

**CUYAHOGA COUNTY COMMUNITY
MENTAL HEALTH BOARD**

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

**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.

**YOUR PRIVACY IS
IMPORTANT TO US**

The Cuyahoga County Community Mental Health Board (CCCMHB) is committed to protecting the information you share with us, and in turn respecting your privacy. We follow federal and state laws that require us to keep your personal information confidential.



**Cuyahoga County
Community Mental Health Board**

**Bonita W. Caplan
Board Chair**

**William M. Denihan
Chief Executive Officer**

WHY WE COLLECT PERSONAL INFORMATION

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 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 number
- 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 community mental health or ADAMH 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 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 assists 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 CCCMHB, we may use your personal information for such activities as billing and for conducting our normal board business known as health care operations.

Examples of how we use your information include:

Payment: 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 complaints and/or 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 Job and Family Services, and Ohio Health Care Data Center;
- Contact you for assistance with levies, unless you notify the CCCMHB that you do not wish to be contacted for this purposes.

**SHARING YOUR
PERSONAL INFORMATION**

We may, and in some cases are required, to share your personal information without your signed authorization. These instances are as follows:

- To authorized representatives such as parents and guardians or people given written permission by you, the client;
- For health oversight activities such as investigations, audits and inspections;
- When required by law;

- When requested by law enforcement as required by law or court order;
- For local, state, federal agencies to monitor your services;
- To reduce or prevent a serious threat to public health and safety;
- To protect victims of abuse, neglect or domestic violence;
- To conduct research;
- For lawsuits and similar proceedings;
- For specialized government functions, such as intelligence and national security;
- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and death, and reporting reactions or problems with medical devices;
- 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.

Other uses or disclosures not described in this notice require your signed authorization. You may revoke your

authorization at any time with a written statement.

OUR RESPONSIBILITIES

The law requires us to:

- Maintain the privacy of your personal information;
- Provide this notice that describes the ways we may use and share your personal information;
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain.

Current notices will be posted on our website at www.cccmhb.org.

INDIVIDUAL CLIENT RIGHTS

You have the right to:

- Request restrictions on how we use and share your personal information. We will consider all requests for restrictions carefully but we are not required to agree to any restriction.*
- 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.*

- Request that we use specific telephone number or address to communicate with you.
- Inspect and copy your personal information, including service and billing records. 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.*
- Request corrections or additions to your personal information. You must give the reasons for wanting the change.* We make our best efforts to try to keep client information correct and current.
- Request an accounting of certain disclosures of your personal information by us. Your request must state the period of time desired for the accounting, which must be within the six years prior to your 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 the information may present a danger to you or someone else. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period.*
- Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with an asterisk (*) must be made in writing. Contact the CCCMHB

Privacy Officer for the appropriate form
for your request.

CONTACT CCCMHB

If you would like further information
about your privacy rights, are concerned
that your privacy rights have been
violated or disagree with a decision that
we made about access to your personal
information, contact the CCCMHB at:

KATHLEEN LOPRESTI
Privacy Officer
CUYAHOGA COUNTY COMMUNITY
MENTAL HEALTH BOARD
1400 West 25th Street, Third Floor
Cleveland, Ohio 44113
(216) 241-3400, extension 324
or e-mail: privacy@cccmhb.org

We will investigate all complaints and will
not retaliate against you for filing a
complaint. You also may file a written
complaint with the Secretary of the U.S.
Department of Health and Human
Services if you feel your privacy rights
have been violated. The Board Privacy
Officer is available to assist you in filing
a complaint with the U.S. Department of
Health and Human Services.

Rev: June 2006