



Notice of CBHC Privacy Practices

Dear Client,

At Community Behavioral Health Center (CBHC) we value the trust you have enlisted in us! CBHC, including its staff and affiliated entities comply with all applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

We strive to provide the highest quality of services, and when needed and possible we match clients with case managers that can speak their language and have a deep understanding of their cultural background and needs.

At CBHC we believe the client's health information is personal. We are required by law to keep records of the care and services that you receive at our agency. We are committed to keeping your health information private and we are required by law to respect your confidentiality.

This notice describes our privacy practices and applies to all the health information that identifies you and the care you receive at CBHC. This information may consist of paper, digital or electronic records but could also include photographs, scans, and other electronic transmissions that are created during your care or delivery of services.

We are legally required to keep your health information private, to notify you of our legal responsibilities and privacy practices that relate to your health information and to notify you if there is any breach of your unsecured health information. We are also legally required to give you this notice and inform you that all our staff are required to abide by these privacy rules.

How we may use and disclose your health Information

We will use your information within CBHC and will only disclose your health information outside of CBHC for the reasons described in this Notice. The following categories describe some of the ways we may disclose your health information.

Treatment, Payment, and Health Care Operations

Treatment: We may use and disclose your PHI within our organization to provide, coordinate, or manage your health care and related services. For example, we may use your PHI to arrange counseling for you as well as provide you with the necessary community support program services.



As a general rule, we may not disclose any PHI outside of our organization unless you have authorized the disclosure in writing. One exception to this general rule is that we may disclose limited PHI without your written authorization in order to respond to a medical emergency. In addition, if you are involuntarily committed for inpatient psychiatric care, we may disclose limited PHI to others for the purpose of providing you services, so long as we are unable to obtain your written authorization to do so.

Payment: We may use and disclose PHI for billing, claims management, and collection activities. If you do not provide us with a written authorization, we are permitted to disclose PHI necessary to be paid for services provided.

If you become eligible to receive services funded in whole or in part by public funds, we are required to enter PHI about you in accordance with OHIO DBH and Cuyahoga Community Health Board requirements. This is done to determine your eligibility for Medicaid services.

Health Care Operations: We may use and disclose PHI in order to perform business activities called health care operations, which include but are not limited to activities that help us to improve the quality of care we provide and reduce health care costs. We may use PHI to monitor the performance of individuals providing treatment to you. We may also use PHI to resolve any complaints you have.

...We may contact you without authorization to remind you of appointments, via telephone or mail, and to provide you with information about treatment alternatives or other health-related benefits and services...

Other Special Situations

Communications to Individuals Involved in your Care: We will not disclose PHI to anyone involved in your care unless you have authorized us to do so or unless the disclosure is otherwise permitted or required by law. For example, we may provide limited PHI to a family member who is involved in the oversight of your care.

Uses or Disclosures Required by Law: We may use and disclose PHI if we are required to do so by federal, state, or local law. Any disclosure will be strictly limited to the requirements of the law.

Uses or Disclosures for Public Health Activities: In accordance with applicable law, we may use or disclose PHI to public health authorities or other authorized persons to conduct certain activities related to public health without your written authorization.

Uses or Disclosures Regarding Abuse, Neglect, or Domestic Violence: We may disclose PHI in accordance with applicable law to designated authorities to report known or suspected abuse, neglect, domestic violence, or child endangerment.

Uses or Disclosures for Health Oversight Activities: We may disclose PHI to a health oversight agency performing activities authorized by law. This could include audits, investigations, inspections, licensure, and disciplinary activities conducted by agencies taking specified actions and monitoring the health care system.

Uses or Disclosures for Law Enforcement: When required by law in specific circumstances, we may disclose PHI to law enforcement officials without your written authorization or a court order.

Uses or Disclosures for Research: We may use and disclose PHI for research purposes under certain limited circumstances.

Uses or Disclosures to Avert a Serious Threat to Health and Safety: In accordance with Ohio law, we may use or disclose PHI to prevent or lessen a serious threat to the health and safety of you or others.

Uses or Disclosures for Specialized Government Functions: When required by law, we may disclose PHI without your written authorization for certain governmental activities:

- For specified military and veteran activities where the notifying agency has the authority to receive such information.
- For national security and intelligence activities.
- To promote the health and safety of a particular inmate or any other person at a correctional institution or who is involved with an inmate in a custodial situation.

Uses or Disclosures for Workers Compensation: In accordance with your written authorization, we may disclose PHI necessary to comply with laws relating to workers compensation or similar programs.

Disclosures required by Federal Privacy Rules: We may be required to disclose PHI without your written authorization to the Secretary of the Department of Health and Human Services when directed in compliance with federal privacy rules.

Notice of Privacy Practices: You have the right to request and obtain a paper copy of this Notice at any time.

Client Rights: You have the right to request and obtain a copy of CBHC notice of Client Rights and Grievance Policy.

Request for Confidential Communications: You have the right to request that PHI be communicated to you in a specific confidential manner. You do not have to tell us why you are making such a request.

Request for Restrictions: You have the right to request restrictions on certain uses and disclosures of your information for treatment, payment, or healthcare operations or to persons involved in your care, except when required by law or necessary to provide care in an emergency. We are not legally required to agree to your request and will notify you, in writing, of our decision regarding your request.

What can I do if I have questions or wish to submit a complaint about the use and disclosure of your PHI?

Questions and complaints about the use and disclosure of your Protected Health Information may be sent to:

**Community Behavioral Health Center
Client Rights Officer**
3690 Orange Place, Suite 320
Beachwood, OH 44122
Email: info@cbhcweb.com

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington D.C. 20201.

CBHC will not retaliate against you for any complaint made regarding the use or disclosure of your Protected Health Information.

HIE NOTICE

We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide or obtain access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying us by via email at info@cbhcweb.com or phone at (216) 831-1494.

Telehealth Mental Health Services Consent

CBHC may provide some services via telehealth. Telehealth mental health services are provided using secure video, phone, or other electronic communication methods. While telehealth can be a convenient and effective way to receive counseling or therapy, there are some potential risks to be aware of. These may include occasional technical problems, such as poor internet connections or service interruptions, and limits in the provider’s ability to fully observe body language or other non-verbal cues. There are also privacy and confidentiality considerations when using electronic communication. Although reasonable steps are taken to protect your personal and health information through secure systems, no technology can guarantee complete confidentiality. You are encouraged to participate in sessions from a private location and to protect your own privacy as much as possible.

Patient Name (Print): _____

Patient Signature: _____

Gaurdian/POA Name (Print):

Gaurdian/POA Signature:

Date: (___ / ___ / _____)