



HIPAA POINTS YOU SHOULD KNOW

HIPAA and 42 CFR Part 2 establish standards of privacy and the confidentiality of client / patient information. In general, the rule is that we as employees / volunteers, visitors are not permitted to divulge client / patient information to anyone at any time without the written consent of the client / patient. This applies to information about current and former clients. Included are such activities as acknowledging that an individual is or was a client / patient of the House of Hope or commenting on a client's activities / progress while a client. It is illegal to provide this information to anyone outside the Agency, including former clients, former employees, volunteers, individuals that may be encountered at 12 step recovery programs, client's family, other treatment / medical providers, government agencies, etc. Violations of both HIPAA and 42 CFR Part 2 rules are criminal and may be prosecuted as such.

- HIPAA's protection is more expansive than 42CFR Part 2 and covers all health information which identifies an individual, not just drug and alcohol information. Health information is broadly defined and includes any information whether oral or recorded, that is created or received by a health care provider, health plan, public health authority, employer, school, life insurer, or health care clearinghouse and which is related to past, present, or future physical or mental health of an individual including the provision of or payment of an individual's care.
- HIPAA does not make a distinction between patients, applicants, and no-shows. All are protected.
 - All employees of the House of Hope for Recovery
 - All consultants that provide services to the clients of the House of Hope for Alcoholics, Inc
 - All volunteers providing services to the House of Hope for Recovery
 - All members of the Board of Directors of the House of Hope for Recovery
 - All service providers with whom the House of Hope for Recovery is required to have a business Service Agreement.

• Who are protected individuals?

All individuals who have applied for, participated in or received an interview, counseling or any other service from an alcohol or drug abuse treatment program, including someone who, after arrest on a criminal charge is identified as an alcohol or drug abuser during an evaluation of eligibility for treatment. Applicants are included, whether or not they are admitted to the treatment program. Individuals that make an appointment by phone are covered. (An exception would be an individual that does not show up for an initial appointment arranged by a third party, this person is not considered a patient) Included are all current and former clients / patients including deceased individuals.

- Volunteers must protect client privacy. All volunteers are required to sign a "Confidentiality Agreement" prior to providing any services to clients.
- Visitors, including service personnel, must protect client privacy. All visitors, including service/repair personnel, must sign the visitor's log which explains their responsibilities.
- Phone inquiries from any individual, including law enforcement personnel, family, other treatment providers, individuals from 12 step programs, other medical service providers, bill collectors, etc. require a written "consent" from the client before we can even acknowledge that the individual is or was a client. Without the "consent" we are not permitted to respond, and suggest that the reply be "Federal laws prohibit us from confirming or denying that that individual is or was a client at the House of Hope for Recovery"
- The House of Hope for Recovery uses several outside services for the benefit of the Agency and its clients. In some cases, client information will be provided. In these cases, the Agency will require the other business to sign a "Business Associate Agreement" which requires them to protect that information in the same manner that the House of Hope would protect the information.
- Current and former clients that feel there has been an abuse of their information, under these laws, may file a written complaint/grievance. There is a notice on the bulletin board on how and with whom the grievance should be filed.
- Employees/volunteers/consultants must provide physical security to any client identifiable information, such as "charts", attendance sheets, activity schedules, other lists that may identify clients. The Program Director is responsible for local "best practices" and security procedures.
- Clients have certain rights about their records, including the right to inspect and copy information from their "chart". They must submit a written request to the Program Director or Agency Privacy Officer to exercise this right. No other personnel are authorized to grant this right.
- If there are any questions about these issues, or concerns about replying to "requests for information", concerns about or complying with these standards they can be brought to the attention of the Program Director, Executive Director, or Agency Privacy Officer.



Client: _____

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser, unless:

1. The client 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
 4. The disclosure is made to qualified personnel for research, audit, or program evaluation.
- When a client grants permission to release information, that information may be released via telephone, fax, in person, US mail, email, or other available delivery method. Please note that email communication is not always secure. House of Hope staff is only permitted to use email for clients for the purpose of billing, scheduling external appointments, and in the event of a medical emergency.
 - Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.
 - Federal law and regulations do not protect any information about a crime committed by a client, either at the program or against any person who works for the program, or about any threat to commit such a crime.
 - Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.
 - For the purpose of clinical supervision, House of Hope clinical staff members participate in weekly staff meetings to review client case details and to make clinical decisions regarding client treatment recommendations. Clinical staff members follow confidentiality guidelines.
 - Although House of Hope maintains online visibility through Social Media (Facebook, etc.) search engines (Google, etc.), and our agency website, House of Hope policy prohibits staff from engaging in online communication with clients. House of Hope policy also indicates that staff members are not permitted to communicate with clients through text. No House of Hope counseling services are conducted online.
 - The House of Hope staff may conduct internet searches on client public information.
 - See 42 U.S.C. 290 dd-3 and 42 U.S.C. 290 ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

I have been informed of the above information concerning the confidentiality of alcohol and drug abuse client records.

I have reviewed and agree to all privacy standards contained in this document.

Signature and date of client

Electronically Signed

Date

Signature and date of staff witness

T

Electronically signed

Date

Policy: Client Rights Complaint & Grievance Procedure

OMHAS: 2-1-07

CARF: 1.K.3-4

Reviewed: 9.14.16, 1.17.18, 5.22.18, 10.16.18, 7.16.19, 9.28.22

Revised: 1.17.18, 5.22.18, 10.16.18, 7.16.19, 9.28.22

Policy: To provide procedures for clients who have an informal complaint or formal grievance as well as guidelines for investigation, resolution, and appeal. Procedures follow the guidelines provided by the Franklin County ADAMH Board and OMHAS.

Procedure:

When individuals interact with one another, there is always the potential – actual or perceived – for the violation of another’s rights, or unfair treatment, which can be problematic. The House of Hope, Inc. has established a grievance procedure, and the related complaint form, that is accessible to and understandable by the persons served.

1. The House of Hope, Inc. gives notice to all clients that a grievance process exists as well as the organization’s value for maintaining relationships that can sustain healthy conflict, therein, resolving client concerns and complaints with his or her counselor (or staff person with whom the client is experiencing conflict) or the Client Rights Officer before the problem becomes more serious. If a client verbally complains about a violation of their rights, an Incident Report must be written by the person to whom the client gave the complaint with the subject “Client Verbal Complaint”. A copy of this form will follow usual procedures for all Incident Reports plus a copy will be given to the Client Rights Officer. If any components of the clients’ rights have been violated, or the client is unsatisfied that his/her verbal complaint has not been resolved, the client may formally complain in writing. This Formal Complaint is referred to as a “grievance”. The client may be assisted by staff to file their grievance.

2. The grieving party must complete their formal grievance in writing and include:

- a. Date & approximate time of incident
- b. Description of incident
- c. Names of individuals involved in incident.
- d. Grievance must be signed and dated by client or individual filing on behalf of client.

3. Client can submit grievance to any staff member. Staff member will ensure grievance is submitted to Client Rights Officer (CRO). If the CRO is unavailable an alternate CRO can be appointed by the CEO. If the participant does not wish to give the grievance to the CRO, he/she can mail it at any time to:

House of Hope, Inc., ATTN: Client Rights Officer
825 Dennison Avenue, Columbus, Ohio 43215

Clients shall be oriented to options for filing grievance with other administrative services at any time, such as:

- a. Franklin County ADAMH Board
- b. Ohio Mental Health and Addiction Services
- c. Ohio Legal Rights Service
- d. US Department of Health & Human Services
- e. Civil Rights Regional Office

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Relevant names/addresses/numbers of appropriate professional licensing boards shall also be posted. Postings of all grievance procedures and relevant agencies shall be posted in a conspicuous location at the program site. Clients may request written copies of these materials.

4. Client Rights Officer, or alternate, shall notify the client in writing within 3 working days of receipt of a grievance. This notification shall include:
 - a. Date grievance received
 - b. Summary of grievance
 - c. Overview of investigation process
 - d. Timetable for investigation and notification of resolution
 - e. Treatment provider contact name/address/phone number
 - f. The grievance has been received by both the respective manager and the CRO
5. A resolution will be forthcoming within 21 days after the grievance is received.
6. In extenuating circumstances, should there be a need for an extension, then this must be documented in the client's file and written notification shall be given to the client by the Client Rights officer.
7. Clients may request and receive assistance from a staff member who is not involved in the incident or situation. Clients may file at any time after being in contact with a provider. The client or another person acting on their behalf may file and the filing must be in writing. If a client has difficulty writing or prefers to file an oral grievance, the staff member hearing this shall record the information in writing and include client's signature verifying that information reflects the client intention.
8. The staff member receiving a grievance shall ensure that the original is delivered to the respective Program Manager and a copy of the grievance is immediately forwarded to the Client Rights Officer.
9. Stating a complaint of filing a complaint/grievance shall not result in retaliation on the client/grievant or on any staff member who assists client by any House of Hope for Alcoholics, Inc. employee/representative.
10. Investigation Procedures: See attached *Guidelines on How to Conduct a Client Rights Investigation*.
 - a. The Client Rights Officer or designee conducts investigation.
 - b. Grievances will be reviewed with the Chief Executive Officer, Program Manager, Clinical Director, and any relevant clinical staff to ensure service integrity and quality.

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11. Client/grievant shall receive a written response within twenty-one (21) calendar days of receipt of their filing, unless otherwise specified in the written acknowledgement.
 - a. Note the date the complaint/grievance was received;
 - b. Note the nature of the complaint/grievance;
 - c. Provide a summary of the investigation;
 - d. Propose a resolution; Advise of the right to appeal with a copy of the process.

12. If the client does not agree with the resolution, it may be appealed, in writing, to the next level of authority with the House of Hope, Inc., Inc., including, if appropriate, to the Board of Directors. (See sample "Appeal Form"). The timelines and investigation responsibilities are determined for each individual case and communicated to the client / grievant.

13. Information concerning client complaints/grievances shall be kept confidential, unless the client has authorized disclosure or release of information.
 - a. The client may waive confidentiality if the issue cannot be resolved without release of information.
 - b. The complaint/grievance procedures must comply with federal confidentiality regulations and shall provide for assurances in all written and posted materials of confidentiality in the complaint/grievance process.

14. The House of Hope, Inc. will maintain, for at least two (2) years from resolution, records of client grievances are kept separate from client files and include, at a minimum, the following:
 - a. Copy of grievance
 - b. Documentation
 - c. Reflecting process used and resolution/remedy of the grievance
 - d. Documentation must be completed if applicably of extenuating circumstances for extending the time period for resolving the grievance beyond twenty-one (21) calendar days.
 - e. The records are purged, only when completely resolved, after two years at the direction of the Client Rights Officer.

15. The House of Hope, Inc. follows Alcohol and Other Drug Treatment Client Rights as determined by Ohio legal code 3793:2-1-07.

16. A written analysis of all verbal complaints and formal grievances is conducted annually and is documented, including:
 - a. Whether formal complaints were received.
 - b. Trends
 - c. Areas needing performance improvement
 - d. Actions to address improvements needed.

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Implementation of the actions.

Whether the actions taken accomplished the intended

17. An annual summary of all complaints and grievances will be distributed to:

- a. Franklin County ADAMH Board
- b. House of Hope, Inc. Board of Directors
- c. House of Hope CQI Committee

18. Each client shall be informed; both verbally and in writing, of his/her right to file a complaint about the type and amount of care provided, the quality of care provided, the person(s) providing the care, access to care, claims processing and/or any other treatment related issues. The following provisions must be met to satisfy notification requirements:
- a. Staff shall document client written acknowledgement of notice of right to file a
 - b. complaint/grievance. This shall be noted in client file as part of intake. A copy of this
 - c. document signed by the client will suffice.
 - d. Clients shall be oriented to options for filing grievance with other administrative services at any time as listed in (a) (8) above.
 - e. Postings of all grievance procedures and relevant agencies shall be posted in a conspicuous location at the program site.
 - f. Clients may request written copies of these materials.

Guideline on How to Conduct a Client Rights Investigation

1. Invite the client to come to your office for an appointment to further discuss the incident (if that is something the client is comfortable with).
2. Determine exactly what happened. Gather the relevant: who, what, when, where, how
3. Ask the client what he or she wants happened out of this formal complaint/grievance.
4. Check allegation against the OMHAS Client Rights.
5. If determined that the allegation did not constitute a Client Rights violation, inform the client of your finding, and offer some helpful hints and contacts where appropriate, to resolving the issue.
6. If the allegation appears to violate Client Rights, verify the incident with staff concerned by checking the client record and talking to the staff that are involved.
7. If the staff member gives you consistent information regarding allegation, inform staff member that it is a client rights violation.

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8. Work out a resolution with the staff and client to address the complaint/grievance.
9. For all grievances, you must resolve and give a written response within 21 working days (OMHAS). Verbal complaints can be responded verbally to the client.
10. Your role as a Client Rights Officer is to educate the consumer about his or her rights, educate staff about client rights, investigate any allegations of rights violation, try to right whatever has been wronged, and assist the consumer in resolving the issue (coordination).

*Note: Please make sure you send a letter to the consumer of AOD services within 3 days of the receipt of a grievance acknowledging the letter

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Each Program of the House of Hope must post the following Grievance Procedures in a place visible to the program's clients.

The House of Hope gives notice to all program participants that a grievance process exists. If the component of the participants' BILL OF RIGHTS has been violated, he/she must submit grievance in writing.

The grieving party must include the dates the incidence occurred, names of the persons involved and a brief description of the incident. The participant is to sign the grievance may give it to any staff. If the participant does not wish to give the grievance to staff then they can mail it to any of the following entities:

OMHAS

Ohio Department of Mental Health and Addiction Services
30 East Broad St., 7th FL
Columbus OH 43215
614-466-2596
Fax: 614-485-9739

**Ohio Counselor, Social Worker,
Marriage & Family Therapist
Board**

77 S. High St. 24th Floor
Columbus, Ohio 43215
614-466-0912
cswmft.info@cswb.stat.oh.gov

Franklin County ADAMH Board

447 East Broad Street
Columbus OH 43215
Client Rights Officer: Phil Hedden
Phone: 614-222-3743
Fax: 614-224-0991
E-mail: phedden@adamh.co.franklin.oh.us

**Ohio Chemical Dependency
Professionals Board**

77 S. High St, 16th Floor
Columbus, Ohio 43215
614-387-1110
www.ocdp.ohio.gov

Ohio Civil Rights Commission

111 E. Broad Street
Columbus, Ohio 43206
(614) 466-5928

U.S. Dept. of Health & Human Services

Civil Rights regional office
233 N. Michigan Ave, Suite 240
Chicago, IL 60601
Voice Phone (800) 368-1019
Fax (312) 886-1807
TDD (800) 537-7697

Ohio Legal Rights Service

50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
1-800-282-9181 (toll-free in Ohio only)
TTY: 614-728-2553 or 1-800-858-3542

Any client who has witnessed or has been subject to willful neglect or abuse by any staff, volunteer or student intern of the agency has the right and responsibility to immediately report this complaint to the CEO, Program Manager, or the Clients' Rights Officer. If the complaint is not resolved to the satisfaction of the client, the client has the right to appeal the complaint to the Board of Trustees.

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Revised: 1.17.18, 5.22.18, 10.16.18, 7.16.19, 9.28.22

CLIENT RIGHTS

The rights of clients for each program shall include, but not be limited to, the following:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to receive services in the least restrictive, feasible environment.
3. The right to be informed of one's own condition.
4. The right to be informed of available program services.
5. The right to give consent or to refuse any service, treatment or therapy.
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 or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
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 or photographs.
10. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
11. 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.
12. The right to have access to one's own client record in accordance with program procedures.
13. The right to be informed of the reason(s) for terminating participation in a program.
14. The right to be informed of the reason(s) for denial of a service.
15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or AIDS.
16. The right to know the cost of services.
17. The right to be informed of all client rights.
18. The right to exercise one's own rights without reprisal.
19. The right to file a grievance in accordance with program procedures.
20. The right to have oral and written instructions concerning the procedure for filing a grievance.

Client Confidentiality & Client Records

OHMHAS: 5122-27-03; 5122-27-05

CARF: 1.E.3; 1.K.1.(e)(2); 2.C.1,2,3,6; 2.D., 2.G.1—6, 3.Q.17

Reviewed: 1.15.15, 3.27.19, 7.10.19, 6.30.20, 9.28.22, 10.26.22

Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

Policy: To assure the safeguarding of client records and client confidentiality as it relates to, not only best practice, but also in compliance with state and federal laws and regulations. Client records as expected to be organized, clear, complete, current and legible.

Procedure:

For All Programs

Program shall not convey to a person outside of the program that a client attends or receives services from the program or disclose any information identifying a client as an alcohol or other drug services client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to qualified personnel for a

- a. Medical emergency
- b. Research
- c. Audit or Program evaluation purposes

Federal laws and regulations do not protect any;

- a. Threat to commit a crime
- b. Any information about a crime committed by a client either at the program or,
- c. Against any person who works for the program.

Child Abuse Reporting

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate authorities.

Client Confidentiality

Information regarding clients in alcohol/drug programs is protected by Federal law. No information regarding the name of a client, appointments or nature of treatment will be released in person, on the telephone, via email, or in writing to anyone not involved in the treatment process without the written consent of the person involved.

No client information will be disclosed unless the following occurs:

- a. Client consents in writing for the release of information,
- b. The disclosure is allowed by a court order, or
- c. The disclosure is made to qualified personnel for medical emergency,
- d. Research
- e. Audit or program evaluation

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Accounting for Disclosures

Persons served may request an accounting of information that describes the House of Hope, Inc.'s, disclosures of Private Health Information (PHI) to another entity. However, the Privacy Rule does not require the agency to list disclosures for disclosures that a person has authorized, those disclosures carried out for treatment, payment, health care operations, QA/QI, or for internal audits or investigation purposes (45 CFR 160.528(a)(i)). As a consequence, the rule applies only to a limited range of disclosures; these include but are not limited to:

1. Disclosures made to law enforcement agencies such as:
 - a. Any information about a crime committed by a client either at the program or, against any person who works for the program.
2. Threat to commit a crime
3. Threat to commit suicide
4. Threat to commit homicide
5. Disclosures made during a medical emergency
6. Research
7. Audit or Program evaluation
8. Public health authorities,
9. Reports of child abuse
10. Subpoenas
11. Disclosures made in response to court orders in accordance with 42 C.F.R., part 2.
12. When PHI will be disclosed for research limited to decedents' information (despite the fact that authorization is not required for such research, disclosures must still be tracked).

The accounting must include all covered disclosures in the six years prior to the date of the person's request and include the following elements in the tracking document

1. Date of disclosure
2. Who received the information?
3. Recipient's address (if known)
4. A description of what was disclosed
5. Why the information was disclosed

Access to Records

All client files of the Ramseyer Program are kept in the central office of 825 Dennison Avenue in a locked file cabinet. Client records for outpatient services are kept in a locked file cabinet in the hallway of Outpatient. The Manager, the counselors and the Administrative Assistant have keys to these files. Besides those persons, only members of the House of Hope, Inc. Board and funding sources for the purposes of audit and quality assurance may have access to these files. Clients will have access to their own records, upon written request.

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Access to Client files by the client:

Clients must request in writing to the Program Manager for access to their files.

- a. House of Hope, Inc. will accommodate such requests and will not request an explanation of the client
- b. The House of Hope, Inc. will respond within (30) thirty days
- c. The client will be required to pay the current cost of copying prior to the House of Hope, Inc. completing the request
- d. The client may receive a copy of their files with the exception of psychotherapy notes.

Access to the case file by staff

- a. Access to client files by staff shall be related explicitly to the fulfillment of specific job functions
- b. Discussion of the content of case files and/or client with individuals outside the agency is prohibited unless authorized by the policies herein and in accordance with 42 CFR, Part 2.

Access to client files by individuals other than client or staff

- a. Individual other than clients or staff may be provided access to information contained in the substance abuse section of a client's case records in accordance with 42 CFR, Part 2.
- b. A written authorization from the client identifying specifically what information is to be released and the purpose of the release is required. Physical client records will be stored in a locked cabinet and electronic client records are securely stored. Access to client substance abuse program records will be available to the staff, clients and individuals other than client or staff, in accordance with state and federal confidentiality regulation.

Release of client records

A Release of Information form signed and dated by the client must be received prior to releasing any client information. Once received, the release of information form shall be placed in the client's file.

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| Identification of Client (name of client, and / or client identification) | Time Frames |
|--|---|
| Assessment | Prior to admission |
| Consent for alcohol and other drug treatment services | Upon admission |
| Client fee agreement a. Residential b. Outpatient | At assessment |
| Documentation to reflect that the client has received the following a. Program rules and expectations b. Client Rights and Grievance procedures c. Written summary of the federal laws and regulations that indicate the confidentiality of client records is protected as required by 42 CFR Part B, paragraph 2.22 | Upon Admission/Intake |
| Diagnosis and Interpretative Summary | Prior to admission |
| Treatment Plans Residential | <ul style="list-style-type: none"> a. Reviewed with the client at a minimum of every thirty (30) days. This will be documented in the client file b. Updated with client at a minimum of every ninety (90) days |
| Treatment Plans Outpatient | <ul style="list-style-type: none"> a. Reviewed with the client at a minimum every thirty (30) days b. Updated with client at a minimum of every ninety (90) days |
| Progress notes | For all programs Within 48 hours of services rendered |
| ASAM Level of Care Protocols | For all Programs <ul style="list-style-type: none"> a. Upon Admission b. Continued Stay (once per month) c. Discharge / Termination |

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| Disclosure of client information forms | When applicable |
|---|---|
| Termination Summary | For all programs As long as the client meets criteria for continued care, the client chart may remain open. When a client completes treatment, the Transition and Discharge Summary should be completed within 30 days of the discharge. Whenever possible, the client should be given an opportunity to provide input into the discharge planning, and clients should receive a copy of their Transfer or Discharge instructions. Designated staff will conduct follow-up calls with discharged clients within 60 days of discharge. |

Policy for Locating Client Records

The manager of each program site will determine the policy for locating client records, checking them out and returning them.

Storage and Destruction of Client Records

For all Programs

- a. The House of Hope transitioned to a complete electronic medical records system in March 2020. Closed charts that were maintained through a paper system are stored in accordance with this procedure.
- b. Records may not be removed from agency premises without authorization from the program manager.
- c. All closed paper client records shall be kept in a secure locked cabinet.
- d. Client's records will be maintained in accordance with 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Client Records.
- e. All written records will be destroyed after seven (7) years.
- f. At present, all closed electronic client records are securely stored.
- g. When destroyed, confidentiality shall be insured by shredding the written documents.
- h. Written documents will include the following:
 - 1) Clinical records
 - 2) Financial records,
 - 3) Personnel records,
 - 4) Other administrative records
- i. There may be required exceptions to this general policy which would be itemized in our client records policy statement, Personnel Policy statement or Fiscal policy should the following occur:
 - 1) Notice from OMHAS
 - 2) Notice from ADAMH
 - 3) Notice from the I.R.S.

Client Confidentiality & Client Records

OHMHAS: 5122-27-03; 5122-27-05

CARF: 1.E.3; 1.K.1.(e)(2); 2.C.1,2,3,6; 2.D., 2.G.1—6, 3.Q.17

Reviewed: 1.15.15, 3.27.19, 7.10.19, 6.30.20, 9.28.22, 10.26.22

Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

- 4) Or some other government entity requiring that a portion of our records be maintained for a longer period of time on a temporary basis

- j. Programs shall maintain documentation for all services provided.

Components of Client records

Ramseyer Program

1. Identification of client (name of client and/or client identification number).
 - a. The date of admission
 - b. Initial Intake form
 - c. Birth Certificate
 - d. Social Security Card
 - e. Admission Inventory
 - f. Client Admission Tracking Sheet
 - g. Confidentiality Statement
 - h. Receipt of Policies/Consent to Treatment
 - i. Client Rights Policy
 - j. Infectious Disease Control Handout
 - k. Release of Information
 - l. Emergency contact person which includes name, address, phone number
 - m. Risk assessments related to self-harm, anger management, harm to others or self at time of assessments or while in programming
 - n. Safety plans that result from risk assessments
 - o. Miscellaneous correspondence
 - p. Documentation from internal or external referrals
 - q. Referral source information or the person coordinating the services of person served
 - r. Accounting for Disclosure Form
2. Financial Information
 - a. Social Services release of Info
 - b. Social Services Form
 - c. Medicaid Information
 - d. Title XX Application for Determination/Redetermination
 - e. Declaration of Income
 - f. Signed fee agreement
 - g. ADAMH/OMHAS Release of Information
 - h. UCI Request form (ADAMH)
3. Medical Information
 - a. Health History
 - b. Drug Screen Results
 - c. Proof of Physical Exam

Client Confidentiality & Client Records

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Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

- d. Correspondence w/Physician or MH Specialist with address & telephone number when available
- e. Physician or Mental Health Appointments
- f. Prescriptions
- g. Medication Sheets
- 4. Person-Centered Treatment
 - a. Master Problem List
 - b. Assessment, including interpretative summary
 - c. Diagnosis
 - d. Person Centered treatment plan
 - e. Previous Treatment Information/reviews
 - f. Certificate from Completion of Special Services
 - g. Progress Notes
 - h. Client Activity Tracking Sheet
 - i. Probation Officer Information
 - j. Parole/Probation Officer Initial Contact
 - k. Parole/Probation Officer Correspondence
 - l. Notice of Discharge
 - m. Utilization Review ASAM Level of Care
 - n. Discharge
 - o. Discharge Summary/discharge plan/Discharge Instructions to client
 - p. Client Information Form
 - q. Miscellaneous Discharge Form

Disclosure Forms/Release of Information

For all Programs

1. Forms must comply with applicable laws
2. Name of the program making the disclosure.
3. Name or title of the individual or the name of the organization to which the disclosure is to be made.
4. Name of the client.
5. Purpose of the disclosure.
6. Type and amount of information to be disclosed.
7. Original signature of the client or person authorized to give consent.
8. Date client or other authorized person signed the form.
9. Statement that the consent is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.
10. The fact that revocation MUST be done in writing. A verbal request to revoke the disclosure is not valid.
11. The date, event or condition upon which the consent will expire, unless revoked before that specified time.
12. Each Disclosure made with the client's written consent must be consistent with

Client Confidentiality & Client Records

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Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

42 CFR, part 2, by including the following written statement:

“This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information to whom it pertains or as otherwise permitted by 42 C.F.R., part 2. A general authorization of the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.”

Diagnosis

A diagnosis shall be made by a clinician who can issue a diagnosis in accordance with their scope of practice. The diagnosis shall be recorded in each client’s record upon completion of the assessment.

Supporting documentation shall include:

1. Identification of the client
2. Diagnosis and DSM/ICD-10 code number
3. Signs and symptoms justifying the diagnosis
4. Date the diagnosis was made
5. Original signature and credentials of the clinician making the diagnosis

Diagnosis from Another Program

For all Programs

A diagnosis may be accepted if made within one year of the admission date of a client by a clinician who can diagnose substance-related disorders as authorized by the Ohio Revised Code.

For All Programs

An individualized treatment plan shall be written for each client within seven days of completion of the assessment **OR** at the first face-to-face contact following the assessment.

1. Ramseyer Program
 - a. Individualized treatment plans will be reviewed with the client every (30) thirty days and updated at a minimum every ninety (90) days.
 - b. The plan is based on the client’s changing clinical needs, response to treatment and preferences.
2. Outpatient
 - a. Individualized treatment plans will be reviewed with the client every (30) thirty days and updated at a minimum every ninety (90) days.
 - b. The plan is based on the client’s changing clinical needs, response to treatment and preferences.
3. An individualized treatment plan shall be written for each client within seven days of completion of the assessment or at the time of the first face-to-face contact following assessment.

Client Confidentiality & Client Records

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Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

A clinical person-centered treatment plan is developed with:

- a. Documentation indicating the active participation of the person served
 - b. The involvement of family of the person served when applicable and permitted
 - c. Prepared using the information from the assessment process based upon the person's SNAP
 - i. Strengths
 - ii. Needs
 - iii. Abilities
 - iv. Preferences
 - d. Focus on integration and inclusion of the person served into his or her community
 - e. The family when appropriate
 - f. Natural support systems and other needed services
 - g. Communicated to the person served in an understandable manner
 - h. Provided to the person served.
 - i. If these goals are not mutually agreed upon, the reason needs to be fully documented in the Individual Client Record (ICR).
4. Individual and Case Management Treatment shall:
1. Be based on the diagnostic assessment and continuing assessment
 2. Client name
 3. Client identification
 4. ASAM Level of care to which client is admitted
 5. Problem(s) to be addressed
 6. Measurable goals that are expressed in the words of the clients
 7. Are reflective of the informed choice of the client,
 8. Are understandable to the client and address client's needs.
 9. Specific treatment objectives that are:
 - a. Reflective of the person served
 10. The treatment team
 - a. Reflective of the person's
 - b. Age
 - c. Development
 - d. Culture/ethnicity
 - e. Appropriate to the level of care and to the client's disabilities/disorder(s)
 11. Understandable to the person served
 12. Measureable
 13. Achievable
 14. Time specific
 15. Appropriate to the treatment setting
 16. Identification of specific interventions, and modalities used
 17. Frequency and duration of specific interventions or services
 18. When applicable, information on or conditions for any needs beyond the scope of the program

Client Confidentiality & Client Records

OHMHAS: 5122-27-03; 5122-27-05

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Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

19. Referrals for additional services
20. Transition to other community services
21. Community-based service options available to person in long-term residential support programs
22. Available aftercare options when needed
23. When applicable, identification of
 - a. Legal requirements
 - b. Legally imposed fees
24. Original signature of the client
25. Date, original signature and credentials of the person who completed the plan and is qualified to provide alcohol and drug addiction services.
26. Signature of clinical supervisor
27. The ITP shall be reviewed or modified with client every 30 days; at the client's request; when clinically indicated; when there is a change in level of care; when a recommended service is added, terminated, denied or no longer available to the client.
28. The ITP reflects current issues and maintains relevance

For All Programs - Progress notes

Progress notes will be written to reflect the implementation and evaluation of treatment plans for clients admitted to programs. Progress notes will include content to justify the client's continuing need for service. Each service delivered to the client shall be documented in the client's record with a progress note within 48 hours of service delivery. Result of urinalysis testing shall be entered into the client's record. Progress notes will include:

- a. Client identification
- b. Date of service delivery
- c. Length of time of service delivery calculated in hours and minutes and start and ending time of service delivery.
- d. Location of the service contact
- e. Description of service rendered, such as case management, group counseling, or individual counseling.
- f. Topic/Activity
- g. Significant changes or events in the life of the client, if applicable
- h. Recommendations for modifications to the ITP
- i. Frequency of services
- j. Levels of care
- k. Medications and/or medications changes
- l. Appearance
- m. Mood
- n. Risk evaluation
- o. Participation
- p. Evidenced Based Practice interventions

Client Confidentiality & Client Records

OHMHAS: 5122-27-03; 5122-27-05

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Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

- q. Identified goal or objective and indication of progress or lack of progress the client is making towards achievement of their goals and objectives that are identified in the individualized treatment plan.
- r. Indication of the outcomes of the treatment interventions which are stated in the client's individualized treatment plan.
- s. The delivery and outcomes of specific interventions
- t. Group and Individual comments and response to intervention (Group Note)
- u. Individual comments and response to intervention (Individual Note)
- v. Drug screen (if applicable)
- w. Plan / Recommendations for modifications to the ITP
- x. A summary of what occurred during the session.
- y. Whether or not the treatment plan was reviewed or reviewed and updated.
- z. Date and original signature and credentials of the staff member who provides the service delivery.

Documentation is required to verify the client's participation in the activities which include:

- a. Occupational therapy
- b. Activity therapies
- c. Parenting skills training
- d. Alcoholism and drug addiction client education
- e. Expressive therapies (art, drama, poetry, music, movement) and nutritional counseling.

Termination Summary

1. All terminations summaries/discharge plans shall include the following:
 - a. Client identification
 - b. Date of admission
 - c. Date of discharge
 - d. Whether the discharge is Approved, Against Staff Advice, Administrative or Inaccessible
 - e. Diagnosis
 - f. Current SNAP
 - g. Medications
 - h. Discharge Instructions for the client
 - i. The degree of severity at admission and at discharge based on ASAM protocols for levels of care criteria.
 - j. Intoxication and withdrawal
 - k. Biomedical conditions and complications
 - l. Emotional/behavioral/cognitive conditions ad complications
 - m. Treatment acceptance/readiness
 - n. Relapse potential
 - o. Recovery environment

Client Confidentiality & Client Records

OHMHAS: 5122-27-03; 5122-27-05

CARF: 1.E.3; 1.K.1.(e)(2); 2.C.1,2,3,6; 2.D., 2.G.1—6, 3.Q.17

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Revised: 3.27.19; 7.10.19,6.30.20, 9.28.22, 10.26.22

- p. ASAM level of care and service(s) provided during treatment
- q. Client's response to treatment
- r. Recommendations and/or referrals for additional alcohol and drug addiction treatment or other services.
- s. Date, original signature and credentials of the person qualified to provide counseling.

Additional Documentation

1. Any additional information (paper or electronic format) pertaining to a client's care shall be scanned into the client's electronic health record.

For all programs

1. All documentation completed by student interns shall be countersigned by an individual qualified to be an alcohol and drug treatment service supervisor pursuant to Ohio Revised Code 3793:2-1-08.
2. All documents that require signatures will include original or electronic signatures.
3. If duplicate documents/records are maintained at multiple sites a central record is kept current and complete.

Program Closing

If a program discontinues operations or is taken over or acquired by another entity, it shall comply with 42 C.F.R., part 2, subsection 2.19 which governs the disposition of records by discontinued programs.

ADAMH BOARD OF FRANKLIN COUNTY – NOTICE OF PRIVACY PRACTICES



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.

This notice is effective as of September 23, 2013.

Protecting the privacy of information about your health is important to us, and a responsibility we take seriously. We, at ADAMH, understand that information about you and your health is personal, and it is important to you that we keep it confidential. We are committed to protecting the confidential nature of information about your past, present, or future health condition, treatment, or payment.

ADAMH'S DUTY TO SAFEGUARD YOUR HEALTH INFORMATION

We are required by law to:

- Protect the privacy of your health information.
- Provide you with this notice of our legal duty and our privacy practices.
- Follow the practices described in this notice.

This notice describes the ways we may use and disclose information about your health to carry out treatment, payment, and health plan operations and for other purposes as permitted or required by law. It also describes your rights and our duties regarding our records or information about your health.

HOW WE MAY USE & DISCLOSE INFORMATION ABOUT YOUR HEALTH & LIMITS ON USE WITHOUT YOUR AUTHORIZATION

Please note that if you have received treatment services for alcohol or other drug (AOD) or mental health (MH) issues, you were asked to sign an authorization when you were at your provider's office so that we can process payment for your services.

We use and disclose information about your health for several reasons. We have a limited right to use or disclose information about your health for treatment, payment, or our health plan operations. For uses beyond that, we must have your written authorization unless the law allows us to use or disclose it without authorization. Except for specified reasons, we must use or disclose only the minimum necessary health information to accomplish the intended purpose.

The following categories describe different ways we may use and disclose information about your health. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information fall within one of them.

Treatment: While ADAMH does not provide direct health treatment, we may use or disclose health information to service providers, with whom we have a current agreement for patient services, to coordinate your health care. If we disclose MH information, it contains no more than your medication and physical health status and history; summaries of your course of treatment and treatment needs; discharge summary; and financial status. We will only disclose AOD information to medical personnel in the case of an actual medical emergency.

Payment: ADAMH uses or discloses health information to state agencies and other ADAMH boards to determine your eligibility for publicly funded services and so we can administer eligibility, enrollment, billing, and payment for your health care services. However, prior to our use or disclosure of AOD information for payment purposes, your service

provider was required to obtain your permission to release your health information. Prior to our use or disclosure of MH information, your service provider attempted to obtain your consent for disclosure in order to obtain payment for goods and services. ADAMH is prohibited from using or disclosing genetic information for underwriting purposes.

Health Plan Operations: ADAMH uses or discloses your health information for our business operations. For example, we evaluate the quality of services provided to you by our service providers. We disclose information to our accountant or attorney for audit purposes. In our MH and AOD evaluation and audit reports, we do not include or retain the names of individual health care consumers, or disclose their identities in any way. We may share health information with our contract service providers to resolve your complaints, grievances, or customer service issues. If we disclose MH information, it contains no more than your medication, health status and history; a summary of your course of treatment and treatment needs; discharge summary; and financial status, and an attempt will be made to obtain your consent for disclosure. We conduct oversight activities as described below.

The law provides that we may use or disclose information about your health without your consent or authorization under the following circumstances:

Law Enforcement & Government: ADAMH may use or disclose AOD health information relating to suspected serious criminal activity in response to a court order. We may disclose MH information related to suspected criminal activity at the request of a law enforcement official. In order to avoid a serious threat to health or physical safety to you or others, we may disclose information about your health to law enforcement. We may disclose health information of military personnel or veterans in certain situations; to correctional facilities; to government benefit programs about eligibility and enrollment; or for national security reasons, such as protection of the President. We may disclose information to a state or federal regulatory agency.

Health Oversight Activities: ADAMH may use or disclose information about your health for audits, inspections, advocacy, or other monitoring activities related to our legal responsibility toward our contracted service providers. We may use or disclose information about MH care for reporting or investigating unusual incidents.

Public Health: ADAMH may disclose information about your health to public authorities in situations where abuse, neglect, or domestic violence has been substantiated.

Coroners: ADAMH may release information about your health to a coroner.

Research: ADAMH may use or disclose your AOD information for research purposes if we abide by established guidelines. However, your identity would NOT be revealed in any report. We must obtain your consent to release MH information for research purposes.

USES & DISCLOSURES REQUIRING YOUR AUTHORIZATION

ADAMH can use or disclose information about you only if you give an authorization for:

- Marketing
- Sales of your protected health information (PHI)
- Most uses and disclosures of psychotherapy notes
- Other uses and disclosures not described in this notice

ADAMH BOARD OF FRANKLIN COUNTY – NOTICE OF PRIVACY PRACTICES

You can revoke your authorization at any time by giving us a written notice.

USES & DISCLOSURES TO WHICH YOU MAY OBJECT

We may disclose a limited amount of your health information directly related to your care, if we inform you in advance and you do not object:

- To family, friends, or those involved with your care, about their direct involvement in your care or payment for your care;
- Following previously expressed wishes, or if it is an emergency and you cannot be given a chance to object to disclosure of information before treatment is given;
- To family, friends, or those involved with your care about your location, general condition, or death.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOUR HEALTH

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

To Access and Copy: You have the right to see the health information we maintain about you. Usually this includes billing records. You must make your request in writing, and we will respond within 30 days. If we deny your access, we will give you the reasons in writing. Usually this would be because access to the information might reasonably endanger the life or physical safety of you or another person. You may ask that the denial be reviewed. If you want copies of your health information, you have a right to choose what parts of your information you want copied, and to have prior information on the cost of copying.

To Request Restrictions: You have the right to ask that we limit how we use or disclose information about your health. We cannot agree to limit uses or disclosures that are required by law. We are not required to agree to your request for restriction or limits. To the extent that we do agree, we will put it in writing and abide by it, except in emergencies.

To Choose How We Contact You: You have the right to ask that we send you information at an alternate address, or by an alternate means. We must agree to your request, as long as it is reasonably easy for us to do so, or if you demonstrate that the alternate address is needed for your safety.

To Find Out about Disclosures: You have the right to get a list of when, to whom, for what reason, and the content of information about your health that has been released to others. Exceptions include the information that is normally used for treatment, payment, and health plan operations; information released to you or those involved in your care; any information released according to your written authorization; or releases made for national security purposes or to law enforcement or corrections officials. We will respond to your written request for this list within 60 days. Your request can relate to disclosures going as far back as 6 years. There is no charge for the first list each year, but there may be a charge for more frequent requests.

To Revoke an Authorization: If you have signed an authorization for us to use or disclose information about your health, you may revoke it by notifying us.

To Be Notified in the Event of a Breach of Confidentiality: If your PHI has been used or released inappropriately or accidentally, you have a right to be notified of that release.

To Request Amendment of Your Information: If you believe that there is a mistake or missing information in our records, you may request, in writing, that we correct or add to the record. We will respond within 60

days of receiving your request. We may deny the request if we find that the information:

- Is correct and complete;
- Was not created by us;
- Is not part of the information about your health that we keep; or
- Is not part of your health information that you would be allowed to inspect and copy.

If we deny your request to amend the information we have about your health, we will tell you in writing what the reasons are. You have the right for your request, our denial, and any statement in response that you provide to be added to your records.

If we approve the request for amendment, we will change the information and inform you of the change. We will also tell others that need to know about the change in your information.

Please submit your request about your health information to:

Privacy Officer
ADAMH Board
447 E. Broad St.
Columbus, OH 43215
614-224-1075

To File a Complaint: We will take no retaliation against you if you make a complaint. If you believe your privacy rights have been violated by ADAMH, you may file a written complaint:

With ADAMH
Privacy Officer
ADAMH Board
447 E. Broad St.
Columbus, OH 43215
Phone: 614-224-1075

With the Office for Civil Rights
Region V Office for Civil Rights
U.S. Dept. of Health and Human Services
223 N. Michigan Ave. Suite 240
Chicago, IL 60601
Phone: 312-866-2359
TDD: 312-353-5693
Email: OCRComplaint@hhs.gov

RIGHT TO A COPY OF THIS NOTICE: You have a right to get a copy of this notice at any time. This notice is also available on our website [www.adamhfranklin.org].

CHANGES TO THIS NOTICE: We reserve the right to change our privacy practices described in this notice, and to make the changes apply to all health information we maintain. If we do, we will mail a copy of the new notice to all current clients and post the new privacy notice on our website [www.adamhfranklin.org]. You may request a copy of the new notice from the ADAMH Board.

FOR MORE INFORMATION: If you have questions about how we handle your health information or about our privacy notice, please contact our Privacy Officer at 614-224-1075.

