



CLIENT GUIDE



988

SUICIDE & CRISIS
LIFELINE



riveon

MENTAL HEALTH AND RECOVERY



CERTAINTY OF CARE WHEN IT MATTERS MOST

OUR SERVICES

We deliver immediate support and continuous care for all ages, at any hour, no matter the diagnoses

- Behavioral Health
- Substance Abuse
- Prevention
- Problem Gambling
- Sexual Assault
- Crisis Services

OUR VALUES

An unwavering commitment to quality care and the way it is delivered. Simply, how we take care of each other, our patients and the community.

- Collaboration
- Compassion
- Dignity
- Excellence
- Inclusiveness
- Empowerment

FOLLOW US:



Riveon Health



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RiveonHealth



Riveon Health



Riveon Mental Health and Recovery

BEHAVIORAL HEALTH ASSESSMENT

Why do we do a behavioral health assessment? So we can get a clearer picture of how best to serve you. This is achieved by gathering as much information as possible from agencies, courts, hospitals, doctors or any places that you have been treated. But most importantly, we interview you and possibly your family or significant others. All clients will routinely be assessed for substance use at the time of admission and at any other points clinically necessary. The assessment of both mental health and substance use will help determine the most appropriate treatment for you.

CONSENT TO TREATMENT

As part of the admissions process, we want to inform you about:

- Your responsibility to provide us with information as a condition of your admission into the program and your ongoing treatment;
- Reasonable treatment choices, discussed at the time when you consented for treatment; and
- Risks, benefits, and side effects related to your treatment, including the possible results of not receiving care, treatment and services.

TREATMENT PLANS

Your **Treatment Plan** is where your goals, strengths and preferences are documented. This document helps you and your treatment team stay focused on the important things for your recovery.

We use the SNAP process to develop your treatment goals.

- S** — Strengths
- N** — Needs
- A** — Abilities
- P** — Preferences

CLIENT FEES

The agency accepts Medicaid, Medicare, private insurance and self-pay on a sliding scale. Like any healthcare provider, the agency relies upon receiving payment for its services. Thus, if you have a co-payment responsibility it will need to be paid at the time of your service. If you are unable to pay for services, we will work with you to make arrangements for payment.

KEEPING APPOINTMENTS

It is very important that you keep your scheduled appointments so as not to interrupt the flow of your care. We understand things come up that may require you to reschedule. If you are unable to keep an appointment, please call **(440) 204-4224 (mental health)**, or **(440) 989-4900 (addiction treatment)** as far in advance as possible to reschedule.

If you fail to keep more than one appointment the agency may choose not to schedule another appointment for you. The agency's policy on missed appointments exists to assist the agency in sustaining its service mission, meet its financial goals, and maximize the availability of services for all its clients.

The agency's **Crisis Intervention/Emergency Services are available 24 hours a day 7 days a week** for emergency needs. For extreme feelings of despair, suicidal thoughts, assault, trauma, abuse and stress, call the Emergency/Crisis line at **988**.

Please be sure to:

- Keep all scheduled appointments
- Notify the agency at least 24 hours in advance if you are unable to keep an appointment
- Arrive on time for your appointments

THE RIGHT SERVICES FOR YOU

The agency offers a range of mental health and addiction services for both adults and children. Our goal is to help you find the right services to achieve your treatment goals. You may hear our services described by the names they have from the Ohio Department of Mental Health & Addiction Services. For example "Diagnostic Assessment" or "Day Treatment." If you are discussing your care and hear a term with which you are not familiar, please ask for clarification.

Our services fall into the following main areas:

- Adult, Child and Adolescent Behavioral Health Services
- Adult, Child and Substance Use Disorder Services
- Prevention Services
- Employment & Community Services
- Problem Gambling
- Crisis Services
- Sexual Assault Services
- Residential Services

If you or another member of your family requires services in addition to those you are already receiving, please ask your current service provider about how to access additional services.

ACCESSIBILITY

To remove barriers and allow clients to feel cared for and respected, the agency is equipped and can provide professional interpreting and translation services in over 250 languages, including but not limited to, deaf and hard of hearing clients.

HIPAA (HEALTH CARE INSURANCE PORTABILITY ACCOUNTABILITY ACT)

The agency is in compliance with all applicable HIPAA regulations regarding your services and protected health information (PHI). The NOTICE OF PRIVACY PRACTICES is included in this orientation packet to help you better understand how the agency may use or disclose PHI, as well as providing contact information for any privacy-related concerns.

CONFIDENTIALITY

The agency must comply with state and federal laws regarding confidentiality. Your personal information, including your name, will be kept confidential unless you or your legal guardian (if you are under 18), authorize its release or instances when state and federal law permit its release. Further explanation regarding how the agency handles confidentiality is provided in the agency's Notice of Privacy Practices.

PHARMACY SERVICES

Pharmacy Services, located at our main facility on S. Broadway, are available to all clients of the agency.

All medications can be filled on-site, including those prescribed by your primary care physician and/or other outside providers. Prescriptions can be available for pick-up shortly following your appointment. The Pharmacy provides home delivery (mailing) services and specialized packaging, such as "bubble" packaging, to help you take your medication correctly. We also offer medication synchronization, which allows you to pick up all of your prescriptions at one time. For uninsured clients, a loyalty plan is available to reduce out-of-pocket expenses.

Prescriptions may be called in, presented in person, or submitted electronically by your doctor. You may request refills by calling Pharmacy Services at (440) 204-4307.

YOUR MEDICATIONS

If your treatment involves the use of medication prescribed by the agency's physician/nurse practitioner, you will be provided with information regarding the benefits, the possible side effects and risks, and the alternatives to treatment with medication for your condition. This information will be provided to you by the agency's prescriber and/or nurse. Your pharmacist will also provide you with written information and will be able to answer any questions you may have about your medication.

If at any time you have any questions or concerns regarding your medication, call the agency and ask to speak with your Case Manager or Counselor. They will be able to give you directions after they have consulted with your prescriber. If you experience a serious reaction to your medication, such as chest pains, fast or irregular heartbeat, fainting, severe headache, confusion or seizure, call 9-1-1 or go to the nearest emergency room immediately.

It is very important that you keep your appointments with the agency's physician/nurse practitioner. If you miss an appointment you run the risk of running out of medication before we can schedule you for another appointment. Our physician/nurse practitioners prescribe enough medication to last you to your next appointment.

It is also very important for you to know that if you lose your prescription or medication there is the possibility that you may not get a new prescription for that medication before the original amount prescribed expires. This applies in particular to medications categorized as controlled substances or those that have the potential for abuse.

SECLUSION AND RESTRAINT POLICY

Due to the voluntary nature of clients served and the nature of the services provided, no client shall be subject to seclusion or restraint.

CONSUMER AND FAMILY INPUT

Input is obtained from consumers and their families in a variety of ways including, but not limited to, satisfaction surveys, and discussing any concerns with a client rights advocate.

Consumer Satisfaction Surveys are also reviewed and utilized by Quality Assurance Staff to help shape organizational policies and practices. The results of Consumer Satisfaction Surveys are available upon request.

MEASURING OUTCOMES

The agency uses some standard questions to measure the effectiveness of the treatment we are providing to you. This is so that we can continue to fine tune the services you are receiving. These questions relate not so much to mental health symptoms but rather to how well you are functioning day to day. From time to time your care provider will ask you these same questions to see if things are improving, staying the same or getting harder for you. The goal of this process is that we ensure that the services we are providing to you continue to match what you need.

COMMUNITY RESOURCES FOR BEHAVIORAL HEALTH

NAMI of Lorain County.....	(440) 240-8477
NAMI of Greater Cleveland.....	(216) 875-7776
MHARS Board of Lorain County.....	(440) 233-2020
ADAMHS Board of Cuyahoga County.....	(216) 241-3400
SAMHSA National Hotline.....	(800) 662-4357



CODE OF ETHICS

RIVEON MENTAL HEALTH AND RECOVERY | EMPLOYEES

The primary objective of Riveon Mental Health and Recovery’s Code of Ethics is for the guidance of all employees. The purpose is not to restrict the rights of anyone, but to protect the rights of all and ensure the safe, orderly and efficient operation of the agency.

All employees are expected to conduct themselves in accordance with the agency’s Value Statement. Employees are expected to behave in a professional, courteous manner while at work. Employees are encouraged to enjoy their work and the company of their co-workers, but must maintain awareness that a respectful attitude toward the resources of the agency and the needs of others and completion of work is necessary.

Due to the sensitive nature of the agency’s business, it is very important that employees maintain high standards of conduct while they are on duty. These guidelines will apply whenever an employee is on duty, regardless of location. This includes not only the agency owned and leased facilities, but anywhere the agency conducts business or any public venue where staff is representing the agency. When off duty, the employee is expected to maintain standards of conduct that will not negatively affect the image and credibility of the agency.

Unacceptable behavior may subject staff to disciplinary action. These examples should be considered representative, rather than inclusive, of all unacceptable conduct for which disciplinary action will be taken. New and/or amended rules may be established by the agency for conduct not specifically covered by these rules if such conduct is harmful either to the rights of other employees, clients, visitors, or to the overall and general safety and operation of the agency.

It is the responsibility of every employee to know and follow the agency's Code of Ethics. Inappropriate behavior or actions may subject an employee to discipline, up to and including discharge, depending upon the circumstances surrounding the offense, the amount of potential harm to a person served, the amount of liability the agency has been exposed to, the past practices of the organization with similar offenses, and the employee's past performance record.

RIVEON MENTAL HEALTH AND RECOVERY | STAFF RESPONSIBILITIES

The staff has the responsibility to:

- Keep all scheduled appointments
- Assist you in developing goals for your Individual Service Plan (ISP)
- Provide you with referrals to other community services
- Treat you with respect and allow you to make decisions regarding your treatment
- Maintain confidentiality of your information
- Maintain privacy in communication with agency staff, or any other designated person
- Maintain a professional relationship with you and your significant others.



CLIENT RIGHTS

Each client has the following rights:

- 1.** The right to be treated with consideration and respect for personal dignity, autonomy and privacy, and freedom from humiliation, abuse and neglect.
- 2.** The right to service in a humane setting, which is the least restrictive, feasible as defined in the treatment plan.
- 3.** The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives.
- 4.** The right to consent to or refuse any service, treatment, or therapy upon explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client. Although the preference is for all children to have parental involvement, state law permits children 14 or older to consent to receiving treatment, except medication, up to six (6) sessions or 30 days, whichever comes sooner without parental or guardian consent.
- 5.** The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
- 6.** The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan, and to have the option of informed choice regarding the composition of the service delivery team.
- 7.** The right to freedom from unnecessary or excessive medication.
- 8.** The right to freedom from unnecessary restraint or seclusion.
- 9.** The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
- 10.** The right to be informed of and refuse any unusual hazardous treatment procedures.
- 11.** The right to be informed of and refuse observation by techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs.
- 12.** The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.

13. The right to confidentiality of communications and of all personally identifying information within the limitations and requirement for disclosure of various funding and/or certifying sources, and state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with the Administrative Code.
14. The right to have access to one's treatment records. Clients shall be informed in writing of Agency policies and procedures for viewing or obtaining copies of personal records.
15. The right to be informed in advance of the reason(s) for discontinuance of services provided and to be involved in planning for the consequences of that event.
16. The right to receive an explanation of the reason(s) for denial of service.
17. The right not to be discriminated against in the provision of service on the basis of race, color, creed, age, sex, national origin, religion, lifestyle, physical or mental handicap, developmental disability, or inability to pay.
18. The right to know the cost of services.
19. The right to be fully informed of all rights.
20. The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.
21. The right to file a grievance.
22. The right to have oral and written instructions for filing a grievance.

If at any time you believe that your client rights have been violated or if you would like to file a complaint about services provided by the agency, the following information about client complaint procedures will help you make your concerns known to the agency:

A Client Rights Officer is available weekdays from 9:00 am to 5:00 pm by calling (440) 204-4330. Outside of the Client Rights office hours, messages should be left on voicemail. All phone messages will be returned the next business day.

The Client Rights Officer is a staff person. However, the Client Rights Officer does not act as a representative of either Riveon Mental Health and Recovery or the client, but rather as a person who advocates for the compliance of client rights and who also works with the complainant to keep them informed of findings. Further, the Client Rights Officer is responsible for providing both help and insight to all parties concerned with the objective of achieving an equitable solution.

CLIENT RESPONSIBILITY

- 1.** Keep scheduled appointments or call at least 24 hours in advance if you need to cancel or reschedule.
- 2.** Provide, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertaining to your physical and emotional health.
- 3.** Follow your agreed upon service plan and keep your treatment team informed of any relevant changes. Report any changes in your physical or mental health status to your service provider.
- 4.** Take medications agreed upon by you and your physician/nurse practitioner following his or her instructions and recommendations.
- 5.** Cooperate with agency staff in making arrangements to meet your financial responsibilities related to the service you receive including informing the Billing Department of any change of employment, income, insurance and/or contact information.
- 6.** Treat all staff, other clients and visitors with dignity and respect; free of any verbal abuse, threats, violence and aggression at all times;
- 7.** Observe the needs of the Agency to be safe and clean. Observe the rules of the agency.
- 8.** Accept the consequences if you refuse treatment or do not follow the treatment team's instructions.
- 9.** The possession or use of any illegal substance is prohibited. If illegal substances are found, police will be notified to determine next steps
- 10.** All weapons and/ or illegal substances are prohibited from being brought on the grounds of the agency;
- 11.** Do not damage property or steal from the agency, agency staff, or other program participants;
- 12.** Actively participate in your treatment;
- 13.** Avoid discussing other clients' names or issues at the facility/program;
- 14.** The procedures in our facilities are private, avoid taking pictures/video or sound recordings;
- 15.** Notify staff any time your Advanced Directives change.
- 16.** You understand that you cannot have two service providers for the same service. Therefore, you understand that it is your responsibility to notify any other existing behavioral health providers that you are seeking services at the agency and that you are terminating services with them. We will review this responsibility with you annually.

If there are sections that are not clear to you, we encourage you to discuss them with your provider.

DISCHARGE / TRANSITION CRITERIA

Planning for discharge / transition is a part of your treatment beginning at the time of your admission. Discharge and/or transition occurs when:

1. You have achieved the agreed upon treatment goals and identified a relapse prevention plan that is necessary for successful discharge from treatment;
2. Your symptoms and level of functioning in the home, community and work have improved to the point that you don't require as frequent appointments to maintain your improved functioning;
3. Your clinical condition has worsened such that you require a higher level or more intense level of care; and/or
4. You demonstrate lack of motivation to participate in the agreed upon plan of treatment as shown by poor attendance at scheduled appointments, poor record of completion of homework assignments, not following-through with referrals to community-based support groups, or not taking medications as agreed upon and prescribed.

GRIEVANCE PROCEDURE

- A grievance may be filed by contacting the agency's Client Rights Officer directly. A Client Rights Complaints/Grievance Form is located in patient waiting rooms and each building operated by the agency.
- Clients in need of an advocate can access that service by contacting The agency's Client Rights Officer.
- The Client Rights Officer will listen to your complaint and perhaps ask you some questions about your concern.
- After the Client Rights Officer has heard about your complaint, he/she will contact the supervisor of the service team involved. For complaints involving Alcohol and Drug Addiction Services, the Client Rights Officer will contact the supervisor of the service team within 3 working days.
- The Client Rights Officer has 20 working days from receipt of the grievance to investigate the complaint and make a grievance resolution decision, or 21 calendar days for Alcohol or Drug Addiction Services complaints.
- The Client Rights Officer may contact you during the investigation to ask for more information.
- Once the investigation is complete, the Client Rights Officer will contact you to discuss the possible resolution. If you agree with the resolution, the complaint will be considered closed. If you do not agree with the resolution, the Chief Executive Officer of the agency will review the complaint and make a final decision.

At any time, you may take your complaint directly to any and all of the following agencies listed below:

Ohio Department of Mental Health & Addiction Services
The James A. Rhodes State Office Tower

30 East Broad Street, 8th Floor · Columbus, Ohio 43215-3430 | **contact:** (614) 466-2596

The U.S. Department of Health & Human Services
Office for Civil Rights – Region 5

233 N. Michigan Avenue, Suite 240 · Chicago, Illinois 60601 | **contact:** (312) 886-2359

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County

2012 W. 25th Street · Cleveland, Ohio 44113 | **contact:** (216) 241-3400

Alcohol, Drug Addiction and Mental Health Services Board of Erie County

2900 Columbus Avenue · Sandusky, Ohio 44870 | **contact:** (419) 627-1908

Disability Rights Ohio

ATTN: Intake Department

50 West Broad Street, Suite 1400 · Columbus, Ohio 43215-5923

contact: (614) 466-7264 or (800) 282-9181

Huron County Board of Mental Health and Addiction Services

2 Oak Street · Norwalk, Ohio 44854 | **contact:** (419) 681-6268

Lorain County Mental Health Addiction and Recovery Services Board

1173 N Ridge Road East · Lorain, Ohio 44055 | **contact:** (440) 233-2020

You do not have to file a complaint immediately and have the option at any time to file a complaint. If you have any questions about this process, please contact the Client Rights Officer at the agency or ask your healthcare provider.

EFFORTS TO AVOID DUAL RELATIONSHIPS:

The agency and all of its staff have an ethical duty to not provide clinical or supportive services that are not in the best interest of the client and to avoid any types of situations that might impair professional judgment or which increases the risk of client exploitation. Dual relationships are instances where a clinician and a client have multiple types of relationships, connections, and affiliations and not solely the provider-client relationship. Dual relationships increase the risk of such conflict of interest, impaired professional and clinical judgment, and client exploitation.

ADVANCE DIRECTIVES

“Advance Directive” is a generic term for any legal document that tells others what a person’s treatment preferences are. Advance directives are directions for others to follow that are made in advance of an illness or injury.

There are two types of Advance Directives for mental health in Ohio. The first type, Declaration for Mental Health Treatment, allows you to name a person to act on your behalf to make health care decisions for you if you become unable to make them for yourself. It may only be used for mental health and may not be revoked if you have lost the capacity to make decisions. The second type, Durable Power of Attorney for Health Care, allows you to name a person to act on your behalf to make health care decisions for you if you become unable to make them yourself. It may be used for both physical and mental health and may be revoked at any time, even if you have lost the capacity to make decisions.

To learn more about Advance Directives, please contact your case manager, Counselor or the Client Rights Officer.

SMOKING, TOBACCO AND E-CIGARETTES

The agency cares about your health. According to the Center for Disease Control, “Smoking harms nearly every organ of the body. Smoking causes many diseases and reduces the health of smokers in general.” For help quitting smoking you can call **1-800-QUIT-NOW** or visit **www.smokefree.gov**.

If you choose to smoke or use tobacco, you need to adhere to the agency's policies on its use. The agency is a smoke and tobacco free facility. No tobacco products are to be used inside the agency. E-cigarettes are also prohibited.

SMOKING AREAS

For the safety and convenience of others, smoking is permitted only in designated areas. Smoking is not permitted in front of the main entrance. Smoking is also not permitted in the agency's vehicles.



SAFETY PROCEDURES

SAFETY DRILLS

The safety of people working and attending the programs offered by the agency is very important to us. For that reason, the agency conducts practice safety drills so staff members are aware of what to do in emergency situations. Staff will assist you in case of an emergency. If at any time you have any concerns or questions regarding safety, please speak with your clinician or reception desk staff. Please take time to familiarize yourself with the emergency exits in the building.

FIRE ALARM

If you detect smoke or fire anywhere in the building:

- Pull the nearest fire alarm (located at each stairway or exit)
- Evacuate in a calm and orderly manner.
- DO NOT attempt to control or extinguish the fire yourself
- DO NOT use the elevator
- DO NOT return to the building unless directed to do so
- Upon entering the parking lot, please remain behind the yellow lines unless directed otherwise
- If you use a wheelchair and are unable to reach an exit without using an elevator, proceed to a point away from the fire preferably the nearest stairwell located next to or just around the corner from the elevator

TORNADO/HIGH WIND/NATURAL DISASTERS

Upon notification the following announcement will be heard:

The agency has been notified by the National Weather Service that they have issued a Tornado Warning (or High Wind Warning) for this immediate area. You are asked to move to an area of safety on the FIRST FLOOR away from outside windows. Safety areas include: bathrooms, internal group rooms, and internal corridors.

In the event the phone system/paging system is not working, agency staff will do word-of-mouth passing of information. In the event of an evacuation, move in a quick, yet calm and orderly manner. DO NOT use the elevator. Sit or lie on the floor and cover your head with your hands. If you use a wheelchair and are unable to reach an exit without using an elevator, proceed to a point away from the outside windows, preferably the nearest stairwell located next to or just around the corner from the elevator.

CLOSING OF THE FACILITY FOR SAFETY

Because being available to serve our clients is important to us, the agency does not close very often. Therefore, in many instances when schools might be closed for winter weather, the agency may still be open. The agency utilizes the “iAlert” network for notification of agency closings for safety purposes or snow emergencies. Should a closing occur, notification will appear on media outlets using the iAlert system, such as WKYC Channel 3. Notifications will also be posted on the agency’s Social Media sites including Facebook, LinkedIn and Twitter. In addition, a recorded message will be placed on the agency’s phone system.

OBSERVED HOLIDAYS

Riveon Mental Health and Recovery will be closed on the following holidays:

- New Year’s Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day

When a holiday occurs on a Saturday, the Friday before will be observed. When a holiday occurs on a Sunday, the Monday following will be observed.

MEDICAL EMERGENCIES

If you are injured at any time while you are at the agency, please notify staff immediately. Even if you feel the injury is small, be sure to notify staff. Should you see someone else who has been injured at the agency, please do not attempt to administer aid. Immediately notify staff. Should you witness an emotional outburst of any kind while at the agency, notify staff immediately. Please do not try to ease the situation yourself.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Purpose of This Notice

This notice describes how we, Riveon Mental Health and Recovery Services, use or disclose your Private Health Information (PHI). PHI is information that identifies you and relates to health care services, the payment for health care services or your physical or mental health or condition, in the past, present or future. This notice also describes your rights to access and control your PHI.

2. Acknowledgment of Receipt of this Notice

You will be asked to sign a Treatment Consent form acknowledging your receipt of this Notice. Our intent is to make sure you are aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgment. If you refuse to sign the acknowledgment, we will continue to provide treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary.

3. Our Responsibilities

Federal law requires that we maintain the privacy of your PHI and provide you with this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. Except when required by law, a material change to this notice will not be implemented before the effective date of the new notice.

4. How We May Use or Disclose Private Health Information (PHI)

- **Disclosures You Authorize Us to Make.** We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of your client record, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose PHI for marketing without your authorization. We may not sell PHI without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, you may revoke that authorization in writing at any time.

- **For Treatment.** We may use and disclose your PHI to coordinate or manage your care within the agency and with individuals or organizations outside of the agency that are involved in your care, such as your attending physician, other health care professionals, contracted service providers or related organizations. For example, certain service providers involved in your care may need information about your medical condition in order for us to deliver services properly and appropriately.
- **To Obtain or Provide Payment.** We may include your PHI in invoices to collect or provide payment to or from third parties for the care you received through the agency. For example, some PHI is transmitted to the Mental Health, Alcohol and Drug Addiction Services Board of the county in which services were rendered and the Ohio Department of Job and Family Services when billing transactions are conducted.
- **To Conduct Health Care Operations.** We may use and disclose PHI for our own operations and as necessary to provide quality care to all of our service recipients. Health care operations include but are not limited to the following activities: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; and business management and general administrative activities of the agency. For example, we may use PHI to evaluate our staff performance or combine your health information with other consumer PHI to evaluate how to better serve all of our clients. Another example may be the disclosure of your PHI to staff or contracted personnel for certain limited training purposes.
- **For Appointment Reminders, Treatment Alternatives Surveys or Fundraising Activities.** We may use and disclose your PHI to contact you about your treatment. We will attempt to use your preferred contact method (may include phone, text or email). Such contact may include appointment reminders, agency updates or other correspondence. We may use or disclose your PHI to advise you or recommend possible service options or alternatives that may be of interest to you. You may opt out of any or all methods of communication by following the opt-out instructions in any communication you receive from us.
- **When Legally Required.** We will disclose your PHI when required by any federal, state or local law.
- **In the Event of a Serious Threat to Life, Health or Safety.** We may, consistent with applicable law and ethical standards of conduct, disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health, or safety, or to the health and safety of the public.

- **When There Are Risks to Public Health.** The agency may disclose your PHI for public activities and purposes allowed by law in order to prevent or control disease, injury or disability; report disease, injury, and vital events such as birth or death; conduct public health surveillance, investigations, and interventions; or notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- **To Report Abuse, Neglect or Domestic Violence.** We may notify government authorities if we believe a consumer is the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law, or when the consumer agrees to the disclosure.
- **To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.
- **For Law Enforcement Purposes.** As permitted or required by law, we may disclose specific and limited PHI about you for certain law enforcement purposes.
- **In Connection With Judicial and Administrative Proceedings.** We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or, in response to a subpoena, discovery request or other lawful process, if we determine that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding your health information. Under Ohio law, some requests may require a court order for the release of any confidential medical information.
- **For Research Purposes.** At times our agency may participate in research studies where your PHI will be used. An agency staff person will alert you to research opportunities and they will share with you what the project is about, how it can benefit you and your course of treatment and any side effects. If you agree to participate in the research, you will sign a consent form. All research participation is completely voluntary, you will remain anonymous and you may discontinue, at any time, without fear of losing existing services.
- **For Specific Government Functions.** Federal regulations may require or authorize us to use or disclose your PHI to facilitate specific government functions relating to military and veterans; national security and intelligence activities; protective services for the President and others; medical suitability determinations; and inmates and law enforcement custody.

- **For Worker's Compensation.** We may use or disclose your PHI for Workers Compensation or similar programs.
- **Transfer of Information at Death.** In certain circumstances, we may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
- **Organ Procurement Organizations.** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.
- **Reproductive Healthcare.** Unless required or permitted by law, we will not disclose or use your PHI when there is an investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare. We will not disclose or use your PHI when there is Imposing liability. Imposing criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare.

5. Your Rights with Respect to Your Private Health Information (PHI)

You have the following rights regarding PHI that we maintain:

- **To Receive This Notice.** You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously.
- **To Choose How We Contact You.** You have the right to ask that we send you information at an alternative address or by an alternative means.
- **To Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless the request concerns a disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full. We cannot agree to limit disclosures that are required by law. To request restrictions, please contact your primary service provider or the agency's Privacy Officer.
- **To Receive Confidential Communications.** You have the right to request that we communicate with you in a confidential manner. For example, you may ask us to conduct communications pertaining to your health information only with you privately, with no other family members present. If you wish to receive confidential communications, please contact your primary service provider or the agency's Privacy Officer at (440) 204-4330. We may not require that you provide an explanation for your request and will attempt to honor any reasonable request.

- **To Inspect and Receive a Copy of Your PHI.** Unless your access is restricted for clear and documented treatment reasons, you have the right to see your PHI upon request. We agree to respond to your request within 30 days. If you want copies of your PHI, there is usually a charge for copying for which you would be responsible. You have the right to choose what parts of your information you would like copied and to have prior information regarding the cost of copying. If you wish to review and/or receive copies of your PHI, your request should be made to your primary service provider or the agency Privacy Officer.
- **To Request Amendment of Your PHI.** You have the right to request that we amend your records, if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment of records must be made in writing. We may deny the request if it is not in writing, or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of including a written statement from you and may not include changing, defacing, or destroying any necessary information regarding your health care.
- **To Know What Disclosures Have Been Made.** You have a right to request an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research. The request for an accounting must be made in writing to your primary service provider or the Privacy Officer. The request must specify the time period. Requests may not be made for periods of time in excess of six (6) years prior to the date on which the records are requested. We will provide the first accounting you request during any 12-month period without charge. Subsequent requests may be subject to a reasonable, cost-based fee.
- **Right to a Personal Representative.** You may identify persons to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health Care if it allows such person to act when you are unable to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

OUR LOCATIONS	HOURS	SERVICES OFFERED BY COUNTY
<p>BROADWAY CAMPUS 6140 S. Broadway Avenue Lorain, Ohio 44052 contact: (440) 233-7232</p>	<p>MON-THURS: 8am-8pm FRIDAY: 8am-5:30 pm</p>	<p>LORAIN COUNTY</p> <ul style="list-style-type: none"> • Mental Health • Dual Diagnosis • Community Employment Services • Crisis Intervention • Case Management • Sexual Assault Services • Pharmacy
<p>ADOLESCENT SERVICES 120 East Ave. Elyria, Ohio 44035 contact: (440) 989-4900</p>	<p>MON-FRI: 8am-4pm</p>	<p>LORAIN COUNTY</p> <ul style="list-style-type: none"> • Substance Abuse • Case Management
<p>SEXUAL ASSAULT SERVICES 257 Benedict Ave. Bldg B Norwalk, Ohio 44857 contact: (440) 204-4359</p>	<p>MON-FRI: 8am-4pm</p>	<p>HURON COUNTY</p> <ul style="list-style-type: none"> • Children's Advocacy & Rape Crisis Center
<p>BEHAVIORAL HEALTH URGENT CARE 5425 Detroit Rd Sheffield, Ohio 44054 contact: (440) 366-5262</p>	<p>MON-FRI: 9am-5pm (Walk Ins Only)</p>	<p>LORAIN COUNTY</p> <ul style="list-style-type: none"> • Behavioral Health Urgent Care • Adult Mental Health • Adolescent Mental Health
<p>HARM REDUCTION CLINIC 3150 Clifton Avenue Lorain, Ohio 44055 contact: (440) 204-4318</p>	<p>MON & FRI: 1-5pm Tue, Wed, Thu: 10am - 2pm</p>	<p>LORAIN COUNTY</p> <ul style="list-style-type: none"> • Adult Mental Health • Adult Substance Abuse Education
<p>WELLNESS CENTER 16530 Commerce Court Middleburgh Hts, Ohio 44130 contact: (440) 989-4900</p>	<p>MON-FRI: 8am-4pm</p>	<p>CUYAHOGA COUNTY</p> <ul style="list-style-type: none"> • Adult Substance Abuse • MAT • Adult Mental Health • Case Management
<p>WELLNESS CENTER 420 Superior Street Sandusky, Ohio 44870 contact: (440) 989-4900</p>	<p>MON-FRI: 8am-4pm</p>	<p>ERIE COUNTY</p> <ul style="list-style-type: none"> • Adult Substance Abuse • MAT • Adult Mental Health
<p>THE KEY: WOMEN'S CENTER 1882 East 32nd Street Lorain, Ohio 44055 contact: (440) 989-4900 24 hr residential program</p>	<p>OTHER SERVICES: MON-FRI: 8am-4pm</p>	<p>LORAIN COUNTY</p> <ul style="list-style-type: none"> • Adult Substance Abuse • Adult Mental Health • Residential (Women Only) • Detox • MAT • Case Management
<p>PREVENTION & COMMUNITY EDUCATION CENTER Lorain, Ohio 44052 (440) 989-4900 contact: (440) 989-4900</p>	<p>MON-FRI: 8am-4pm</p>	<p>LORAIN COUNTY</p> <ul style="list-style-type: none"> • Substance Abuse • Prevention for Adults/Youth • Mental Health

OUR LOCATIONS	HOURS	SERVICES OFFERED BY COUNTY
WEST PARK 2115 West Park Drive Lorain, Ohio 44053 contact: (440) 989-4900	MON-FRI: 8am-4pm	LORAIN COUNTY <ul style="list-style-type: none"> • Substance Abuse • Prevention for Adults /Youth • Mental Health
MEN'S CENTER 120 East Avenue Elyria, Ohio 44035 contact: (440) 989-4900	MON-FRI: 8am-4pm	LORAIN COUNTY <ul style="list-style-type: none"> • Substance Abuse • Case Management
WOMEN'S RECOVERY CENTER 6201 Storer Ave. Cleveland, Ohio 44102 contact: (216) 651-1460	MON-FRI: 8am-4pm	CUYAHOGA COUNTY <ul style="list-style-type: none"> • Substance Abuse • Adult Mental Health • Case Management

HOW TO GET INFORMATION OR TO SUBMIT A COMPLAINT

You have the right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights set forth in this notice. **Any complaints to us shall be made in writing to your primary service provider or the agency's privacy officer.** We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Dan Haight *Privacy Officer*
 6140 South Broadway · Lorain, Ohio 44053 | **contact:** (440) 989-4920

YOU MAY ALSO FILE A WRITTEN COMPLAINT WITH:

U.S. Department of Health and Human Services
 200 Independence Avenue SW · Washington, DC 20201
contact: (877) 696-6775 or ORCComplaint@hhs.gov

Region V – Civil Rights
US Department of Health and Human Services
 223 N. Michigan – Suite 240 · Chicago, Illinois | **contact:** (312) 886-2359

We have designated the agency's privacy Officer as our contact point for all issues regarding consumer privacy and your rights under this notice. If you have any questions regarding this notice, please contact your primary service provider or the agency's privacy officer

Effective date: This Notice is effective July 1, 2024

