Greene County Educational Services Center Mental Health Services NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices: Effective: January 1, 2021

THIS NOTICE DESCRIBES HOW OBTAINED MENTAL HEALTH

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

At the GREENE COUNTY EDUCATIONAL SERVICE CENTER - MENTAL HEALTH SERVICES (GCESC), we are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure. This Notice will tell you how we may use and disclose your health information. It also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to: 1) maintain the privacy of your health information; 2) give you notice of our legal duties and privacy practices with respect to your health information; 3) abide by the terms of the notice that is currently in effect; and 4) notify you if there is a breach of your unsecured health information.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Greene County Educational Services Center may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- "PHI" refers to information in your mental health record that could identify you.
- "Treatment, Payment and Health Care Operations"
 - Treatment is what is provided, coordinated or managed related to your child's mental health care and other services related to this care in a school-based setting. An example of treatment would be a consultation with another provider outside of the school setting, such as your family physician. It is also related to the information disclosed to the educators responsible for you child.
 - *Payment* is when reimbursement is obtained for the mental health services provided. In the school setting, payment sources could be and but not limited to the school district you are attending, the Mental Health and Recovery Board of Clark, Greene and Madison Counties, and or Medicaid (if eligible).
 - *Mental Health Care Operations* are activities that relate to the performance and operation of this program. Examples of health care operations are quality assurance and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "Use" applies only to activities within the scope of the school-based mental health services program of the GCESC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "Disclosure" applies to activities outside of the school-based mental health services program at the GCESC, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

GCESC may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when GCESC is asked for information for purposes outside of treatment, payment and health care operations, authorization will be obtained from you before releasing this information. Authorization will also be obtained before releasing any psychotherapy notes.

"Psychotherapy notes" are notes made about our conversation during a private, group, joint, or family counseling session, which are kept separate from the rest of your child's record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time to stop future uses /disclosures except to the extent that GCESC have already undertaken an action in reliance upon your authorization. Each revocation must be in writing.

III. Uses and Disclosures with Neither Consent nor Authorization: "Limits of Confidentiality"

The law provides that GCESC may use/disclose PHI from mental health records without consent or authorization under the following circumstances:

- Child Abuse: If it is known or suspected that a child under 18 years of age, or intellectually disabled, developmentally disabled, or physically impaired child under 21 years of age, has suffered or faces a threat of suffering any physical or mental wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect, GCESC is required by law to immediately report that knowledge or suspicion to the Ohio Public Children Services Agency, or a municipal or county peace officer.
- Adult and Domestic Abuse: If there is reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation, GCESC is required by law to immediately report such information to the County Department of Job and Family Services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your evaluation, diagnosis and treatment and the records thereof, such information is privileged under state law and it will not be released without written authorization from you or your persona or legally-appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: If it is believed that a client poses a clear and substantial risk of imminent serious harm to self or another person, the GCESC will disclose relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm. If an explicit threat of inflicting imminent and serious physical harm or causing the death of one or more clearly identifiable victims, and it is believed that the client has the intent and ability to carry out the threat, then GCESC is required by law to take one or more of the following actions in a timely manner: 1) take steps

to hospitalize the client on an emergency basis; 2) establish and undertake a treatment plan calculated to eliminate the possibility that the client will carry out the threat, and initiate arrangements for a second opinion risk assessment with another mental health professional; 3) communicate to a law enforcement agency and, if feasible, to the potential victim(s), or victim's parent or guardian if a minor, all of the following information: a) the nature of the threat; b) your identity; and c) the identity of the potential victim(s).

• **Government Functions:** PHI may be disclosed to a government benefit program relating to eligibility and enrollment and for national security reasons.

IV. Patient's Rights

- Right to Request Restrictions the client has the right to request restrictions on certain uses and disclosures of protected health information about themselves. GCESC will consider the request, but is not legally bound to agree to the restriction.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations the client has the right to request and receive confidential communications of PHI at an alternative address or by an alternative means.
- Right to Inspect and Copy the client has the right to inspect or obtain a copy (or both) of PHI and psychotherapy notes in the mental health and/or billing records used to make decisions as long as the PHI is maintained in the record. Access may be denied under certain circumstances, but in some cases this decision can be reviewed. Upon request, the details of the request process can be discussed according to the policies and procedures of the GCESC.
- *Right to Amend* the client has the right to request an amendment of PHI for as long as the PHI is maintained in the record. Under certain circumstances your request may be denied. On request, the details of the amendment process can be discussed according to the policies and procedures of the GCESC.
- Right to an Accounting of Disclosure the client has the right to request an accounting of the disclosures we make of your health information, except for those made with your permission and those related to treatment, payment, our health care operations, and certain other purposes. Your request must include a timeframe for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.
- Right to a Paper Copy the client has the right to obtain a paper and /or e-mail copy of this notice upon request.

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision made about access to records, or have other concerns about privacy rights, please contact:

Anya Senetra, MSW, LISW-S Director of Mental Health Services Greene County Educational Services Center 360 East Enon Road Yellow Springs, OH 45387 Phone: 1-937-767-1303, x 1131

E-mail address: asenetra@greeneESC.org

You may also send a written complaint to:

Secretary of the U.S. Department of Health and Human Services Office for Civil Rights, Midwest Region 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 Telephone: (800) 368-1019

TTD: (800) 537-7697 ocrmail@hhs.gov

You have specific rights under the Privacy Rule. No one will take retaliatory action against you if a complaint is filed.

VII. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2021. This notice will be included as part of the enrollment process to received school-based mental health services. This notice will be included in the year-end reviews of the status of those currently enrolled in the GCESC mental health services program. This notice will be reviewed and discussed annually with all open cases.