

Policies and Procedures  3.7 Client Rights

Date Issued: April 1, 2001

3.7.1 PURPOSE:
To ensure that the rights of all persons receiving services from WomenSafe, Inc. will be protected and promoted.

3.7.2 POLICY:
WomenSafe, Inc. will educate the members of the WomenSafe Board of Trustees, all of its staff members, and any interns/volunteers/students (if applicable) on the rights of persons receiving services, how to protect and promote those rights, and what to do should a violation of rights be suspected. All persons requesting, and receiving services, from WomenSafe, Inc. will be educated about their rights at the time of admission and at least annually, thereafter. Staff and the formal documents will be available at all times for review and clarification. Any person receiving services who believes their rights have been violated will be encouraged to report this, to the Client Rights Advocate, for investigation and resolution.

3.7.3 PROCEDURES:

3.7.3.1 The lists of client rights, along with this policy and procedures, will be posted where services are provided. Staff and the formal documents will be available at all times for review and clarification.

3.7.3.2 At the time of admission to services, each person requesting services will be provided a copy of the lists of client rights and this policy and procedures. The applicable list of client rights will be explained to the person in a manner that is understandable to that person, and all questions answered. To acknowledge receiving this explanation, the person (or his or her legal guardian) will be asked to sign a statement that documents the explanation. At any time after services have been initiated the person served may request, and will be given, a copy of the list of client rights, as well as this policy and procedures.

3.7.3.3 In an emergency or crisis situation, the person served will be advised of their immediate right to consent or refuse services, and the possible consequences of their choice.
3.7.3.4 Client may access information pertinent to them in sufficient time to facilitate his or her decision making. Clients may also, access their own records at any time in accordance with the rights listed in the attachments for this policy.

3.7.3.4.1 When a client requests to access their record, the Executive Director must be notified in order to document as the “custodian of the record” for the agency.

3.7.3.5 If an individual re-engages in treatment after a period of absence, the list of client rights will again be explained to the persons receiving services.

3.7.3.6 At the time of orientation to employment or at the start of volunteer service, each staff member, intern/volunteer/student will be educated on client rights and this policy and procedure. The individual will sign an agreement to promote all client rights. The staff member must successfully pass a competency-based assessment.

3.7.3.7 Annually, all staff members and interns/volunteers/students (if applicable) will be re-trained on promoting client rights. Staff must successfully pass a competency-based assessment.

3.7.3.8 At the beginning of a term of office on the WomenSafe Board of Trustees, board members will sign an agreement to promote the rights of persons receiving services from WomenSafe, Inc.

3.7.3.9 Any suspected violation of any right of persons served is to be immediately reported (verbally or written) to the Client Rights Advocate aka Client Rights Officer aka Terra Thorpe, at 440-286-7154 x225. A report may be filed during normal business hours at 12041 Ravenna Road, Chardon, Ohio 44024 between 8:00 a.m. to 5:00 p.m., Monday through Friday. If a report needs to be made in person, this can be done at the address listed above. Phone messages can be left 24 hours a day, 365 days a year by calling the Client Rights Advocate listed above or COPEline at 1-888-285-5665 and asking for a supervisor to be called.

3.7.3.10 If the Client's Rights Advocate is unavailable for a period that exceeds 24 hours then a designee must be appointed to begin investigating the claim.

3.7.3.11 The role of the Client Rights Advocate is to investigate all allegations of a violation of the rights of a person receiving services and to recommend to the Executive Director, or to the WomenSafe Board of Trustees, any action to be taken, as well as to resolve any grievances filed by the person receiving services.
3.7.3.12 At any time a person receiving services may file a grievance or complaint (whether regarding a violation of rights or for any other reason). Any staff member may receive the grievance and assist the person in completing the grievance form (if necessary). The policy and procedures on grievances of persons receiving services will then be implemented (Reference Policy 3.4 of this manual).

3.7.3.13 Complaints and grievances are often investigated in the same manner. If a violation of rights is found then the appropriate authorities are notified. Complaints are often resolved internally.

3.7.3.14 The agency Client Rights Advocate shall assure the keeping of records of grievances received, the subject matter of the grievances, the resolution of the grievances, and shall prepare a quarterly summary for review by agency governance in accordance with the Ohio Revised Code. The quarterly summary shall include the number of grievances received, type of grievances, resolution status of grievances, and shall be forwarded to the board. The agency records shall be available for review by the board and the Ohio Department of Mental Health and Addiction Services upon request.

3.7.3.15 If any significant changes to this policy and procedures are approved by the WomenSafe Board of Trustees, all staff members and interns/volunteers/students (if applicable) will be re-educated on the policy and procedures. The new policy and procedures will then be posted. If any changes should occur to the list of client rights, as published under the Ohio Administrative Code, the list of clients rights will then be re-distributed to persons served, and the persons will be re-educated as to their rights.

3.7.3.16 Any restrictions that are placed on clients are done for the physical safety of the persons served and the personnel. WomenSafe does not place additional restrictions on clients as a means of behavior modification. WomenSafe does not use seclusion or restraint practices.

3.7.3.17 Additional resources:

Consumer FAQs

Consumer Brochure

Please see attachment A. Client Rights EFFECTIVE 3/1/2012
Please see attachment B. Ohio Victim Rights
5122-26-18 Client rights and grievance procedure.

(A) The purpose of this rule is to state the minimum client rights and grievances requirements for a provider certified pursuant to Chapter 5122-25 of the Administrative Code.

(B) The following definitions are in addition to or supersede the definitions in rule 5122-24-01 of the Administrative Code:

(1) "Client advocate" means the individual designated by a provider with responsibility for assuring compliance with the client rights and grievance procedure rule as implemented within each provider or board, and shall have the same meaning as client rights officer or client rights specialist.

(2) "Grievance" means a written complaint initiated either verbally or in writing by a client or by any other person or provider on behalf of a client regarding denial or abuse of any client’s rights.

(3) "Reasonable" means a standard for what is fair and appropriate under usual and ordinary circumstances.

(C) Each provider shall have the following:

(1) Written client rights policy that lists all of the client rights identified in this rule;

(2) Written client grievance procedure;

(3) Policy for maintaining for at least two years from resolution, records of client grievances that include, at a minimum, the following:

(a) Copy of the grievance;

(b) Documentation reflecting process used and resolution/remedy of the grievance; and,

(c) Documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one calendar days.

(D) Posting of client rights

(1) The client rights policy and grievance procedure shall be posted in each location in which services are provided, unless the certified agency location is not under the control of the provider, i.e. a shared location such as a school, jail, etc. and it is not feasible for the provider to do so.

(2) The client rights policy and grievance procedure shall be posted in a conspicuous location that is accessible to persons served, their family or significant others and the public.

(3) When a location is not under the control of the provider and it is not feasible for the provider to post the client rights policy and grievance procedure, the provider shall assure that copies are available at the location for each person that may request a written copy.

(E) Except for clients receiving forensic evaluation service as defined in rule 5122-29-07 of the Administrative Code from a certified forensic center, or attending a driver intervention program as defined in rule 5122-29-12 of the Administrative Code, each client has all of the following rights:

(1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;

(2) The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;

(3) The right to receive services in the least restrictive, feasible environment;

(4) The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
(5) The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;

(6) The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;

(7) The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;

(8) The right to be informed and the right to refuse any unusual or hazardous treatment procedures;

(9) The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;

(10) The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;

(11) The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;

(12) The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;

(13) The right to be informed of the reason for denial of a service;

(14) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;

(15) The right to know the cost of services;

(16) The right to be verbally informed of all client rights, and to receive a written copy upon request;

(17) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;

(18) The right to file a grievance;

(19) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;

(20) The right to be informed of one's own condition; and,

(21) The right to consult with an Independent treatment specialist or legal counsel at one's own expense.

(F) Client rights - forensic evaluations.

Each client receiving a forensic evaluation service from a certified forensic center has these rights:

(1) The right to be treated with consideration and respect for personal dignity;

(2) The right to be evaluated in a physical environment affording as much privacy as feasible;

(3) The right to service in a humana setting which is the least restrictive feasible if such setting is under the control of the forensic center;

(4) The right to be informed of the purpose and procedures of the evaluation service;
(5) The right to consent to or refuse the forensic evaluation services and to be informed of the probable consequences of refusal;

(6) The right to freedom from unnecessary restraint or seclusion if such restraint or seclusion is within the control of the forensic center;

(7) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recordings, televisions, movies, or photographs, or other audio and visual technology, unless ordered by the court, in which case the client must be informed of such technique. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms;

(8) The right not to be discriminated against in the provision of service on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;

(9) The right to be fully informed of all rights;

(10) The right to exercise any and all rights without reprisal in any form;

(11) The right to file a grievance; and,

(12) The right to have oral and written instructions for filing a grievance including an explanation that the filing of a grievance is exclusively an administrative proceeding within the mental health system and will not affect or delay the outcome of the criminal charges.

Client rights - driver intervention programs:

Each client participating in a driver Intervention program has these rights:

(1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;

(2) The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;

(3) The right to give informed consent to or to refuse any service;

(4) The right to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;

(5) The right to be informed and the right to refuse any unusual or hazardous procedures;

(6) The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;

(7) The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;

(8) The right to have access to one's own client record;

(9) The right to be informed of the reason for terminating participation in a service;

(10) The right to be informed of the reason for denial of a service;

(11) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;

(12) The right to know the cost of services;

(13) The right to be verbally informed of all client rights, and to receive a written copy upon request;

http://codes.ohio.gov/oac/5122-26-18
(14) The right to exercise one’s own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;

(15) The right to file a grievance;

(16) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;

(17) The right to be informed of one’s own condition; and,

(18) The right to consult with an independent treatment specialist or legal counsel at one’s own expense.

(14) Provision of client rights

(1) The provider shall explain and maintain documentation in the ICR of explanation of rights to each person served prior to or when beginning assessment or treatment services.

(2) In a crisis or emergency situation, or when the client does not present for services in person such as through a hotline; the provider may verbally advise the client of at least the immediately pertinent rights only, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy shall be provided at the first subsequent meeting.

(3) Clients or recipients of information and referral service, consultation service, mental health education service, and prevention service as described in Chapter 5122-29 of the Administrative Code may have a copy and explanation of the client rights policy upon request.

(4) Explanations of rights shall be in a manner appropriate for the person’s understanding.

(1) All staff shall be required to follow the client rights policy and client grievance procedure. There shall be documentation in each employee’s personnel file, including contract staff, volunteers and student interns that each staff member has received a copy of the client rights policy and the client grievance procedure and has agreed to abide by them.

(3) The client grievance procedure shall have provisions for at least the following:

(1) Statement to whom the client is to give the grievance;

(2) Designation of a client advocate who will be available to assist a client in filing a grievance, the client advocate shall have their name, title, location, hours of availability, and telephone number included with the posting of client rights as required by paragraph (D) of this rule;

(3) Requirement that the grievance must be put into writing; the grievance may be made verbally and the client advocate shall be responsible for preparing a written text of the grievance;

(4) Requirement that the written grievance must be dated and signed by the client, the individual filing the grievance on behalf of the client, or have an attestation by the client advocate that the written grievance is a true and accurate representation of the client’s grievance;

(5) Requirement that the grievance include, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved;

(6) Statement that the program will make a resolution decision on the grievance within twenty business days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification given to the client;

(7) Statement that a client has the option to file a grievance with outside organizations, that include, but are not limited to, the following, with the mailing address and telephone numbers for each stated:

(a) Applicable board of alcohol, drug addiction, and mental health services;
(b) Ohio department of mental health and addiction services;

c) Disability rights Ohio; or,

d) U.S. department of health and human services, civil rights regional office in Chicago.

8) Requirement that a written acknowledgment of receipt of the grievance be provided to each grievant. Such acknowledgment shall be provided within three business days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, the following:

(a) Date grievance was received;

(b) Summary of grievance;

(c) Overview of grievance investigation process;

(d) Timetable for completion of investigation and notification of resolution; and,

(e) Treatment provider contact name, address and telephone number.

Replaces: 5122-26-18

Effective: 4/1/2016
Five Year Review (FYR) Dates: 04/01/2021
Promulgated Under: 119.03
Statutory Authority: 5119.35
Rule Amplies: 5119.36
Prior effective dates: 5/10/79, 1/1/91, 3/1/12
Summary of Ohio's Crime Victims Rights Law
[Numbers below refer to sub-sections of Ohio Revised Code Section 2930] May 1, 2015

Eligible Victims

Eligible victims include victims or their designated representative [2930.01 & 02], such as Victim Advocate or family member, when a victim of [011A]:

- Felony crimes (both property and violent).
- Misdemeanor crimes (including similar municipal ordinances) of:
  - Aggravate menacing [2903.21]
  - Assault [2903.13]
  - Domestic violence [2919.23]
  - Drunk Driving Injury [4511.19]
  - Intimidation of a crime victim or witness [2921.04]
  - Menacing [2903.22]
  - Negligent homicide [2903.05]
  - Sexual imposition [2907.05]
  - Stalking [2903.211]
  - Vehicular manslaughter &
  - Vehicular homicide [2903.05]

- The above crimes if committed by a juvenile, and rights in similar proceedings in Juvenile Court.

* * * * * *

Notices to victims may be oral or written [.03A].

It is the responsibility of the victim to keep their address or phone contact current with authorities [.03C, .16A].

A judge may limit any of these rights if the victim is an inmate [.16E].

Responsibility for Compliance

Prosecutors must seek compliance with victim rights [.19A], but failure of any right does not change results [.06A and .16C] or allow for damage claims by victims [.16B].

Required Notices To Victims

Law enforcement and prosecutors must promptly give certain information included in the "Ohio Crime Victim Rights" pamphlet prepared by the Attorney General, including available victim's rights, assistance, victim's compensation, and protective order information [.04A]. Law enforcement must provide contact information of investigator and prosecutor, notice of an arrest, name of defendant or alleged juvenile offender, eligibility for accused pre-trial release, the victim's right to know if the accused has been arrested or released and to know of the right to be free from Intimidation [.05A].

Prosecutors must, "to the extent practicable," confer with the victim or designated representative before a plea bargain, amendment, dismissal, or trial. Judges must note on the record any known time a prosecutor fails to confer and the prosecutor's reason [.06A].

If the Juvenile Court amends, dismisses, grants diversion, or has an adjudicatory hearing on a case prior to the Prosecutor's involvement, the Court shall notify the victim in the action the court will take [.06A].

A Court shall not dismiss charges or juvenile complaints solely at the request of the victim and over the objections of the Prosecutor.

Prosecutors (or designee [.06B]) also must, to the extent practicable, inform victims of the name of the accused, charge, case number, procedural steps, victim's right to attend all proceedings, summary of rights, intimidation response procedures, person and phone contact, need to request notices and the right to select a representative to receive these notices on the victim's behalf [.06A], and notify all victims of misdemeanor crimes of their right to make an oral or written victim impact statement [.06E].

Required Notices If a Victim Requests

The Prosecutor, or Court if it is a delinquency hearing without a Prosecutor, must notify the victim of:

1) All court proceedings and changes to those proceedings or to the schedule in the case, including date, time, and location [.05C];

2) Acquittal or conviction [.12].

If convicted, then notified of:
A) crimes convicted of [.12A]
B) phone number and address of probation officer or person preparing pre-sentence investigation (PSI) [.12B]
C) right of the victim to make a statement as part of the PSI. Judge may show the victim's statement to the defendant [.12C],
D) the date, time, and place of sentencing [.12E], and the right to speak at sentencing [.12D],
E) the sentence and any change of the sentence [.12F];

3) An appeal being filed and information on [.15A]:
A) the appeal process [.15A];
B) the release of defendant [.15A2];
C) time and place of appeal [.15A3]; &
D) results of the appeal [.15A4], and;

Victims who requested any other notifications, must also be notified of:
A) incarceration of the accused or any commitment of the juvenile;
B) the likely release date;
C) the contact information of the custodial agency and its victim services;
D) automatic notices of any actions the release authority takes and all judicial release or sentence modification hearings [.16 A,B,C] (see last column for state required notices).
Summarized from ORC 2930 Victim Rights Law, page 2 of 2

**Revoking Bond or Release**
- If a defendant or an alleged juvenile offender is released on bond or personal recognizance, and the victim or victim's family has been harmed or threatened, then the victim may request the prosecutor to motion for the court to reconsider bond or release conditions [05A].

**Confidentiality**
- 1) Prosecutor may motion for the court to suppress victim or victim representative identifying information if there are reasonable grounds to fear from threats or violence. The "court shall hold" the recorded hearing in chambers [07A].

- 2) The court may suppress victim information from files, except when determining the location of the crime or delinquent act, and seal the transcript of the hearing [07B].

**Speedy Prosecutions**
- If practical, the prosecutor must inform each victim who requested notices of any possible delays, and if the victim objects, the prosecutor must inform the judge and the judge must consider the victim's concerns before approving delays [08].

**Be Present**
- Victims may attend any hearing where the defendant or alleged juvenile offender is present (except Grand Jury), unless the judge rules exclusion of the victim or victim representative is necessary to guarantee a fair trial or proceeding [09].

**Support Person**
- At a victim's request, the judge must permit a support person to accompany the victim unless the judge rules this will cause an unfair trial or delinquency proceeding [09].

**Separate Waiting Area**
- The court must attempt to minimize unwanted contacts between victims and the accused [10A]. The court must attempt to provide a separate victim waiting area from the accused [10B].

**Property Return**
- Law enforcement must promptly return property to the victim unless it is contraband, ownership is disputed, the prosecutor certifies it must be kept instead of photographed, or the judge rules otherwise. The victim's statement must be included as part of a Victim Impact Statement, and if requested by the victim, the victim's written statement must be included in the report or PSI [13A].

**Victim Impact Statement**
- Victims may make a written or oral statement for the victims section of any Disposition Information Report (DIR) or Pre (or Post) -Sentence Investigation (PSI) that a judge orders. The victim's statement must be included as part of a Victim Impact Statement, and if requested by the victim, the victim's written statement must be included in the DIR or PSI [13A].

**Release and Hearing Notices**
- Victims are provided automatic notifications (oral or written) in violent felony levels 1-3 and life imprisonment for release and discharge reviews, with an "opt out" choice [03, 05]. Victims of felony levels 4-5 must "opt in." Victims may request notices. Notices are to be provided 60 days prior to following events:

- 1) Adult system: Victims notified of judicial release hearing and results by the prosecutor;

- 2) Juvenile system: Victims notified of judicial release hearings by the prosecutor and of the results by the juvenile court;

- 3) Recommendation for pardon or commutation, parole hearing, placement in transitional control or released onto post-release control - including the victim's rights and the process to be heard [16C, D] and notice of right to have a victim conference for parole hearing [16E]. - notice by Dept. of Corrections [16C].

**Automatic notices may end after victims do not respond 3 times and records of notice attempts must be kept and are not public.**

**With the above notices, the victim must be informed of the right to submit a victim impact statement [16A, B, C] and attend certain full board hearings (not institutional panel hearings) [16D].**

**Employee Protections**
- Employers cannot punish victims for preparing for or attending hearings at the prosecutor's request or by subpoena. Violation is contempt of court [16].

Prepared by David L. Voth, Ohio Victim Witness Association Public Policy Chair, (419-222-8668); Author: Quality Victim Advocacy A Field Guide. Not to be used as legal advice.
3. Operations

3.4 Client Procedure for Filing a Grievance or Complaint

Date Initiated: April 2, 2001

3.4.1 **PURPOSE:** To describe the process used when a client requests to file a grievance or complaint.

3.4.2 **POLICY:** Any person receiving services from WomenSafe, Inc. has the right to have the grievance procedure explained, orally and in writing; the right to file a grievance with assistance, if requested; and the right to have a grievance reviewed through the grievance process, including the right to appeal a decision. This includes filing complaints regarding their services and/or the manner in which he or she has been treated, and to expect that there be no retaliation or barriers to service as a result of filing the grievance or making the complaint. All grievances and complaints will be investigated. Actions may be taken to prevent or remediate the circumstances, should a grievance or complaint prove to be substantiated.

3.4.3 **PROCEDURES:**

3.4.3.1 This policy and procedure will be posted where services are provided.

3.4.3.2 From the first day of their involvement, members of the Board of Trustees, staff members, and interns/volunteers/students of WomenSafe, Inc. will be informed of the right of persons receiving services to make a complaint or file a grievance, and will be trained on the steps to facilitate such complaint or grievance. This training will be in conjunction with training on client rights.

3.4.3.3 Annually, all staff members and interns/volunteers/students will be retrained on how to assist a person in making a complaint or filing grievance.

3.4.3.4 At the time of admission to services, each person requesting services will be provided a copy of the Client Grievance Report Form and this policy and procedures. The procedures will be explained to the person in a manner that is understandable to that person, and all questions answered. The person will be informed that any staff member will assist him or her in making a complaint or filing a grievance (if necessary).

3.4.3.5 The WomenSafe, Inc. Client Grievance Form will be available where services are provided and whenever requested/discussed with a client (Attachment B).
3.4.3.6 Making a complaint is the initial step in resolving a dispute or issue. If the complaint can be informally resolved by discussion with a staff member or program supervisor to the satisfaction of the person, documentation of that discussion will be submitted to the Executive Director and discussed with the Program and Services Committee from the Board of Trustees (if necessary). If the informal discussion does not result in satisfactory resolution, the person will be assisted in filing a formal grievance.

3.4.3.7 A formal grievance (defined as: a written complaint initiated either verbally or in writing by a client or by any other person or agency on behalf of a client regarding denial or abuse of any client's rights) can be filed at any time, whether or not the formal complaint process has been used. If the Client Grievance Report Form is not available, any written statement can be submitted as a grievance. The person wishing to file a grievance may request, and will receive, assistance from any member of the Board of Trustees, staff member, or intern/volunteer/student. If the grievance involves a minor child, the legal parent or guardian may file the grievance on the child's behalf. Other assistance may be received from any other source of the person's choosing, including those resource agencies listed in Attachment A.

3.4.3.8 Any suspected violation of any right of persons served is to be immediately reported (verbally or written) to the Client Rights Specialist aka Client Rights Officer aka Terra Thorpe, at 440-286-7154 x225. A report may be filed during normal business hours at 12041 Ravenna Road, Chardon, Ohio 44024 between 8:00 a.m. to 5:00 p.m., Monday through Friday. If a report needs to be made in person, this can be done at the address listed above. Phone messages can be left 24 hours a day, 365 days a year by calling the client rights officer listed above or COPeline at 1-888-285-5665 and asking for a supervisor to be called.

3.7.3.9 If the Client Rights Officer is unavailable for a period exceeding 24 hours then a designee must be appointed to begin investigating the claim.

3.4.3.10 Upon receipt of the written statement of grievance, the Clients Rights Officer will collect the appropriate documentation and will investigate on behalf of the person filing the grievance. A decision will be reached to either; affirm the grievance and recommend action or to dismiss the grievance. The decision must be discussed with the person filing the grievance (and any advocate, if requested by the person) within 20 working days and documented in writing. Recommendations for action will be forwarded to the Board of Trustees, who will review and implement such actions, as appropriate.
3.4.3.11 If the Client Rights Officer does not feel he/she can be an impartial representative for the person filing the grievance, he/she will refer the grievance to the Alternative Client Rights Officer. If the grievance is against the staff member appointed as Client Rights Officer, if the Client Rights Officer is named as part of the grievance, or if the Clients Rights Officer is on vacation or otherwise unavailable to resolve the grievance, the Executive Director will assume the responsibility of the Client Rights Officer.

3.4.3.12 If the person filing the grievance is not satisfied with the resolution of the grievance, a written request for reconsideration may be submitted. Upon receipt of this written request, the Executive Director or designee will review the documentation and make a determination. This decision must be discussed with the person filing the grievance within 20 working days and documented in writing. In the event that the Executive Director serves as the Client Rights Officer, the written request for reconsideration may be submitted to the President of the Board of Trustees. The President of the Board of Trustees will have the same 20 working days to make a determination and present his or her findings to the person filing the request for reconsideration.

3.4.3.13 WomenSafe, Inc. shall report any allegation of staff abuse or neglect to the Geauga County Board of Mental Health & Recovery Services within 24 hours of the event occurring. Further information regarding specific reporting requirements of Abuse and Neglect can be reviewed in this policy and procedure manual (Policy 7.16).

3.4.3.14 WomenSafe shall communicate the results of the hearing/investigation to the Geauga County Board of Mental Health & Recovery Services.

3.4.3.15 Appropriate law enforcement agencies shall be notified in situations where child or adult abuse is involved.

3.4.3.16 Clients may appeal to the resolution by filing with the organizations listed on Attachment A. WomenSafe, Inc. will provide information about the grievance to the agency with client written permission.

3.4.3.17 Any significant changes to this policy and procedures is approved by the Board of Trustees, all staff members and interns/volunteers/students (if applicable) will be re-educated on the policy and procedures. The new policy and procedures will then be posted. If any changes should occur to the list of client rights, as published under the Ohio Administrative Code, the list of clients rights will then be re-distributed to persons served, and the persons will be re-educated as to their rights.

3.4.3.18 Annually, a written analysis of all formal complaints will be conducted by the Clients Rights Officer and determine trends, areas needing performance improvement, actions to be taken to address the improvements needed (if necessary), and actions taken or changes made to improve performance.
RESOURCE AGENCIES

Geauga County Board of Mental Health & Recovery Services
13244 Ravenna Road
Chardon, Ohio 44024
440-285-2282
http://www.geauga.org

Ohio Department of Job & Family Services
30 E. Broad St., 32nd Floor
Columbus, Ohio 43215-3414
614-466-6282
http://www.jfs.ohio.gov

Ohio Department of Mental Health & Addiction Services
Client Advocacy Coordinator
30 E. Broad Street, 8th Floor
Columbus, Ohio 43215-3430
614-466-2333
http://www.mh.state.oh.us

Ohio Department of Health
Division of Quality Assurance
246 N. High Street
Columbus, Ohio 43215
614-466-3543
http://www.odh.ohio.gov

Ohio Legal Rights Services
50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
614-466-7264
800-282-9181 (toll free)
http://www.cls.ohio.gov

Ohio Counselor, Social Worker and Marriage & Family Therapist Board
50 West Broad Street, Suite 1075
Columbus, Ohio 43215-5919
614-728-7791
http://www.cswmft.ohio.gov

Attorney General's Office
Health Care Fraud Unit
150 E. Gay Street, 17th Floor
Columbus, Ohio 43215
614-466-0722
http://www.ag.state.oh.us

U.S. Department of Health & Human Services
Office for Civil Rights - Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359
http://www.hhs.gov

Ohio Department of Aging
50 W. Broad Street, 9th Floor
Columbus, Ohio 43215
800-266-4246 (toll free)
http://www.goldenbuckeye.com

Lake County ADAMHS Board
One Victoria Place, Suite 205
Painesville, Ohio 44077
440-350-3117 or 440-918-3117
http://www.helpthatworks.us
WomenSafe, Inc.
12041 Ravenna Road
Chardon, Ohio 44024
440-286-7154 ext. 224
Client Grievance Form

Name of Client: __________________________________________

Date Grievance Filed: ___________________________________

Grievance: ______________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

USE BY CLIENT RIGHTS OFFICER:

Date Received: ___________________________________________
Interviews Conducted:

Outcome of Investigation: __________________________________
________________________________________________________________________
________________________________________________________________________

Date Client Informed of Outcome: ____________________________
6. Administration

Policies and Procedures: 6.4 Non-discrimination Policy

<table>
<thead>
<tr>
<th>Date Initiated:</th>
<th>April 2, 2001</th>
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6.4.1 **PURPOSE:** WomenSafe, Inc. is dedicated to offering a work environment and clinical environment that is open to all persons. The organization will adhere to the following:

6.4.2 No person is excluded from services because of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.

6.4.3 There is no segregation of persons served on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.

6.4.4 There is no discrimination on the basis race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status or in any manner prohibited by local, state or federal laws with regard to hiring, assignment, promotion or other conditions of staff employment.

6.4.5 The agency has a non-discrimination selection procedure, whose purpose is to achieve equal employment opportunity for all persons in the hiring of its staff positions. The methods to achieve this goal include contracts with various minority group organizations in the community regarding the agency's employment needs, recruitment advertisements in minority group news media, identifying the agency as an equal employment opportunity employer in recruiting advertisements, and the use of only those employment agencies which do not discriminate on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status or in any manner prohibited by local, state or federal laws in making job referrals.

6.4.6 There is no discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, gender identity, physical or mental
handicap, developmental disability, genetic information, human immunodeficiency virus status or in any manner prohibited by local, state or federal laws in membership on the agency’s Board of Trustees.
3. Operations

Policies and Procedures  3.2 Confidentiality Policy (Universal)

Date Initiated: April 2, 2001
28, 2015, January 12, 2016, June 1, 2017, February 7, 2018

3.2.1 PURPOSE
To define the expectations for protecting the confidentiality and privacy of every person receiving services from WomenSafe, Inc.

3.2.2 POLICY:
The nature of our mission and work exposes Board of Trustees, employees, volunteers (which also encompass students/interns), and clients to highly sensitive and confidential information. In all of the dealings of the professional work of WomenSafe, employees, volunteers, and clients must be acutely aware at all times of their responsibility not to divulge any information that could be a breach of professional and ethical conduct. Special attention must be given to proprietary information, confidential data about clients, and personal and confidential information about employees, contract staff, members of the Board of Trustees and other volunteers. All operational procedures will be guided by the need to safeguard personal information entrusted to WomenSafe contacts.

3.2.3 PROCEDURES:
3.2.3.1 All members of the board of trustees, employees, and volunteers will receive training on the requirement to protect confidentiality of the persons served and confidential administrative records. A Statement of Confidentiality (Appendix I) will be signed, indicating agreement with and willingness to protect confidentiality.

3.2.3.2 Annually all employees will be review the requirement to protect confidentiality of the persons served (competency assessment and/or staff meeting notes will reflect training) and will sign the Statement of Confidentiality.

3.2.3.3 All written documents that contain any identifying information about the persons served or confidential administrative information will be protected. If notes or working documents are no longer needed, they will be shredded. Nothing containing identifying information is to be disposed of in the regular trash.
3.2.3.4 All conversations (telephone and face-to-face) held with or about a person receiving services must be conducted in private offices, with doors closed if needed, to further protect confidentiality.

3.2.3.5 No documents containing identifying information may be removed from the facility, unless transported in a locking file box, with the key securely maintained by the staff member (this includes hard copy documentation as well as computer disks/drives).

3.2.3.6 Computer screens will be placed on desks so that no one has a view of the contents of the screen unless authorized to do so by the staff member working on the document.

3.2.3.7 Staff will ensure prompt retrieval of documents from all printers or or insure that document is locked for print to pick up at a later time.

3.2.3.8 Fax machines will be password protected and any identifying information that is being received/sent will be protected. Anyone sending a fax will ensure client confidentiality during document transmission.

3.2.3.9 Computer usage and electronic data confidentiality measures are referenced in policy 6.8 of this manual and also include the maintenance of confidentiality through electronic means and social media.

3.2.3.10 All clinical records will be stored in locked filing cabinets, with access limited to staff members with an appropriate need for access.

3.2.3.11 Information concerning a person receiving services that is to be shared with other entities may only be released if a valid consent to release information form has been signed. See policy 7.25 in this manual.

3.2.3.12 Violations of confidentiality shall be subject to the disciplinary process, up to and including immediate termination of employment or services.

3.2.4 PRIVACY AND CONFIDENTIALITY : PRIVILEGES OF THE CLIENT

3.2.4.1 Only the client may waive her/his privacy and confidentiality, in a meaningful and non-coerced fashion.
3.2.4.2 Release of information for a specific purpose such as Medicaid payment and/or audits should not require waiver of the total right to privacy and confidentiality.

3.2.4.3 Client “Authorization for the Release of Information” (See Appendix I) must be completed and signed by the client when it is necessary to share information with entities outside of WomenSafe for the purpose of service delivery, continuity of care, or other purposes as identified on the above form. This is regardless of mandates proposed by the ORC in 2010.

3.2.4.4 Clients are not to disclose information of the inter-workings of the agencies to other persons including the identifying information of other clients.

3.2.4.5 HIPAA allows covered entities and their business associates to communicate e PHI with patients via e-mails and texts if either (1) the e-mails and texts are encrypted and/or are otherwise secure; or (2) the covered entity or business associate first warns the patient that the communication is not secure and the patient elects to communicate via unsecure e-mail or text, anyway. When it comes to communicating with non-patients, the covered entity or business associate must generally ensure that its e-mail or texts comply with relevant Privacy and Security Rule standards. However, due to the safety concerns involving WomenSafe clients e PHI should be considered as a last result.

3.2.5 CONFIDENTIALITY LIMITS: Limits to confidentiality involve the following circumstances:

3.2.5.1 The disclosure is required by a court order.

3.2.5.2 The disclosure is made to medical personnel in a medical emergency.

3.2.5.3 The disclosure is made to qualified personnel for research, audit, or program evaluation.

3.2.5.4 The disclosure is made if there is a threat of bodily harm to self or others.

3.2.5.5 The disclosure is made to appropriate State or local officials after receiving information about suspected child abuse or neglect. Mandated reporting/State law requires reports of any suspected abuse or neglect of any child under the age of 18 years, any elderly person over the age of 60 years, or any person with a developmental disability or mental retardation; additionally, it is WomenSafe’s policy to clear cases with the
appropriate State or local officials when individuals fitting the above criteria enter the shelter setting.

3.2.6 CONFIDENTIALITY CONFLICTS
Conflict between a client's right to privacy and a third party's need to know should be resolved in favor of the client's privacy and confidentiality except where that may result in serious harm to the client or others.