MAHONING COUNTY ALCOHOL AND ADDICTION SERVICES BOARD
NOTICE OF PRIVACY PRACTICES

Effective: 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:

Privacy Officer
Mahoning County Alcohol & Addiction Services Board
107 South Champion Street
Youngstown, Ohio 44503
(330) 743-9509

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

At the Mahoning County Alcohol and Drug Addiction Services Board we understand that health information about you and your health is personal. We are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure.

When you receive services paid for in full or part by the Mahoning County Alcohol and Drug Addiction Services Board, we receive health information about you. The information we receive may include, for example, eligibility, claims and payment information. We create a record of your enrollment in Ohio's public mental health and addiction services system and maintain that record and records related to the services you receive in the public system and payment for those services. We may also receive information from your treatment provider related to your diagnosis, treatment, progress in recovery, and any major unexpected emergencies or crises you may experience to help the Board plan for and improve the quality of services paid for with Board funds.

We are required by law to: 1) maintain the privacy of your health information; 2) give you Notice of our legal duties and privacy practices with respect to your health information; 3) abide by the terms of the Notice that is currently in effect; and 4) notify you if there is a breach of your unsecured health information. This Notice will tell you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or share your health information for such activities as conducting our internal board business known as health care operations, paying for services provided to you, communicating with your healthcare providers about your treatment, and for other purposes permitted or required by law, as described in more detail below.

Payment– We may use or disclose your health information for payment activities such as confirming your eligibility, paying for services, managing your claims, conducting utilization reviews and processing health care data.

Health Care Operations – We may use your health information for our internal health care operations such as to train staff, manage costs, conduct quality review activities, perform required business duties and make plans to better serve you and other community residents who may need mental health or substance abuse services. We may also disclose your health information to health care providers and other health plans for certain health care operations of those entities such as care coordination, quality assessment and improvement activities and health care fraud and abuse detection or compliance, provided that the entity has had a relationship with you and the information pertains to that relationship.

Treatment – We do not provide treatment but we may share your health information with your health care providers to assist in coordinating your care.

Other Uses and Disclosures - We may use or disclose your health information, in accordance with specific requirements, for the following purposes: 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 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; for us to receive assistance from business associates that have signed an agreement requiring them to maintain the confidentiality of your health information; and for the purpose of raising funds to benefit the Board.

If you have a guardian or a power of attorney, we are also permitted to provide information to your guardian or attorney in fact.

Fundraising Activities - We may also use your health information to contact you to raise money as part of fundraising efforts, such as for assistance in passing levies. You have the right to opt-out of receiving such communications by notifying us, at the address below, that you do not wish to be contacted for such purposes.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

We are prohibited from selling your health 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 health 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 reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission..

PROHIBITED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing any genetic information in your health information for such purposes.

POTENTIAL IMPACT OF OTHER LAWS

If any state or federal privacy law requires us to provide you with more privacy protections than those described in this Notice, then we must also follow that law in addition to HIPAA. For example, drug and alcohol treatment records generally receive greater protections under federal law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

- Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, and health care operations and to inform individuals involved in your care about that 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 we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- Right to Inspect and Copy. You have the right to request access to certain health information we have about you. Under certain circumstances we may deny access to that information such as if the information is the subject of a lawsuit or legal claim or if the release of the information may present a danger to you or someone else. We may charge a reasonable fee to copy information for you.*
- 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 related to treatment, payment, our health care operations, and certain other purposes, such as if the information is the subject of a lawsuit or legal claim or if release of the information may present a danger to you or someone else. Your request must state the period of time desired 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 on our web site: *http://www.mahoningcountyoh.gov/DepartmentsAgencies/Departments/AlcoholandDrugBoard/tabid/729/Default.aspx* but you may contact us to obtain a paper copy.

To exercise any of your rights described in this paragraph, please contact the Board Privacy Officer at the address or phone number listed below:

Privacy Officer
Mahoning County Alcohol & Addiction Services Board
107 South Champion Street
Youngstown, Ohio 44503
(330) 743-9509

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

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed 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 the current Notice at the Board Office and on our website at:
http://www.mahoningcountyoh.gov/DepartmentsAgencies/Departments/AlcoholandDrugBoard/tabid/729/Default.aspx

Each Notice will contain an effective date on the first page in the top center. In addition, each time there is a change to our Notice, we will mail information about the revised Notice and how you can obtain a copy to the last known address we have for you in our plan enrollment file.

COMPLAINTS

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. We will investigate all complaints and will not retaliate against you for filing a complaint.