

OneEighty

Helping people change direction.

New Client Welcome Packet

Welcome to OneEighty! We are a dynamic, integrated health system operating multiple facilities and six major service programs: Addiction Services, Mental Health Services, Domestic Violence and Sexual Assault Services, Rape Crisis Center, Housing and Supportive Services and Prevention and Education Services.

Wayne County Office

Gault Liberty Center - 104 Spink Street, Wooster, Ohio 44691

Phone 330.264.8498 Fax 330.264.3777

Office Hours: Monday & Thursday 8:00 am–8:00 pm

Tuesday, Wednesday, Friday 8:00 am-5:00 pm

Holmes County Office

34C S. Clay Street, Millersburg, Ohio 44654

Phone 330.674.1020; Fax 330.674.1047

Office Hours: Monday–Friday 8:00 am – 5:00 pm

Milltown Professional Building

128 E. Milltown Road, Suite 202, Wooster, OH 44691

Hours by appointment

24 Hour Domestic Violence/Sexual Assault Hotline

Phone 330.263.1020; Toll Free 1.800.686.1122

Visit us on the web - www.one-eighty.org

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WELCOME

Welcome to OneEighty! We are a dynamic, integrated health system operating multiple facilities and six major service programs: Addiction Services, Mental Health Services, Domestic Violence and Sexual Assault Services, Rape Crisis Center, Housing and Supportive

Services and Prevention and Education Services. Although the circumstances surrounding your participation in our program may not be positive, we hope that you will be able to use the tools provided by OneEighty to improve your life situation. This packet should answer many of your questions about our agency. Many of our specific programs such as Shelter Services and Residential Treatment have additional information for clients in those programs. Please be aware of that information as well as this packet. If you have any additional questions, please do not hesitate to ask.

BELIEF STATEMENTS OF ONEEIGHTY

We believe . . .

- in the basic worth of every individual, the value of diversity, and in the wellness of body, mind, and spirit.
- people can change.
- prevention is a key component in keeping communities healthy.
- that services should be provided based upon individual needs and preferences.
- addiction is a primary, progressive, chronic, disease of brain reward, motivation, memory and related circuitry. Like other chronic diseases, addiction involves cycles of relapse and remission.
- it is important to differentiate between substance use, abuse, and addiction to intervene based on each individual's specific needs.
- in the value of community support, such as 12 Step Programs, as an important part of the recovery of individuals and families impacted by alcohol or other drugs.
- that abuse is any act that has a negative impact on the wellness of body, mind or spirit.
- everyone has the right to lead an abuse free life and to be safe in their own environment.
- physical, emotional, and sexual violence are community problems that demand community solutions and violence is unacceptable.
- perpetrators of violence are responsible for their own behaviors and choices and must be held accountable.
- the majority of persons we serve have experienced trauma and services should be provided in a trauma-informed manner.
- housing is a basic human need and all persons have the right to safe, affordable, and decent housing.
- in a *Housing First* approach defined as issues that may have contributed to a household's homelessness can be best addressed once they are in stable housing.
- that homelessness is first and foremost a housing problem, and should be treated as such.

- it is important to remain cognizant of current research, skills, approaches, and best practices.
- in hiring and retaining highly qualified and diverse staff while still providing cost effective services to the community.
- in being committed to excellence in developing and implementing advancements in the field on state and national levels.

POLICY REGARDING PROVISION OF SERVICES TO CLIENTS WITH SENSORY IMPAIRMENT AND CLIENTS WITH LIMITED ENGLISH SPEAKING ABILITY

This agency provides qualified sign language interpreters and other auditory aids to persons with sensory impairment and translators for persons with limited English speaking ability when necessary to afford such person an equal opportunity to benefit from services we provide. Such interpreters and auxiliary aids will be provided at no cost to the client. Clients, significant others or family members requiring an interpreter or auxiliary aid should notify our staff in advance so arrangements for these provisions can be made.

CLIENT RESPONSIBILITIES

1. Keep all scheduled appointments. Please call with as much prior notice as possible if you must cancel. Failure to show for an appointment could result in a small fee.
2. Inform us of any changes in address, phone number, employment, insurance coverage, or emergency contact person.
3. Communicate to staff any special safety needs and participate in a safety plan as necessary.
4. Participate meaningfully in the development and implementation of your treatment plan.
5. Inform us of any barriers to treatment or any other problems which might need to be addressed including, but not limited to, special communication needs.
6. Request clarification or express concern in regards to any confusing or disagreeable approaches to your treatment.
7. Refrain from treating staff, facilities, or other clients in an abusive or violent manner. Inability to do so could result in termination of services.
8. Maintain the confidentiality of other clients you may encounter while receiving services.
9. Adhere to financial arrangements. Payment of fees will be expected following each visit. We do not want payment of fees to impose serious financial hardship; therefore, we request that individuals make prior arrangements if fees cannot be paid at the time of each visit.
10. Refrain from bringing any weapons into any facility.

11. All smoking including the use of vaping products should take place in designated smoking areas only at each facility. No use of tobacco or vaping products in any facility or residence.
12. Clients are asked to refrain from all criminal activity on site at any OneEighty facility including possessing, buying, selling, or distributing illegal or legal addictive substances. Illegal activities on our properties may be reported to law enforcement. Illegal substances will be turned into authorities.
13. Each program has specific transition and/or discharge criteria. Please be aware of this and discuss with your provider.
14. Many of our programs have specific guidelines on prescription medication. Please see your program's guidelines.

We thank you for upholding these responsibilities and helping us to serve you in the best professional manner possible. Inability to follow through with these responsibilities could result in discharge from the specific program or the agency. You will be notified of the reason for dismissal and have the opportunity to appeal this decision.

CLIENT PAYMENT OBLIGATIONS

What to bring - 2 current pay stubs, Medicaid card, insurance card. Client will be held responsible for 100% of fee if sufficient proof of income is not provided.

How fee will be determined – Wayne County Department of Job and Family Services Sliding Fee schedule. Children's fees will be determined by custodial parent income and billed to them.

Insurance Billing – Agency will submit claims and notify client of eligibility status. Client will be responsible for deductibles and co-pays.

Changes of Information– Client is responsible to advise agency of any change to financial situation or demographics.

Expectation – Clients will be expected to remain current with payment of fees. Service can be denied should there be a pattern of delinquency with payments.

I understand that my sliding fee will be _____%.

Payment is expected at the time of service.

Effective July 1, 2024 the following is the fee schedule for OneEighty. *These fees are based on an hourly rate unless noted.*

Diagnostic Assessment	\$250.00
Case Management	\$100.00
Individual	\$150.00
Intensive Outpatient (per day)	\$325.00
Educational Groups	\$60.00
Medication Assisted Treatment Induction	\$300.00
Medication Assisted Treatment Follow Up (30 minutes or less)	\$150.00
Medication Assisted Treatment Follow Up (31-45 minutes)	\$200.00
Urine Collection	\$40.00
TB Test	\$10.00
Residential Day	\$150.00 per day
Residential Day & Treatment	\$650.00 per day
Peer Recovery Services	\$85.00

We accept insurance, cash, check, credit card, money order or Medicaid.

CLIENT RIGHTS

Our philosophy is that every client shall have the right to be treated with consideration and respect for personal dignity, autonomy and privacy. The following expands on this philosophy:

- (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, neglect, 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.

(22) Every client shall have the right to be fully informed of all rights and to exercise any and all rights without reprisal in any form including continued and uncompromised access to service. The client has the right to file a grievance and to have oral and written instructions for filing a grievance. Requests for information regarding filing a grievance shall be submitted to the Client's Rights Officer. A copy of the client rights policy and grievance procedure shall be provided to each client during orientation services and can be found in the client reception area.

SECLUSION AND RESTRAINT

Please be advised that OneEighty does not physically or chemically restrain clients who are acting out or seclude them. If a client or visitor is in crisis and behaviorally acting out, staff will use verbal de-escalation procedures to help calm the person down. If the person is unable to calm down, staff will call 911 for assistance.

CLIENT ABUSE POLICY

Goal: To protect the rights of persons applying for or receiving services at OneEighty by establishing procedures for prevention or addressing abuse or neglect of client by OneEighty staff or volunteers. All clients have the right to receive services free from abuse.

Definitions: Abuse is defined as behavior which injures a client emotionally or physically including, but not limited to verbal, physical and/or sexual abuse, attempts to deceive, improper use of treatment, financial or other exploitation, retaliation, humiliation, and neglect. Neglect means willful failure to provide care in keeping with federal and state regulations as well as independent licensing boards, which places the client in any kind of risk.

The use of all cruel and unusual punishments and practices are prohibited and include, but are not limited to:

1. Physical punishments such as spanking, punching, paddling, shaking, biting or roughly handling a client.
2. Physically strenuous work or exercises when used solely as a means of punishment.
3. Forcing a client to maintain an uncomfortable position or to continuously repeat physical movements when used solely as a means of punishment.
4. Group consequences for the behavior of an individual unless the program has an established policy, which defines appropriate circumstances for group consequences.
5. Verbal abuse directed at a client, including swearing or derogatory remarks about a client's family, race, religion or cultural background.
6. Denial of social or recreational activities for more than seven consecutive days without prior written approval of the program director.
7. Denial of alcohol and drug treatment services, social, mental health treatment or educational services.
8. Denial of access to the guardian ad litem or attorney, Ohio Legal Rights service representative or other legal advocate.
9. Deprivation of meals.
10. Use or denial of medication as a punishment.
11. Denial of visitation or communication rights of a client with his/her family as a punishment.
12. Denial of sleep.
13. Denial of shelter, clothing or use of restroom facilities.
14. Use of physical restraint as a means of punishment.
15. Organized social ostracism, such as codes of silence.
16. Use of chemical restraints.
17. Use of mechanical restraints as a means of punishment.
18. Isolation in a locked room as a means of punishment.
19. The striking of a client, a prospective client, a client's family member or a client's significant other by any employee, contract staff, volunteer or student intern is strictly prohibited.
20. Corporal punishment is prohibited as a form of discipline. Corporal punishment is the deliberate infliction of pain intended as correction or punishment such as spanking, paddling, or hitting using an object. Parenting classes are available to educate parents to alternatives to corporal punishment. Staff witnessing clients using corporal punishment should intervene, complete an incident report and notify the supervisor on staff.

The program director, clinical director or program employees with direct care responsibilities who have been trained in the programs approved behavioral interventions policy and procedures shall be the only ones that are authorized to administer behavioral intervention.

Client Abuse Policy Procedure:

When a report of client abuse or neglect is made by staff, volunteers, clients or other persons, the Executive Director or designee will complete the preliminary investigation utilizing the client grievance procedure. If the Executive Director is the person against whom the report is made, the Chairperson of the OneEighty Board Personnel Committee will serve as the Client Rights Officer.

If it is determined that abuse and or neglect occurred, appropriate disciplinary action would be taken which may include immediate termination of employment or volunteer service.

In cases where the incident is of such a nature that a report to Child Protective Services or Adult Protective Services is required the report will be made by the Executive Director, utilizing the procedure on reporting child abuse/neglect cases.

Regulatory boards and law enforcement authorities will be notified as deemed appropriate by the Executive Director.

The staff member or volunteer will be notified of the decision of the Executive Director, including reports to Protective Services, outside regulatory boards or law enforcement authorities.

All staff and volunteers will receive a copy of the client abuse/neglect procedure during their orientation and sign a statement documenting its receipt. A copy of this policy will also be given to each client and to his/her parent or legal guardian if the client is a minor. Documentation will be maintained in the client file indicating they received a copy.

CLIENT COMPLAINT AND GRIEVANCE PROCEDURE

The purpose of this procedure is to protect and enhance the rights of persons applying for or receiving services at OneEighty by establishing specific rights of clients and procedures for responsive and impartial resolution of client grievances.

- 1) A copy of the client rights statement shall be distributed to each client at the intake or next subsequent appointment in writing. If the client is unable to read or asks questions regarding the client rights policy, it shall be explained to him/her orally. The client is asked to sign the acknowledgement that he/she received a copy of the client rights statement and a copy of this acknowledgement is placed in the client file.
- 2) In a crisis or emergency situation, the client shall be verbally advised of at least the immediately pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Written copy and full explanation of the client rights policy may be delayed to a subsequent meeting.
- 3) Persons receiving community services (i.e., prevention, education, training, etc.) may have a copy and explanation of the client rights policy upon request.
- 4) A copy of the client rights policy shall be posted in a conspicuous location in each building operated by the agency. A copy of the client rights policy and grievance procedure shall be provided to each client during orientation to agency services.
- 5) The Executive Director is responsible for ensuring that each staff person is familiar with all-specific client rights and grievance procedures.
- 6) Any complaints should be reported to the immediate supervisor. Efforts should be made to resolve any complaints on this level. If the complaint is not settled with the supervisor, the complaint shall be forwarded to the Client Rights Officer who shall determine if the complaint is, in fact, a grievance. A grievance occurs when a client's rights have been violated. Non-grievances shall be dealt with at the management team level.
- 7) Lynn Layfield is the Client Rights Officer. Her direct phone number is 330.804.4207. She is available during business hours 9am-4pm. If she is not available to respond to the grievance in a timely manner or is subject of the grievance, the Director of Quality Improvement and Innovation or her/his designee shall be considered the Client Rights Officer.
- 8) If a client indicates a desire to file a grievance, the following procedure should be followed:
 - a) The staff member who has been notified of the client's desire to file a grievance should notify the Client Rights Officer within 24 hours.
 - b) The Client Rights Officer shall provide the client with a written copy of the Grievance procedure and shall review this orally.
 - c) The client then has the right to file a grievance with the Client Rights Officer in written form at any time after the alleged rights were violated. This notice must be signed and dated by the client or individual filing the grievance on behalf of the client. The notice should be provided to the Client Rights Officer. The Support Staff will be designated to assist the client in filing the grievance if necessary.
 - d) The grievance must include the date, approximate time and description of the incident, along with names of individuals involved.
 - e) The Client Rights Officer will provide written acknowledgement of receipt of the grievance to each grievant within 3 working days which includes: (1) date grievance received; (2) summary of grievance; (3) overview of investigation process; (4) timetable for investigation/notification of resolution; (5) treatment provider contact name, address and phone number.
 - f) The Client Rights Officer will make a resolution decision on the grievance within 21 calendar days of receipt. If the Client Rights Officer needs additional time and shows extenuating circumstances, the need for extension must be documented in file and written notification given to the client.
 - g) If the complaint is based on a discrimination charge, the Client Rights Officer shall also provide written notice of the complaint to the MHRB Board of Wayne/Holmes Counties and the Director of

OhioMHAS listing: the accusing party's name; address; phone number, if available; discriminatory allegations and other information which may be pertinent to the allegation.

- h) If the client does not feel that the situation has been resolved to his/her satisfaction, he/she may appeal the decision to the OneEighty Board of Trustees or Executive Committee of the Board. The client then has the right to file an appeal in written form within 10 days of the decision. This appeal must be signed and dated by the client or individual filing the grievance on behalf of the client. The Support Staff will be designated to assist the client in filing the appeal if necessary. The appeal should be provided to the Client Rights Officer, who is responsible for submitted the appeal to the Board. The Board will respond in writing within ten working days of the appeal.
- i) OneEighty will maintain records of written client grievances received that include (a) copy of the grievance, (b) documentation of the resolution of the grievance, and (c) copy of the letter to the client reflecting the resolution of the grievance. These files will be maintained for two years from resolution.
- j) A resident living in OneEighty recovery homes may contact the Ohio Recovery Housing as a last option for any concerns residents may have. Ohio Recovery Housing phone is 614-453-5133.
- k) A client can grieve to outside organizations at anytime during the grievance process. Those organizations include, but are not limited to: Wayne/Holmes Mental Health and Recovery Board, Ohio MHAS, Ohio Legal Rights, U.S. Dept. of HHS, and Civil Rights regional office in Chicago.
- l) If the situation is still not resolved to the client's satisfaction, he/she may appeal the decision to the following agencies:

Mental Health and Recovery Board
Executive Director
1985 Eagle Pass, Wooster OH 44691
T: 330-264-2527

Disability Rights of Ohio
50 W Broad St, 14th Floor
Columbus OH 43215-2999
T: 800-282-9181 /F: 614-466-7264

Wayne County Department of Jobs
and Family Services
Director, Title XX Coordinator
T: 330-287-5800

Region V-Chicago (IL, IN, MN, OH, WI)
Office for Civil Rights US Depart Health Human Srvs
233 N. Michigan Ave. Suite 240
Chicago, IL 60601
T: 312-886-2359/TTD:312-353-5693/F: 312-886-1807

Ohio Dept of Mental Health & Addiction Services (OhioMHAS)
30 East Broad St, 7th Floor
Columbus OH 43215
T: 614-466-3445 F: 614-485-9739

Any relevant information will be provided to one or more of the organizations specified above to which the client has appealed a grievance.

- 9) The action of filing a complaint shall not result in retaliation or barriers to service.

CONFIDENTIALITY STATEMENT

The confidentiality of patient records maintained by this agency is protected by Federal Law and Regulations (42 CFR Part B, Paragraph 2.22). Generally, the agency may not say to a person outside the agency that a patient attends the program, or disclose any information identifying the patient UNLESS:

- 1) The patient consents in writing
- 2) The disclosure is allowed by a court order

- 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program, evaluation.
- 4) You are a physical threat to yourself or someone else. This includes if you drive your vehicle off OneEighty's property and staff have reason to believe that you are impaired by alcohol or other drugs.
- 5) Suspected child abuse or neglect
- 6) Crime on premises – Law enforcement agencies can be notified if an immediate threat to the health or safety of an individual exists due to a crime on program premises or against program personnel. Only pertinent information is released (the circumstances of incident, including the individual's name, address, last known whereabouts, and status as a participant in the program).

Violation of the federal law and regulations by a Part 2 program is a crime and suspected violations may be reported to the United States Attorney in the judicial district in which the violation occurs. Contact information is listed below.

Headquarters Office Cleveland: Office of the United States Attorney
United States Court House
801 West Superior Avenue; Suite 400, Cleveland, Ohio 44113-1852
Tel: (216) 622-3600 TTY: (216) 522-3086

Toledo: U.S. Attorney's Office
Four Seagate, Third Floor, Toledo, Ohio 43604
Tel: (419) 259-6376 TTY: (419) 259-3721

Akron: U.S. Attorney's Office
2 South Main Street, Akron, Ohio 44308
Tel: (330) 375-5716 TTY: (216) 522-3086

Youngstown: U.S. Attorney's Office
100 Federal Plaza East, Youngstown, Ohio 44503
Tel: (330) 746-7974 TTY: (330) 746-0696

Correspondence may be sent to this office at:
Office of the United States Attorney
801 West Superior Avenue, Suite 400, Cleveland, OH 44113-1852

INFORMED CONSENT

I understand the risks involved in each of the treatment modalities and that my participation in treatment is completely voluntary. I understand that I have the right to refuse specific procedures or treatments, but when I refuse treatment in accordance with professional

standards, OneEighty has the right to terminate the relationship with reasonable notice. I further understand that OneEighty offers no guarantees or positive assurances regarding the outcome of therapeutic interventions. I understand that if I do not provide written consent I will not receive an assessment and treatment services at OneEighty, but can receive a referral to another agency.

TELEHEALTH INFORMED CONSENT

OneEighty offers telehealth services. OneEighty determines the appropriateness of telehealth based on individual needs of those we serve in addition to environmental factors. If it is mutually decided to engage in telehealth methods, I understand:

1. This service is provided by technology (including but not limited to video, phone, text, and email) and may not involve direct, face to face, communication. I will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.
2. I understand there are benefits to telehealth including but not limited to: 1) convenience of scheduling; 2) increased confidentiality by not being seen in the office by other clients; 3) less travel and gas expenses; and 4) reduction of barriers of transportation and childcare.
3. I understand there are risks to telehealth including, but not limited to: 1) the therapy relationship dynamic may be influenced because nothing takes the place of in-person contact and communication; 2) technology failure such as internet disruption of power in a particular area that could disrupt a session; 3) security and confidentiality issues because even the most secure platform could be compromised; and 4) lack of research on the effectiveness of counseling through telehealth.
4. I will provide at each session, my name and date of birth to verify my identity. I will also provide my physical location at the time of the appointment.
5. If a need for direct, face-to-face services arises, it is my responsibility to contact OneEighty at 330.264.8498 (Wooster) or 330.674.1020 (Millersburg) and request a face-to-face appointment. I understand that an opening may not be immediately available.

6. I may decline any telehealth services at any time without jeopardizing my access to future care, services, and benefits.
7. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My provider and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
8. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means.
9. My provider will respond to communications and routine messages within one to two business days. If I do not receive a response, I will contact OneEighty's office.
10. It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
11. If there is an interruption or technical issue, clinical staff will attempt to use the phone to make an audio call. Additionally, if you experience a crisis and cannot reach your provider please utilize the following crisis phone numbers:
 - The Counseling Center's Crisis Line 330-264-9029
 - Domestic Violence/Sexual Assault Hotline 1-800-686-1122
 - Peer Support Hotline 330-464-1423
 - Suicide Prevention Hotline 1-800-273-TALK [8255]
 - Crisis Text-line - 741741
 - Or 911
12. The laws and professional standards that apply to in-person services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

TREATMENT CONSENT

This section will explain our assessment and treatment processes so that you can have the information you need to be fully-informed about our services. Your provider will also review this information with you. We are a dynamic, integrated health system operating multiple facilities and six major service programs: Addiction Services, Mental Health Services, Domestic Violence and Sexual Assault Services, Rape Crisis Center Services, Housing and Supportive Services and Prevention and Education Services. Although the circumstances surrounding your participation in our program may not be positive, we hope that you will be able to use the tools and services provided by OneEighty to improve your life situation and make a OneEighty! This packet should answer many of your questions about our agency. If you have any additional questions, please do not hesitate to ask.

Assessment and Treatment (Mental Health and Substance Abuse/Addiction Services:

The first step in treatment is a thorough assessment. The first 1-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your provider will be able to offer you some initial impressions of what services would be helpful to you. At that point, you will discuss your treatment goals with your provider and create an initial treatment plan. You should evaluate this information and make your own decisions about whether you feel comfortable with this plan. The services could include individual counseling, group counseling, case management, residential services, an evaluation for medication and/or a referral to another provider or a combination of any of these. If you have questions about any services, please discuss them whenever they arise. If your doubts persist, you can set up a meeting with another professional for a second opinion at your own expense.

Treatment Services have both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process often requires discussing some unpleasant aspects of your life. However, treatment services have been shown to have benefits for individuals who undertake it. Treatment services often lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, increased sobriety, and resolutions to specific problems. But, there are no guarantees about what will happen. Treatment services require a very active effort on your part. In order to be most successful, you will have to work on things outside of sessions.

Treatment services involve a relationship between client and provider that works in part because of clearly defined rights and responsibilities held by each person. As a client you have certain rights and responsibilities that are important for you to understand. There are

also legal limitations to those rights that you should be aware of. This booklet explains those rights and responsibilities.

Treatment Services for Children and Adolescents:

Treatment and Counseling services for children and adolescents can be a bit more complicated because of consent. The parent or guardian must consent to the treatment of children under 14. Adolescents will be asked to sign the treatment consent. If custody issues are unclear, you may be asked to provide a copy of custody decrees from the court. Prior to beginning treatment, it is important for the parent(s) or guardian to understand the provider's approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the HIPAA and Privacy section of this booklet.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and provider regarding the best interests of the child. If such disagreements occur, the provider will strive to listen carefully to all perspectives and fully explain the provider's perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, the parent(s)/guardians will decide whether treatment will continue. If either decides that treatment should end, OneEighty will honor that decision; however, we ask that you allow the option of having a few closing sessions with the child to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the provider and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. OneEighty hopes that you will allow your child or adolescent some privacy and not ask to review your child's chart unless absolutely necessary. Additionally, adolescents will be asked to sign a release of information to their parent(s)/guardian(s) specifying what information is released to parents especially drug and alcohol use information that cannot be released without the adolescent's consent.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss

your feelings and opinions regarding acceptable behavior. If the provider ever believes that your child is at serious risk of harming him/herself or another, you will be informed.

Although responsibility to your child may require involvement in conflicts between the parents or caregivers, the involvement will be limited to that which will benefit your child. Treatment may be recommended for parents or caregivers. We ask that you will treat what is said in sessions as confidential. We ask that our providers are not included in divorce or custody disputes. We understand that you may not be able prevent a judge from requiring our testimony, even though we will work to prevent such an event. If we are required to testify, our providers are ethically bound not to give an opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, we will provide information as needed (if appropriate releases are signed or a court order is provided), but we will not make any recommendations about the final decision.

Marital/Couples and Family Therapy:

Couple and family therapy is unique in that techniques for therapy involve interactions that can bring out intense emotions and reactions. There are criteria in which the family must meet prior to beginning treatment, so that all family members are emotionally safe. These include such things as a period of at least six months of non-violence in a relationship with a history of intimate partner violence and a specified time period of at least one month of abstinence from alcohol or drugs if a party has a history of substance abuse or addiction. A referral for couple or family therapy does not mean that family sessions will begin right away. The family counselor will let you or your individual provider know when you can schedule an appointment. Once in session, your family counselor may have an individual meeting with you or other family members to assess or determine needs. A "no secrets" discussion will likely occur because "secrets" can be damaging.

Depending upon the number of family members participating in the sessions, the provider may open one chart on one specified person or multiple charts on multiple family members. This will be decided on a case-by-case basis. Please discuss with the provider if you have any concerns.

With marital therapy the possibility of divorce must be acknowledged. Unfortunately, marital therapy cannot help all relationships. The decision to end a relationship or marriage is solely up the couple. We ask that you will treat what is said in sessions as confidential. We ask that our providers are not included in divorce or custody disputes. We understand that you may not be able prevent a judge from requiring our testimony, even though we will work to prevent such an event. If we are required to testify, our providers are ethically bound not to give an opinion about either parent's custody or visitation suitability. If the court appoints a

custody evaluator, guardian ad litem, or parenting coordinator, we will provide information as needed (if appropriate releases are signed or a court order is provided), but we will not make any recommendations about the final decision.

Family and/or Significant Others Involvement in Treatment:

Sometimes it is helpful to have a family member, support person, or significant other involved in your treatment to assist you in reaching your goals. This person will not be considered a “client” at OneEighty and is not subject to treatment (unless they request treatment for themselves). The role of the significant other will vary greatly from person to person. They may only attend one session with or without you, the client, to provide information, they may attend several counseling sessions to help you with your goals or they may attend family programming that we offer. The role of your significant other will be discussed with you and you will have final say.

OneEighty will not release specific treatment information to your family member, support person, or significant other unless you sign a release of information. You have the right to revoke this at anytime. Information provided to us by your significant other may be included in your record and you have a right to review this information.

Staff of OneEighty have a legal and ethical duty to protect others; therefore, information shared by significant others that lead us to believe we have mandated reporting requirements may be utilized. Please see Confidentiality Statement below.

Persons Mandated to Treatment:

You may be coming to OneEighty for Treatment Services because you have been mandated by a court, child protective services, or another entity. We are still asking you to voluntarily consent to our services. You have a right to refuse services with us, but you may have consequences from the referring entity. Information will be shared with the referral source for as long as the Release of Information is valid or if there is a court order to release information.

Drug Screening:

Observed Urine Drug Screening and Breathalyzers may be part of the assessment process and treatment for individuals receiving services at OneEighty for any Substance Use Disorder.

ELECTRONIC HEALTH RECORD AND BILLING CONSENT

All medical programs use electronic health records (EHR) and you consent to our disclosure of your personal information to the current EHR provider for purposes of managing your

records for OneEighty services, and to releasing any information necessary to bill for your OneEighty services.

Your Information. Your Rights. Our Responsibilities.

Notice of Privacy Practices of OneEighty, Inc.

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH [The Director of Quality Improvement and Innovation] AT [330-264-8498 staigert@one-eighty.org] IF YOU HAVE ANY QUESTIONS.

In this notice, your health information means your substance use disorder patient record.

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Ask us to limit the information we share
- Get a copy of this privacy notice
- Discuss this notice with someone in our program
- Get a list of those with whom we've shared your electronic records*
- Get a list of health care providers who have received your information through certain third parties
- Choose in advance whether to receive fundraising communications
- File a complaint if you believe your privacy rights have been violated

Your Choices

With your consent, we can use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your consent
- Prevent multiple program enrollments

- Report about court-referred treatment
- Report to prescription drug monitoring programs

Our Uses and Disclosures

We may use and share your information without your consent as we:

- Communicate within our program and with our contractors
- Help with medical emergencies
- Help with public health
- Report crimes (and threats of crimes) on our premises and suspected child abuse and neglect
- Aid scientific research
- Respond to audits and evaluations of our program
- Assist cause of death inquiries
- Respond to court orders

In all these circumstances, we must protect your information and limit how we use and share it.

* The compliance date for this requirement will be set when the same right is revised in the HIPAA Privacy Rule.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Provide consent when we use or share your information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
- You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.
- You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say “no” if, for

example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Discuss this notice with someone in our program

You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

Choose in advance about fundraising

You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services’ Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

How do we typically use or share your health information?

With your consent, we typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.

Run our organization

We can use and share your health information to run our program, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

You can choose someone to act for you.

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Our Uses and Disclosures

How else can we use or share your health information?

We are allowed or required to share your information in certain ways without your consent – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

To communicate within our program and with contractors

We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

For medical emergencies

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.

We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

Help with public health

We can share health information that does not identify you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications

Aid scientific research

We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.

Respond to management and financial audits and program evaluations

We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Assist with cause of death inquiries

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Report suspected child abuse and neglect

We will only report the information required by law.

Prevent or reduce crime in our program

We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your information.
- We are required by law to maintain the privacy and security of your information.
- We must let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our web site.

Effective Date

This notice is effective as of February 16, 2026.

VICTIM ADVOCACY

Our Victim Advocates, in both Wayne and Holmes Counties, are able to offer free services, including education about intimate partner and sexual violence, assistance with protection orders, explanation of legal consultation options, companionship during court hearings, guidance in developing safety plans, support groups, and information concerning community resources. They will listen to you free of judgement or personal opinion and assist you in increasing your safety.

PHYSICAL HEALTH

Your health history form may be reviewed by a physician or registered nurse. Regular medical care is essential to health and well-being. It is recommended that all clients be examined by their medical doctor yearly and as needed. If you do not have a physician, OneEighty will provide a referral list of local doctors and clinics. All information is confidential except as noted.

Advance Directives for Health Care

What is an advanced directive?

An advance directive is a legal document that states your wishes for medical care if you are unable to communicate them. Advance directives can include a living will, a durable power of attorney for health care, or a do-not-resuscitate (DNR) order. Please visit the following website for further information.

<https://www.nia.nih.gov/health/advance-care-planning/advance-care-planning-advance-directives-health-care>

If you currently have an advance directive and would like OneEighty to have a copy, please speak with your provider directly to get it into your electronic health record.

WEATHER POLICY

If Wooster City Schools are closed due to weather, please call the office at 330.264.8498 to confirm we are operating under our normal business hours. The message will reflect if we are operating on a delay or have closed the office.

VIDEO SURVEILLANCE

For the purpose of client safety, our facilities are equipped with video surveillance. Video surveillance and recordings are kept to public areas, such as, hallways, waiting areas, parking

lots, etc. Recordings are kept for a limited amount of time and then destroyed per Agency policy.

AFTER HOURS ACCESS

OneEighty's main office is open Monday, Tuesday, Thursday 8:00am to 8:00pm and Wednesday and Friday 8:00am to 5:00pm. Please check the website for other locations' hours. If you have an emergency after hours related to domestic violence or sexual violence please call our hotline at 330.263.1020 or 1.800.686.1122. For behavioral health emergencies please call The Counseling Center's Crisis Line at 330.264.9029. For substance use urgent matters, please call the OneEighty Treatment Navigator Line at 330.466.0678. For medical emergencies, please go to the nearest emergency department or call 911.

CLIENT INPUT

We value your input! Approximately every three months, OneEighty provides surveys to clients so that we can get your feedback on how we are doing and if you are satisfied with services. We often make changes in our services based on client feedback. Please take the time to complete these surveys. There are locked boxes in many of our facilities to collect these surveys and at some locations computer access to survey links. Please feel free to also put ideas and suggestion in these boxes at any time.

IMPORTANT HEALTH INFORMATION

The following pages include important health information about Tuberculosis, Hepatitis, and HIV transmission. Persons who have abused illegal drugs and persons who have been sexually violated are vulnerable to some of these illnesses and we want you to have this information. Please talk to your provider about any health concerns you might have.

Welcome . . .

TO THE

MENTAL HEALTH & RECOVERY NETWORK

The Mental Health & Recovery Board of Wayne and Holmes Counties oversees and pays for mental health and substance abuse treatment services for local citizens based upon need. The benefits provided by the Board are available to Wayne and Holmes County residents through a Network of providers. Help is available for most emotional and addiction problems. The Board and its agencies work together in many ways to ensure quality services are there for people in need.

WHAT IS THIS NETWORK BENEFIT PLAN?

The Mental Health & Recovery Network Benefit Plan is the health plan that provides for public funds to be used in payment of services. Network agencies cooperate so that a wide range of treatment options are available to individuals and families as they work toward recovery. These include counseling, medication, case management, housing, job training and consultation with schools, social supports and development of everyday living skills. The Network has also been designed to deal with the mental health and substance abuse crises that families and individuals sometimes face.

WHERE DO NETWORK FUNDS COME FROM?

The Mental Health & Recovery Board's Network is funded by your taxes and is here for you and your family. Voters have approved a one mill, ten year Mental Health & Recovery levy that generates revenue for mental health and recovery care in Wayne and Holmes Counties. Major funding also comes from Federal sources, including Medicaid, and from Ohio Mental Health and Addiction Services.

WHAT HELP DOES THE NETWORK BENEFIT PLAN OFFER?

Quality mental health and recovery services are offered to residents no matter how severe their illnesses. Many kinds of mental health and addiction problems can be treated through the Mental Health & Recovery Network. Personal behavioral and social problems can be addressed through counseling, medications, support groups and education. At Network agencies help is available for people of all ages, including children.

WHAT ABOUT MORE SERIOUS MENTAL ILLNESSES?

Serious mental illnesses, sometimes referred to as brain disorders, are conditions such as major depression, bipolar disorder, schizophrenia, and obsessive compulsive disorder. These psychiatric conditions may range from mild to severe and are treated by qualified providers through the Network. Your opportunity for success is increased when you cooperate with the treatment plan suggested by your provider.

HOW CAN I RECEIVE THESE SERVICES?

In an emergency situation, call 1-877-264-9029. If you are not in an emergency situation, contact the intake department of the agency from which you would like to receive services and request an appointment. A professional staff person will ask you about your situation to make sure the services which that agency provides are appropriate for your needs. You may also be referred to another agency, since the level of care you need may only be available from certain providers.

WHAT IF I CAN'T AFFORD TO PAY FOR MY SERVICES?

Help is provided for people of all income levels. Priority is given to those most in need. You must be a resident of Wayne or Holmes County to be eligible for Network benefits. Non-residents can receive services in a crisis situation.

HOW DO I BECOME PART OF THE BENEFIT PLAN?

We want to make it as easy and convenient as possible for local citizens to be able to get the help they need. Any Wayne or Holmes County resident who request services at one of the provider agencies will be given the opportunity to enroll in the Mental Health & Recovery Board's Network Benefit Plan. Membership in the benefit plan will make it easier to offer you the full range of Board-supported services. Financial assistance offered to you is based on information regarding your specific needs and your financial status. We evaluate and monitor local services using the most up to date technology.

WHAT DOES ENROLLMENT IN THE BENEFIT PLAN INVOLVE?

When you enroll you'll be asked to sign a billing authorization statement. This form permits the provider to bill the Board for public funds to help offset the cost of your mental health and substance abuse treatment. During intake, you will be asked about your income, family size, whether you have medical insurance or whether you are covered by Medicaid or Medicare. This information will be entered into a computerized billing system operated by the Board in cooperation with Ohio mental Health and Addiction Services and Ohio Department of Human Services.

At intake and enrollment, the agency will also collect specific personal data. This will be kept in the computer system in a confidential file labeled with an anonymous number. Information gathered by the agency will be submitted to the Board. Only information necessary for billing will be stored with your name.

WILL MY PRIVATE INSURANCE COVER MY CARE?

Agencies also accept insurance cards. Some Network agencies and specific staff professionals are on managed care panels and will work with you to establish whether or not your treatment is covered under your private insurance plan.

DO I HAVE TO ENROLL IN THE NETWORK BENEFIT PLAN?

You may choose not to enroll. In that case, however, you may not qualify for all treatment and services available through the Network agencies. Other arrangements will need to be made for covering your treatment costs if you do not enroll, and you may be billed.

HOW WILL I KNOW I'M GETTING THE BEST SERVICES?

Network agencies' services and facilities are regularly reviewed by the Mental Health & Recovery Board of Wayne and Holmes Counties and Ohio Mental Health and Addiction Services. The agencies must meet certain standards of quality in order to operate. Many agencies are also accredited by various professional organizations. Treatment staff must have specific degrees, certifications and training as determined by the state departments and professional organizations.

CAN MY FAMILY AND I HELP DECIDE MY TREATMENT?

You are encouraged to be involved in decisions regarding your treatment. This is a right granted to you by state law. In addition, when there is no conflict with confidentiality, families are encouraged to be involved and informed about the treatment being received. In most cases, the more a family is part of the individual's care, the more progress can be made.

WHAT FAMILY SUPPORTS ARE AVAILABLE TO US?

Families and individuals dealing with all types of mental illness and addictions may wish to join NAMI Wayne and Holmes Counties. This group also includes the Suicide Prevention Coalition. They provide support groups, training, education, events and activities. Courses include Family to Family and NAMI Basics for family members and parents of mentally ill children. It provides information and support to families dealing with major depression, bipolar disorder and schizophrenia. Agencies also have information available for alcohol and drug abuse support groups such as Alcoholics Anonymous, Ala-non, Nar-Anon and Ala-teen. In addition, support and education is available for families dealing with domestic violence.

HOW CAN I BE SURE MY TREATMENT IS SUCCESSFUL?

In order for you and your family to receive the most benefit from the services, you must think of yourself as part of the treatment team. Family members of both children and adults are also important. They give support and help the one they love do what needs to be done to recover.

WHAT IF I SEEK SERVICES OUTSIDE THE NETWORK?

Enrollees are encouraged to use local services that are part of the Network. If an enrollee seeks services in another county, outside the Network, special arrangements need to be made and some benefits may not be available.

I'M CONCERNED: IS MY INFORMATION KEPT CONFIDENTIAL?

The Network, including the Board and agencies, must comply with state and federal laws regarding confidentiality. Your personal information, including your name, will be kept confidential. Only information needed for billing will be stored in the computer system with your name.

Policies and procedures are in place to ensure that cases are not discussed inappropriately with any other person unless official authorization is given. There may be times when information must be communicated to other staff who become involved in the case, especially if there is a strong possibility that the person may hurt themselves or someone else. Board staff may also review cases to verify whether a service has been provided for billing purposes. In rare instances, disclosure of information may be required by law, such as in the case of child or elder abuse. When the person in treatment is a minor child, parents or guardians are part of the treatment team and will be informed of the details of the case.

WHAT IF I'M NOT SATISFIED WITH MY CARE?

Although the Network tries to ensure that you are well served, sometimes a family or person in treatment feels their needs and concerns are not being addressed properly. If this is the case you are encouraged to discuss this with your treatment provider. If the problem persists, you may want to consider filing a formal grievance. Each agency, as well as the Mental Health & Recovery Board, has a plan for dealing with such complaints. To begin this process, ask to speak to the client's rights officer. Your rights are fully explained in the client's Rights Policy and Grievance Procedure. To obtain a copy call 330-264-2527 or 1-800-400-6518.

1985 Eagle Pass, Wooster, OH 44691
phone: 330-264-2527 or 330-674-5772 toll free: 1-800-400-6518
fax: 330-264-7879 website: www.whmhrb.org

**MENTAL HEALTH AND RECOVERY BOARD OF WAYNE & HOLMES COUNTIES
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
Mental Health & Recovery Board
of Wayne & Holmes Counties
1985 Eagle Pass Drive
Wooster, Ohio 44691
(330) 264-2527**

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

At the Mental Health and Recovery Board of Wayne-Holmes Counties 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 Mental Health and Recovery Board of Wayne-Holmes Counties, 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.whmhrb.org>, 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
Mental Health & Recovery Board
of Wayne & Holmes Counties
1985 Eagle Pass Drive
Wooster, Ohio 44691
(330) 264-2527**

* 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.whmhrb.org>. 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.

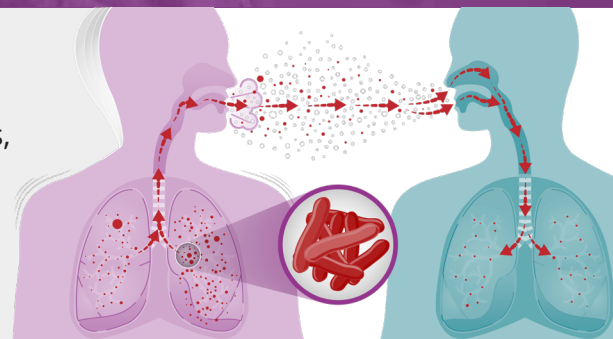
COMPLAINTS

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.

What You Need to Know About Tuberculosis

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine.

Not everyone infected with TB germs becomes sick. As a result, two TB-related conditions exist: latent TB infection (or inactive TB) and TB disease. If not treated properly, TB disease can be fatal.



The Difference Between Inactive TB and Active TB Disease

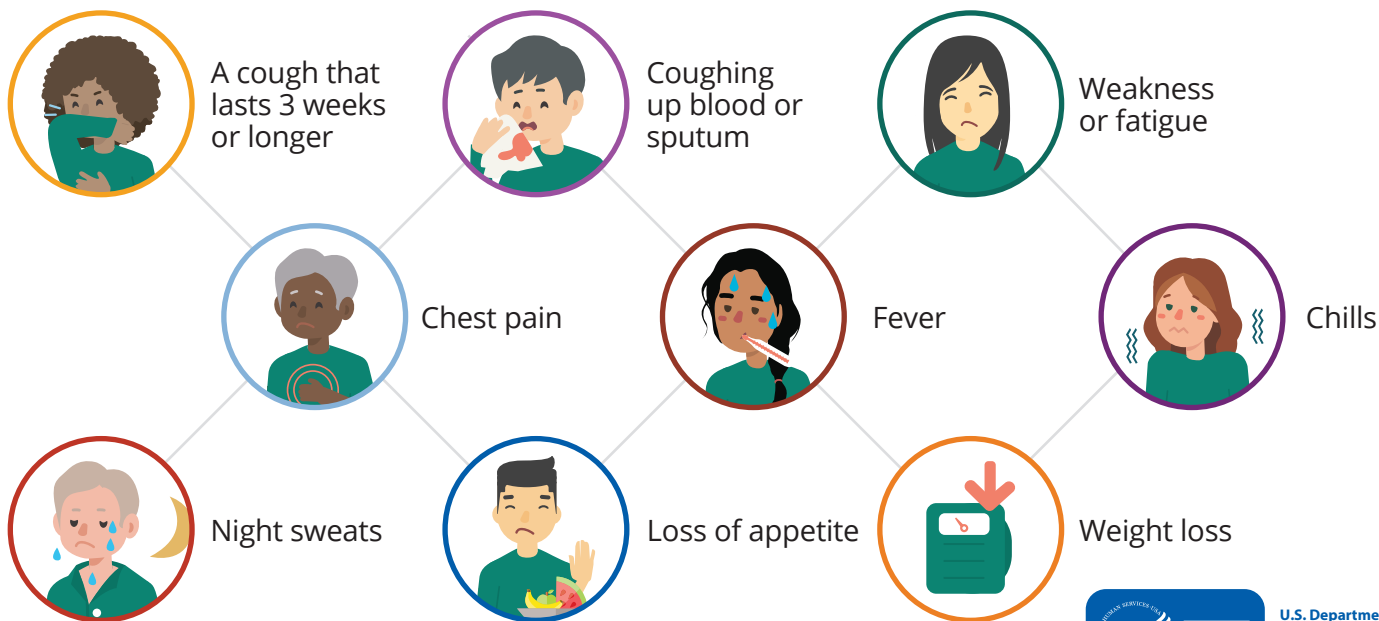
A Person With Inactive TB

- Has a small amount of TB germs in their body that are alive but inactive.
- Has no symptoms and does not feel sick.
- Cannot spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- Has a normal chest x-ray and a negative sputum smear.
- Needs treatment for inactive TB to prevent active TB disease.

A Person With Active TB Disease

- Has a large amount of active TB germs in their body.
- Has symptoms and feels sick.
- May spread TB germs to others.
- Usually has a positive TB blood test or TB skin test indicating TB infection.
- May have an abnormal chest x-ray, or positive sputum smear or culture.
- Needs treatment for active TB disease.

If your body cannot stop TB germs from growing, you develop active TB disease. Symptoms of active TB disease include:



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Testing for TB



Getting tested and treated for TB can protect yourself, your family and friends, and your community. There are two types of tests for TB infection: the **TB blood test** and the **TB skin test**.

+ A Positive Test For TB Infection

You have TB germs in your body. Your doctor will do other tests to determine if you have inactive TB or active TB disease. These tests may include a chest x-ray, and a test of the sputum you cough up.

- A Negative Test For TB Infection

A negative test means you likely do not have inactive TB or active TB disease.

Your doctor may do more tests if:

- You have symptoms of active TB disease, like coughing, chest pain, fever, weight loss, or tiredness.
- You have HIV infection.
- Your exposure to TB germs was recent.

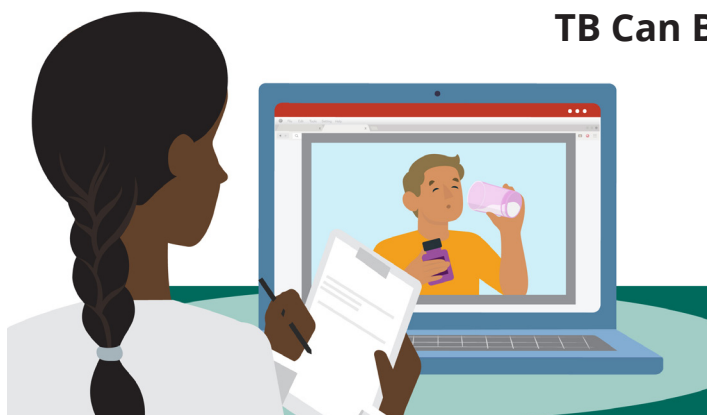
Tell Your Doctor if You Received a TB Vaccine

TB blood tests are the preferred test for people who have received the bacille Calmette-Guérin (BCG) TB vaccine. Unlike the TB skin test, TB blood tests are not affected by BCG vaccination.

Many people born outside of the United States have received the BCG TB vaccine. BCG vaccination does not completely prevent people from getting TB. A positive reaction to a TB skin test may be due to the BCG vaccine itself or due to infection with TB germs.



TB Can Be Treated



TB germs can live in your body for years without causing symptoms. If you have inactive TB, treating it is the best way to protect you from getting sick with active TB disease.

If you have been diagnosed with active TB disease, you can be treated with medicine. You will need to take and finish all of your TB medicine as directed by your doctor or nurse. This is to help you feel better and prevent other people from getting sick.

The best way to remember to take your medicines for active TB disease is by receiving directly observed therapy (DOT). Through DOT, you will meet with a health care worker every day or several times a week either in-person or virtually. The health care worker will make sure that the TB medicines are working as they should.

Hepatitis C

What is hepatitis?

Hepatitis means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C. Although all types of viral hepatitis can cause similar symptoms, they are spread in different ways, have different treatments, and some are more serious than others.

All adults, pregnant women, and people with risk factors should get tested for hepatitis C.

Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus. When someone is first infected with the hepatitis C virus, they can have a very mild illness with few or no symptoms or a serious condition requiring hospitalization. For reasons that are not known, less than half of people who get hepatitis C are able to clear, or get rid of, the virus without treatment in the first 6 months after infection.

Most people who get infected will develop a chronic, or lifelong, infection. Left untreated, chronic hepatitis C can cause serious health problems including liver disease, liver failure, liver cancer, and even death.

How is hepatitis C spread?

The hepatitis C virus is usually spread when someone comes into contact with blood from an infected person. This can happen through:

- ➔ **Sharing drug-injection equipment.** Today, most people become infected with hepatitis C by sharing needles, syringes, or any other equipment used to prepare and inject drugs.
- ➔ **Birth.** Approximately 6% of infants born to infected mothers will get hepatitis C.
- ➔ **Healthcare exposures.** Although uncommon, people can become infected when healthcare professionals do not follow the proper steps needed to prevent the spread of bloodborne infections.
- ➔ **Sex with an infected person.** While uncommon, hepatitis C can spread during sex, though it has been reported more often among men who have sex with men.
- ➔ **Unregulated tattoos or body piercings.** Hepatitis C can spread when getting tattoos or body piercings in unlicensed facilities, informal settings, or with non-sterile instruments.
- ➔ **Sharing personal items.** People can get infected from sharing glucose monitors, razors, nail clippers, toothbrushes, and other items that may have come into contact with infected blood, even in amounts too small to see.
- ➔ **Blood transfusions and organ transplants.** Before widespread screening of the blood supply in 1992, hepatitis C was also spread through blood transfusions and organ transplants.



Symptoms

Many people with hepatitis C do not have symptoms and do not know they are infected. If symptoms occur, they can include: yellow skin or eyes, not wanting to eat, upset stomach, throwing up, stomach pain, fever, dark urine, light-colored stool, joint pain, and feeling tired. If symptoms occur with a new infection, they usually appear within 2 to 12 weeks, but can take up to 6 months to develop.

People with chronic hepatitis C can live for years without symptoms or feeling sick. When symptoms appear with chronic hepatitis C, they often are a sign of advanced liver disease.

People can live with hepatitis C without symptoms or feeling sick.

Getting tested is the only way to know if you have hepatitis C.

A blood test called a hepatitis C antibody test can tell if you have been infected with the hepatitis C virus—either recently or in the past. If you have a positive antibody test, another blood test is needed to tell if you are still infected or if you were infected in the past and cleared the virus on your own.

CDC recommends you get tested for hepatitis C if you:

- Are 18 years of age and older
- Are pregnant (get tested during each pregnancy)
- Currently inject drugs (get tested regularly)
- Have ever injected drugs, even if it was just once or many years ago
- Have HIV
- Have abnormal liver tests or liver disease
- Are on hemodialysis
- Received donated blood or organs before July 1992
- Received clotting factor concentrates before 1987
- Have been exposed to blood from a person who has hepatitis C
- Were born to a mother with hepatitis C

Hepatitis C can be cured.

Getting tested for hepatitis C is important to find out if you are infected and get lifesaving treatment. Treatments are available that can cure most people with hepatitis C in 8 to 12 weeks.



Hepatitis C can be prevented.

Although there is no vaccine to prevent hepatitis C, there are ways to reduce the risk of becoming infected.

- Avoid sharing or reusing needles, syringes or any other equipment used to prepare and inject drugs, steroids, hormones, or other substances.
- Do not use personal items that may have come into contact with an infected person's blood, even in amounts too small to see, such as glucose monitors, razors, nail clippers, or toothbrushes.
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting.



HEPATITIS B

General Information

What is hepatitis?

“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C.



The only way to know if you have Hepatitis B is to get tested.

What is Hepatitis B?

Hepatitis B can be a serious liver disease that results from infection with the Hepatitis B virus. **Acute Hepatitis B** refers to a short-term infection that occurs within the first 6 months after someone is infected with the virus. The infection can range in severity from a mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people, especially adults, are able to clear, or get rid of, the virus without treatment. People who clear the virus become immune and cannot get infected with the Hepatitis B virus again.

Chronic Hepatitis B refers to a lifelong infection with the Hepatitis B virus. The likelihood that a person develops a chronic infection depends on the age at which someone becomes infected. Up to 90% of infants infected with the Hepatitis B virus will develop a chronic infection. In contrast, about 5% of adults will develop chronic Hepatitis B. Over time, chronic Hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death.

How is Hepatitis B spread?

The Hepatitis B virus is spread when blood, semen, or other body fluids from an infected person enters the body of someone who is not infected. The virus can be spread through:

- **Sex with an infected person.** Among adults, Hepatitis B is often spread through sexual contact.
- **Injection drug use.** Sharing needles, syringes, and any other equipment to inject drugs with someone infected with Hepatitis B can spread the virus.
- **Outbreaks.** While uncommon, poor infection control has resulted in outbreaks of Hepatitis B in healthcare settings.
- **Birth.** Hepatitis B can be passed from an infected mother to her baby at birth. Worldwide, most people with Hepatitis B were infected with the virus as an infant.

Hepatitis B is **not** spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.

What are the symptoms of Hepatitis B?

Many people with Hepatitis B do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.

When do symptoms occur?

If symptoms occur with an acute infection, they usually appear within 3 months of exposure and can last up to 6 months. If symptoms occur with chronic Hepatitis B, they can take years to develop and can be a sign of advanced liver disease.

Continued on next page



How would you know if you have Hepatitis B?

The only way to know if you have Hepatitis B is to get tested. Blood tests can determine if a person has been infected and cleared the virus, is currently infected, or has never been infected.

Who should get tested for Hepatitis B and why?

CDC develops recommendations for testing based upon a variety of different factors. Here is a list of people who should get tested. The results will help determine the next best steps for vaccination or medical care.

All pregnant women are routinely tested for Hepatitis B. If a woman has Hepatitis B, timely vaccination can help prevent the spread of the virus to her baby.

Household and sexual contacts of people with Hepatitis B are at risk for getting Hepatitis B. Those who have never had Hepatitis B can benefit from vaccination.

People born in certain parts of the world that have increased rates of Hepatitis B. Testing helps identify those who are infected so that they can receive timely medical care.

People with certain medical conditions should be tested, and get vaccinated if needed. This includes people with HIV infection, people who receive chemotherapy and people on hemodialysis.

People who inject drugs are at increased risk for Hepatitis B but testing can tell if someone is infected or could benefit from vaccination to prevent getting infected with the virus.

Men who have sex with men have higher rates of Hepatitis B. Testing can identify unknown infections or let a person know that they can benefit from vaccination.

How is Hepatitis B treated?

For those with acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. People living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Treatments are available that can slow down or prevent the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. The Hepatitis B vaccine is typically given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection.

Who should get vaccinated against Hepatitis B?

All infants are routinely vaccinated for Hepatitis B at birth, which has led to dramatic declines of new Hepatitis B cases in the US and many parts of the world. The vaccine is also recommended for people living with someone infected with Hepatitis B, travelers to certain countries, and healthcare and public safety workers exposed to blood. People with high-risk sexual behaviors, men who have sex with men, people who inject drugs, and people who have certain medical conditions, including diabetes, should talk to their doctor about getting vaccinated.

For more information

Talk to your doctor, call your health department, or visit www.cdc.gov/hepatitis.

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV CAN BE TRANSMITTED BY



Sexual Contact



Sharing Needles to Inject Drugs



During Pregnancy, Birth, or Breast/Chestfeeding

HIV IS NOT TRANSMITTED BY



Air or Water



Saliva, Sweat, Tears, or Closed-Mouth Kissing



Insects or Pets



Sharing Toilets, Food, or Drinks

PROTECT YOURSELF FROM HIV

- Get tested at least once or more often if you have certain risk factors.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Don't inject drugs, or if you do, don't share needles, syringes, or other drug injection equipment.



- If you engage in behaviors that may increase your chances of getting HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



KEEP YOURSELF HEALTHY AND PROTECT OTHERS IF YOU HAVE HIV

- Find HIV care and stay in HIV care.
- Take your HIV treatment as prescribed.
- Get and keep an undetectable viral load. This is the best way to stay healthy and protect others.



- If you have an undetectable viral load, you will not transmit HIV through sex.
- If your viral load is not undetectable—or does not stay undetectable—you can still protect your partners by using other HIV prevention options.



Scan to learn more!



Ending the HIV Epidemic

INFORMACIÓN BÁSICA SOBRE EL VIH

Sin tratamiento, el VIH (virus de la inmunodeficiencia humana) puede hacer que una persona esté muy enferma, e incluso causarle la muerte. Aprender lo básico sobre el VIH puede mantenerlo saludable y prevenir la transmisión de este virus.

EL VIH PUEDE SER TRANSMITIDO



Mediante el contacto sexual



Al compartir las agujas para inyectarse drogas



Durante el embarazo, el parto o el pecho/lactancia materna

EL VIH NO SE TRANSMITE



A través del aire o del agua



Mediante la saliva, el sudor, las lágrimas o los besos con la boca cerrada



Por los insectos o por las mascotas



Al compartir el inodoro, los alimentos o las bebidas

PROTÉJASE DEL VIH

- Hágase la prueba al menos una vez o con más frecuencia si tiene ciertos factores de riesgo.
- Use condones de la manera correcta cada vez que tenga relaciones sexuales anales o vaginales.
- Elija actividades que impliquen poco o nada de riesgo, como las relaciones sexuales orales.
- No se inyecte drogas, pero si lo hace, no comparta las agujas, jeringas, u otro equipo de inyección de drogas.



- Si tiene comportamientos que pueden aumentar sus posibilidades de contraer el VIH, pregúntele a su proveedor de atención médica si la profilaxis preexposición (PrEP) es adecuada para usted.
- Si cree que se ha expuesto al VIH dentro de los últimos 3 días, pregúntele de inmediato a un proveedor de atención médica acerca de la profilaxis posexposición (PEP). La PEP puede prevenir el VIH, pero debe comenzarse dentro de las 72 horas de la posible exposición.
- Hágase las pruebas de detección de otras ETS y reciba el tratamiento necesario.



SI TIENE EL VIH, MANTÉNGASE SALUDABLE Y PROTEJA A LOS DEMÁS

- Busque atención médica para el VIH y no deje de recibir la atención médica para el VIH.
- Tomar el tratamiento para el VIH según las indicaciones.
- Obtenga y mantenga una carga viral indetectable. Esta es la mejor manera de mantenerse saludable y proteger a los demás.



- Si tiene una carga viral indetectable, no transmitirá el VIH a su pareja sexual.
- Si su carga viral no es indetectable, aún puede proteger a sus parejas utilizando otras opciones de prevención del VIH.



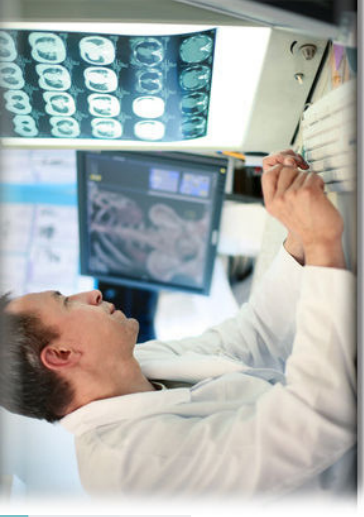
¡Escanea para obtener más información!



Para obtener más información, visite la página www.cdc.gov/hiv/spanish.



MY DOCTORS CAN NOW SHARE MY MEDICAL RECORDS ELECTRONICALLY!



Automatic Consent

You are automatically enrolled in the Health Information Exchange so your medical records can be electronically shared among your doctors. You can opt out of this exchange by filling out the form on the back of this brochure.



Important Information for Doctors

Sharing records electronically is a simple, fast way for your healthcare provider to get a “whole” picture of your health in one record, no matter where you have been treated in Ohio.

Saving Time and Lives

This is especially important in an emergency, when you may be unconscious or unable to speak. Your doctor can save time and even your life when your medical history is right there.



Improved Patient Safety

If you're away from home and in Ohio when you get sick, clinicians can view what medical problems you have and see any allergies you might have. This improves your care and your safety.



Quicker Results

When your doctor orders tests, the health information exchange quickly sends those results in real time. Your physician also can get the most up-to-date and accurate information from others who have treated you.

Privacy and Security

Only doctors and staff who treat you can look at your health information. Your records remain private in a secure network that is audited.



Request to Change Consent

I understand that my treating providers have access to my medical records through the CliniSync Health Information Exchange.

If you DO NOT want to have your records shared, please mark the box below.

I don't want to have my records shared on a Health Information Exchange. I understand that my test results and medical information will not be accessible to healthcare providers (including emergency room physicians) through CliniSync. I understand that I may choose to participate in CliniSync again at any time.

If you previously said you didn't want to have your records shared and NOW WANT them shared, please mark the box below. This will allow your status to be changed.

I consent to have my records shared through the Health Information Exchange. I have read this form. I have had a chance to ask questions. I am satisfied with the answers.

First Name: _____ Middle Name: _____

Last Name: _____

Previous Last Name: _____ Date of Birth: _____

Gender: Male Female

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ OR Cell: (____) _____

Email Address: _____

Last Four Digits of Social Security Number: _____

Patient Signature: X _____ Date: _____

(If under the age of 18, signature of parent or legal guardian)

You can have the information below filled out by your medical provider's office staff, hospital or other facility so they can change your consent. OR, you can have it notarized and mail it to: Att: CONSENT STATUS, Ohio Health Information Partnership, 3455 Mill Run Drive, Suite 315, Hilliard, OH 43026.

Section to be completed by a Notary Public or Medical Office:

I witnessed the above named individual sign this document and the individual is personally known to me or provided me with valid picture identification on this day ____ of _____, 20____.

Notary or Medical Office Staff Print Name: _____

Phone Number: _____

Notary or Medical Office Staff Signature: X _____



EXCHANGE
OF HEALTH
INFORMATION