

**BUTLER COUNTY MENTAL HEALTH BOARD  
NOTICE OF PRIVACY PRACTICES  
Effective: August 26, 2008**

**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  
*HIPAA Privacy Officer*  
*at: 513-860-9240***

**OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

At the Butler County Mental Health Board ("Board") we understand that health information about you and your health is personal. We are committed to protecting health information about you and safeguarding that information against unauthorized use or disclosure. We are required by law to: 1) assure health information that identifies you is kept private; 2) give you Notice of our legal duties and privacy practices with respect to health information about you; and, 3) follow the terms of the Notice that is currently in effect. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information. The Notice applies to all of the records that we have related to your care.

**WHY WE COLLECT PERSONAL HEALTH INFORMATION?**

If you have received mental health services from any publicly funded mental health agency in Ohio within the last several years, including:

Butler Behavioral Health Services  
Care Case Management/St. Joseph Orphanage  
Catholic Charities  
Children's Diagnostic Center  
Community Behavioral Health, Inc.  
Community Counseling & Crisis Center  
Comprehensive Counseling Services  
Forensic and Mental Health Services, Inc.  
KEYS/St. Aloysius Orphanage  
Lifespan, Inc.  
NorthStar of Talbert House  
Summit Behavioral Health  
Transitional Living, Inc.  
YWCA Residential Program

We collect personal information to:

- Determine eligibility for health care coverage
- Provide benefits and pay claims
- Conduct our service evaluation programs
- Provide other information for planning and improving mental health and substance abuse services in the community

We may also be required to collect and keep certain information so that we meet legal and regulatory requirements. We keep this information after a client's health care coverage ends.

### **PERSONAL INFORMATION WE COLLECT**

We ask people seeking benefits to provide certain information when they complete an enrollment form. This information may include, for example:

- Name, Address, Phone
- Date of Birth
- Marital Status
- Social Security Number
- Family Income

We may also receive personal information about you from others, such as:

- Health care providers (doctors, clinics, hospitals)
- Other Boards that provide coverage to our clients
- Business partners (companies with whom we have arrangements to assist us in providing products and services)
- Other government agencies (criminal justice system, child welfare, juvenile justice, etc.)

The information we collect from others may include, for example, eligibility, claims and payment information. We create and maintain a record of your enrollment in the public mental health and or drug addiction and substance abuse system of the State of Ohio, and maintain records of payment for treatment you receive in the public system. From time to time, we also receive information from your treatment provider related to your diagnosis, treatment and progress in recovery, and any major unexpected emergencies or crises you may experience that help the Board to plan for and improve the quality of services for the region's citizens.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.**

When you receive services paid for in part or in full by the Board, we may use your personal information for such activities as conducting our normal board business known as health care operations. If the services we paid for were mental health services, we may also use your personal information for billing for such services.

If you have a guardian or a power of attorney we will provide the information to your guardian or attorney in fact.

Examples of how we use your information include:

**Payment for Mental Health Services** – We keep records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment for your services from Medicaid, insurance or other sources. For example, we may disclose personal information about the services provided to you to confirm your eligibility for Medicaid and to obtain payment from Medicaid.

**Health Care Operations** – We use personal information to train staff, manage costs, conduct required business duties, and make plans to better serve you and other community residents who may need mental health or substance abuse services.

### **Other Services We Provide**

We may also use your personal information to:

- Review and evaluate the quality, effectiveness, and efficiency of the services you have received;
- Conduct program and fiscal audits of programs who have provided you with services;
- Investigate major unusual incidents, report these kind of incidents and take steps to protect your health and safety;
- Prepare reports required by the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Job and Family Services;
- Contact you for assistance in passing levies, unless you notify the Board that you do not wish to be contacted for these purposes.

### **Sharing Your Personal Information**

There are limited situations when we are permitted or required to disclose personal information without your signed authorization. These situations are:

- To protect victims of abuse, neglect, or domestic violence;
- To reduce or prevent a serious threat to public health and safety;
- For health oversight activities such as investigations, audits, and inspections;
- For local, state, federal agencies to monitor your services;
- For lawsuits and similar proceedings;
- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices;
- When required by law;
- When requested by law enforcement as required by law or court order, except as limited by laws regarding disclosure of alcohol and other drug treatment;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donation;

- For workers' compensation or other similar programs if you are injured at work and are covered by workers' compensation or other similar programs;
- For specialized government functions such as intelligence and national security;

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

## **SAFEGUARDING YOUR PERSONAL INFORMATION**

We maintain physical, electronic and procedural safeguards that comply with applicable federal and state laws and regulations to guard your personal information against unauthorized use or disclosure. Any third party processor or consultant used by the Board has signed an agreement with us requiring such entity to maintain the confidentiality of your personal information. We also restrict access to your personal information to those employees who need to know the information in order to perform their job duties. The Board maintains policies and procedures that prohibit employees and agents of the Board from using, disclosing, transferring, providing access to or otherwise divulging client health information to any person or entity other than to the individual who is the subject of the information.

## **INDIVIDUAL CLIENT RIGHTS**

You have the following rights regarding the health information we maintain about you:

- **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 payment or health care operations. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.\*

You also have the right to request a limit on the health information we disclose about you to a family member who is involved in your care if you are receiving mental health services and have previously agreed to limited disclosure to such a family member. We will comply with any restrictions you request regarding disclosure to such a family member.\*

- **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 access the personal information we collect upon request. Under certain circumstances, we may not share information that we collected, for example, if the information is the subject of a lawsuit or legal claim or if release of mental health information may present a danger to you or someone else. Fees may apply to copied information.\*
- **Right to Amend.** You have the right to request corrections or additions to your personal information. You must give the reasons for wanting the change.\*
- **Right to An Accounting of Disclosures.** You have the right to request an accounting of disclosures made of your personal information that were not related to our business operations or your authorization. Under certain circumstances, we may not share information that we collected, for example, 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 a paper copy of this Notice. Although this Notice is available at our web site [www.bcmhb.org](http://www.bcmhb.org), you may obtain a copy of the Notice by contacting the Board Office.

*Requests marked with a star (\*) must be made in writing. Contact the Board Privacy Officer with your request.*

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

Butler County Mental Health Board  
ATTN: Board Privacy Officer  
5963 Boymel Drive  
Fairfield, Ohio 45014-5541  
513-860-9240  
Website: [www.bcmhb.org](http://www.bcmhb.org)

### **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. The Notice will contain on the first page in the top center, the effective date. In addition, each time there is a change in the Notice, you will receive a copy by mail at the last known address we have in our plan enrollment file.

### **COMPLAINTS**

If you have a complaint about our Privacy policies and procedures or 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 below. We will investigate all complaints and will not retaliate against you for filing a complaint. If you wish to file a complaint with the Secretary you may send the complaint to:

HIPAA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

## **OTHER USES OF PERSONAL HEALTH INFORMATION**

Other uses and disclosures of your personal health information not covered by this Notice or the laws that apply to us 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. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

Butler County Mental Health Board

*ATTN: Board Privacy Officer*

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