



## NOTICE OF PRIVACY PRACTICES

### SUMMARY NOTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
THERE ARE TWO TYPES OF NOTICES HERE: A SUMMARY NOTICE AND A DETAILED NOTICE - PLEASE REVIEW BOTH CAREFULLY.**

#### Uses and Disclosures of Health Information

We use health information about you for:

- Treatment decisions
- Payment decisions
- Office decisions, such as improvement of our services

We may use your information **without** your permission because of the following:

- Public health issues
- Audits
- Emergencies
- When required by law

In other situations, we will request your permission, in writing. You can choose not to give us permission, and you can take back your permission once you have given it. We may change our policies at any time and will post any new policy. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

#### Your Individual Rights

You have the right to:

- Get a copy of your information (a reasonable fee for this may be charged to you.)
- To look at your health information
- To see the times we have disclosed your health information
- To request that we correct information you believe is not correct
- To add information you believe is missing
- You can ask us to not use your information for treatment, payment or administration, and we will consider your request, but are not legally bound to accept it.

#### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

#### Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact: Ruthann Zins, Privacy Officer, Beech Acres Parenting Center, 6881 Beechmont Avenue, Cincinnati, OH 45230. Phone: (513) 231-6630. Office hours are: Monday-Friday, 8:00am to 4:30pm.

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### DETAILED NOTICE

**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.**

#### **I. Our Duty to Safeguard Your Protected Health Information (PHI).**

Individually identifiable information about your past, present, or future health or condition, the 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. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in this 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 at our Offices. You may request a copy of the new notice from **Beech Acres Privacy Officer, Ruthann Zins, 6881 Beechmont Ave., Cincinnati, Ohio 45230**, and it will also be posted on our website at **[www.beechacres.org](http://www.beechacres.org)**.

#### **II. How We May Use and Disclose Your Protected Health Information.**

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. 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. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of your PHI.

#### **III. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

Generally, we may use or disclose your PHI without your prior consent as follows:

- 1. For treatment:** We may disclose your PHI to doctors, nurses, therapists, social workers or other personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with our medical director. Your PHI may also be shared with outside entities performing services relating to your treatment, for consultation purposes, or Boards and/or health agencies involved in provision or coordination of your care to include Ohio's Health Information Exchange.
- 2. To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example if you are using our mental health services we may release portions of your PHI to the Medicaid program, the ODMH central office, the local Community Mental Health Board (through the Multi-Agency Community Information Services Information System (MACSIS) and/or a private insurer to get paid for services that we delivered to you.
- 3. For our operations:** We may use/disclose your PHI in the course of operating our social service and health facility. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our Support Services for similar purposes. Release of

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your PHI to the Multi-Agency Community Services Information System [MACSIS] and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

### IV. **Uses and Disclosures Requiring Authorization:**

For uses and disclosures beyond treatment, payment and operations 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 future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

### V. **Uses and Disclosures of PHI from Health Records Not Requiring Consent or Authorization:**

The law provides that we may use/disclose your PHI from health records without consent or authorization in the following circumstances:

1. **When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
2. **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.
3. **For health oversight activities:** We may disclose PHI to our central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
4. **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners or law enforcement personnel.
5. **For research purposes:** In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our Program Evaluation staff and their designees in order to assist their research.
6. **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.
7. **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

### VI. **Uses and Disclosures Requiring You to have an Opportunity to Object:**

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

1. **To families, friends or others involved in your care:** We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

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2. **We may also contact you**, for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, related benefits or services that may be of interest to you, or to support fundraising efforts.

### VII. Your Rights Regarding Your Protected Health Information.

You have the following rights relating to your protected health information:

1. **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 legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, 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.
2. **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.
3. **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your or your child's protected 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. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
4. **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your or your child's 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.
5. **To find out what disclosures have been made:** You have a right to get a copy 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; to you, your family, or the facility directory; 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, or disclosures made before April 14, 2003. 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 accounting each year. There may be a charge for more frequent requests.
6. **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.

### VIII. How to 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 with the Beech Acres Privacy Officer, Ruthann Zins, 6881 Beechmont Avenue, Cincinnati, Ohio 45230, (513) 231-6630. Office Hours: Monday-Friday 8:00am to 4:30pm. You also may file a



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written complaint with the Secretary of the U.S. Department of Health and Human Services at the address below. We will take no retaliatory action against you if you make such complaints.

Office for Civil Rights  
 U.S. Department of Health and Human Services  
 233 N. Michigan Ave, Suite 240  
 Chicago, IL 60601  
 (312) 886-2359

**IX. Contact Person for Information, or to Submit a Complaint:**

If you have questions about this Notice or any complaints about our privacy practices, please contact: **Ruthann Zins, Privacy Officer, 6881 Beechmont Avenue, Cincinnati, Ohio 45230, (513) 231-6630. Office Hours: Monday-Friday 8:00am to 4:30pm**

Reference	Council on Accreditation: RPM 6: Security of Information; CR2: Confidentiality and Privacy Protections
Federal Laws	Health Information Portability and Accountability Act of 1996; HITECH Act of 2009; Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules. 45 CFR 164.520 – Notice of Privacy Practices for Protected Health Information
State Laws	Ohio Revised Code 3798 Protected Health Information
Effective Date	04/14/2003
Revised/Reviewed Date	11/17/2020; 01/28/2021
Related Policies	0000-00-29 Individual Rights Related to Protected Health Information; 0000-00-19 Management and Protection of Personal Health Information; 0000-00-24 Use or Disclosure of Protected Health Information for Treatment, Payment, or Health Care Operations Purposes; 5122-26-18 Client Rights and Grievance
Approved By	PPP/CQI Committee