

Welcome to SpringVale Health Centers

The following packet of information has been designed to provide you with all information about Individual rights, privacy policies, procedures to identify complaints, and information about communicable diseases.

Individual Treatment Rights for Mental Health and Substance Use Services as supported by SpringVale Health Centers and the Board of Directors:

- a) The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- b) The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan.
- c) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives.
- d) The right to consent to or refuse any service, release of information, provider, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, release of information, provider, treatment, or therapy on behalf of a minor Individual.
- e) 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.
- f) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan.
- g) The right to freedom from unnecessary or excessive medication.
- h) The right to freedom from unnecessary restraint or seclusion.
- i) 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 Individual's participation in other services. This necessity shall be explained to the individual and written in the individual's current services plan.
- j) The right to be informed of and refuse any unusual or hazardous treatment procedures.
- k) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs.
- l) The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
- m) The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the individual or parent or legal guardian of a minor individual or court-appointed guardian of the person of an adult individual in accordance with rule 5122:2-3-11 of the Administrative Code.
- n) The right to have access to one's own psychiatric, medical, or other treatment records, unless access to particular identified items of information is specifically restricted for that individual for clear treatment reasons in the Individual's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the individual such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the Individual and other persons authorized by the Individual the factual information about the individual that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the Individual has unrestricted access to all information. Individuals shall be informed in writing to agency policies and procedures for viewing or obtaining copies of personal records.
- o) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.
- p) The right to receive an explanation of the reasons for denial of services.
- q) The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental disability, HIV-related conditions, developmental disability, or inability to pay.
- r) The right to know the cost of services.
- s) The right to be fully informed of all rights.
- t) The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service.

- u) The right to file a grievance in accordance with agency procedures.
- v) The right to have oral and written instructions for filing a grievance as provided in this informational packet.

FEDERAL CONFIDENTIALITY RULES 42 CFR PART B, PARAGRAPH 2.22

The following statement is the rule on confidentiality regarding the release of drug and alcohol information.

This information has been disclosed from records protected by Federal Confidentiality rules (42 CFR Part B, Paragraph 2.22). The Federal rules prohibit you from making any further disclosure of information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part B, Paragraph 2.22. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice of Privacy Practices as supported by this agency

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.

Purpose

SpringVale Health Centers and its workforce follow the privacy practices described in this Notice. SpringVale Health Centers keeps your Protected Health Information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment by all professional staff involved in your treatment and employees involved in the health care operations of the agency may have access to your records.

Our Duty to Safeguard Your Protected Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" (PHI). We are required to extend certain protection to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose the minimum necessary PHI to accomplish the intend purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, we will post a new Notice at each of our office sites. You may request a copy of the new notice from the Privacy Office at 201 Hospital Drive, Dover, OH 44622, (330) 343-6631, and it will also be posted on our website at www.cmhdover.org.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following are some examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

Generally, we may use or disclose your PHI as follows:

- **FOR TREATMENT:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, psychiatrists, nurses, counselors, social workers, case managers, etc. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work.
- **TO OBTAIN PAYMENT:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, ODMH, ODADAS, the local ADAMHS Board (through the Multi-Agency Community Services Information System – MACSIS) and/or a private insurer to get paid for services that we delivered to you.

- **FOR HEALTH CARE OPERATIONS:** We may use/disclose your PHI in the course of operating CMH, Inc. For example, we may use your PHI in evaluating the quality of services provided or disclose your PHI to our attorney, to the ADAMHS Board, ODMH, or ODADAS for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office in Dover for similar purposes. Release of your PHI to MACSIS and/or state agencies might also be necessary to determine your eligibility for publicly funded services.
- **APPOINTMENT REMINDERS:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home by mail, telephone or a message on your answering machine.

Uses and Disclosures Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization. The privacy of alternative delivery methods, such as faxing, cannot be assured by members of CMH's workforce.

Uses and Disclosures of PHI from Health Records Not Requiring Authorization

The law provides that we may use/disclose your PHI without authorization in the following circumstances:

- **Emergencies:** We may disclose PHI to medical personnel to meet a medical emergency.
- **Communication Barriers:** We may disclose PHI when there are substantial communication barriers and it is reasonable to believe that you are giving your authorization.
- **When Required by Law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **For Public Health Activities:** We may disclose PHI to Public Health or Legal authorities charged with preventing or controlling disease, injury or disability.
- **For Health Oversight Activities:** We may disclose PHI for health oversight activities according to specific requirements.
- **Relating to Decedents:** We may disclose PHI relating to an individual's death to coroners or medical examiners.
- **To Avert Threat to Health or Safety:** We may disclose PHI as necessary in order to avoid a serious threat to health or safety to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **For Specific Government Functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Authorization

The law provided that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

- **Emergencies:** We may disclose PHI to medical personnel to meet a medical emergency.
- **When Required by Law:** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.
- **Relating to Decedents:** We may disclose PHI relating to an individual's death if state or federal law requires the information collection for the purpose of inquiry into the cause of death.
- **For Audit or Evaluation Purposes:** In certain circumstances, we may disclose PHI for audit or evaluation purposes.
- **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your PHI provided that you make a written request to invoke the right on the form provided by CMH, Inc.:

- **To Request Restrictions on Uses/Disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will comply with your request except in emergency situations. We cannot agree to limit uses/disclosures required by law.
- **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. We must agree to your request as long as it is reasonably easy for us to do so.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we

deny you access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying will be imposed and must be paid prior to receipt of the copies. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

- **To Request Amendment of Your PHI:** If you believe that there is incorrect or inconsistent information in our record of your PHI, you may request, in writing, that we add clarifying information to the record. We may deny the request if we determine that the PHI is: (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI upon your written request.
 - **To Request a List of Disclosures:** You have a right to request an accounting of disclosures of your PHI other than instances of disclosure for treatment, payment and operations or pursuant to your written authorization as required by law for the last 6 years but not prior to April 14, 2003. If you request an accounting, we will charge a reasonable fee to cover costs.
 - **To Receive This Notice:** You have a right to receive a paper copy of this Notice.
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Complaints and Grievances (effective 4/14/03)

Every Individual has the right to file a complaint or grievance concerning treatment received at SpringVale Health Centers. A ***grievance*** involves denial or abuse of a Individual's rights. A ***complaint*** involves dissatisfaction with some aspect of service or the agency. In either case, the Individual will be linked with the ***Right's Officer (RO)***, who will assist the Individual in making the complaint or filing the grievance and making certain that the individual understands the process and his/her options.

Complaints

1. When a Individual expresses his/her desire to make a complaint, the Individual will be linked with the RO or the Alternate, depending on availability.
2. The RO or Alternate will be accessible within three working days to offer the individual the opportunity to express their complaint.
3. The RO will document the complaint and ask the Individual of his/her preferred resolution.
4. The RO will forward a copy of the complaint to the appropriate administrative supervisor. The administrative supervisor will meet with the provider or staff member, along with the immediate work supervisor to discuss the nature of the complaint. The results of this meeting will be shared with the RO by the administrative supervisor.
5. Upon request, the Individual may be notified of the resolution of the complaint by the CRO.
6. If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 233 N. Michigan Avenue, Suite 240, Chicago, IL 40401, or call (312)886-2359. We will take no retaliatory action against you if you make a complaint.

Grievances

1. When an individual expresses his/her desire to file a grievance, the individual will be linked with the RO or Alternate, depending on availability.
2. The RO shall be accessible to the Individual within three working days to assist the individual in filing a grievance.
 - a. All grievances must be in writing, signed and dated by the individual or someone designated to do so on behalf of the Individual.
 - b. The written grievance shall include the date, time, description and the names of the individuals involved in the grievance.
3. After receipt of the written grievance, a written acknowledgement shall be given to the individual within three working days, and will include a summary of the grievance, an overview of the process, the time-table for completion, RO's name, and the agency address and telephone number.

4. The grievance will be heard by either the Peer Review committee or the Administrative Committee. The griever or his/her representative has the right to be heard by the committee at the grievers' request.
5. The committee will forward their recommendations to the Executive Director, who will respond in writing.
6. The griever will receive written notification of resolution of the grievance within 21 days of filing the grievance with the RO. Resolution information will be provided to a representative of the individual with written authorization.

At any time, an individual may initiate a grievance with any or all of several outside entities as listed on the reverse of this sheet. Information from the grievance procedure may be released to any of these organizations with a signed release from the individual.

Information on Communicable Diseases

HEPATITIS B

SYMPTOMS: Jaundice, fatigue, nausea, vomiting, abdominal pain, loss of appetite. *About 30% of the time infected individuals have no symptoms.*

TRANSMISSION: Blood or bloody fluid from an infected person enters the body of a person who is not immune. To a lesser extent, semen, saliva and other body fluids may contain the virus. This virus is spread through having sex with an infected person without using a condom, sharing needles or "works" when shooting drugs, through accidental needle sticks, and from mother to baby during birth.

RISK GROUPS: Injection drug users; persons with multiple sex partners; infants of infected mothers, sexual contact with infected partners.

PREVENTION: Hepatitis B vaccine is the best protection. Use a latex condom correctly every time you have sex if you are not with one steady partner. If you shoot drugs, stop, and get into a treatment program. If you can't stop, never share needles, syringes, water or "works", and get vaccinated. Do not share personal care items that may have blood on them, such as razors or toothbrushes. Consider the risks before getting a tattoo or piercing.

HEPATITIS C

SYMPTOMS: Jaundice, fatigue, dark urine, abdominal pain, loss of appetite, nausea. *80% of infected individuals have no symptoms*

TRANSMISSION: Blood or bloody fluid from an infected person enters the body of a person who is not immune. To a lesser extent, semen, saliva and other body fluids may contain the virus. This virus is spread through having sex with an infected person without using a

condom, sharing needles or "works" when shooting drugs, through accidental needle sticks, and from mother to baby during birth.

RISK GROUPS: Injection drug users have the highest risk. Blood and organ recipients prior to 1992 are at risk.

PREVENTION: There is no vaccine to prevent Hepatitis C. If you shoot drugs, stop, and get into a treatment program. If you can't stop, never share needles, syringes, water or "works", with anyone and get vaccinated against Hepatitis A & B. Do not share personal care items that may have blood on them, such as razors or toothbrushes. Consider the risks before getting a tattoo or piercing. Although it is very rare, Hepatitis C may be spread through sex. If you are having sex with more than one steady partner, use a latex condom correctly, every time you have sex.

HIV

SYMPTOMS: You might have HIV and feel perfectly healthy. *The only way to know if you are infected or not, is to be tested.*

TRANSMISSION: By having sex without a properly used latex condom. Blood, semen, or vaginal secretions can enter your body through tiny cuts or sores on your skin, in the lining of your vagina, penis, rectum or mouth. The virus may spread from sharing a needle or syringe to inject drugs, or sharing equipment used to prepare drugs for injection. It can spread through accidental needle sticks, or from mother to child during pregnancy, birth or breast feeding.

RISK GROUPS: Those who have ever shared needles, syringes, or "works". Having had sex with a condom with someone infected with HIV.

If you have ever had a sexually transmitted disease. Having received blood products prior to 1992. Ever having had sex with someone who has done any of these things.

PREVENTION: Don't share needles, syringes, or "the works" used to prepare or inject drugs, steroids, vitamins, or for tattooing or piercing. Abstain from sex, or be in a long-term, monogamous relationship with a partner who has been tested and is not infected. If your sexual behavior puts you at risk, correct and consistent use of a male latex condom can reduce the transmission, although it is not a guarantee. The more sex partners you have, the greater the risk. Don't share personal care items such as razors or toothbrushes, as they may have blood on them.

You cannot get HIV from sweat, spilt tears, clothes, drinking fountains, phones, toilet seats, or through everyday contact like sharing a meal. You cannot get HIV from insect bites or from closed mouth kissing.

TUBERCULOSIS

SYMPTOMS: The symptoms of TB are feeling sick or weak, weight loss, fever and night sweats. TB of the lungs may include coughing, chest pain, and coughing up blood.

With *latent TB infection*, you have the germs in your body. However, you are not sick and you cannot spread the germs to others. The germs may develop the disease in the future, and you may be treated to prevent this.

With *TB disease*, you are actively sick with TB and you can spread the disease. There are drugs that you can take which can cure the TB disease.

TRANSMISSION: TB germs are released into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. These germs may stay in the air for several hours and may be inhaled and infect others.

RISK GROUPS: While anyone can get TB, those with higher risk include: Those who share breathing space with someone with TB disease; homeless people; nursing home residents;

people born in a country where TB infection is common; prisoners; alcoholics and IV drug users; people with certain medical illnesses; those who are underweight; and especially those with HIV infection.

PREVENTION: Testing and treatment is the best precaution. You should get a TB skin test (available through your local Health Department) if: You have spent time with a person known to be or suspected to be infected with TB disease; you have HIV or another condition that puts you at a high risk for TB; you have symptoms of TB disease; you are from a country where TB is very common; you inject drugs; you live somewhere where TB is more common, such as homeless shelters, jail or prison, migrant camps or a nursing home.

This information is provided for general educational purposes only, and is not intended to be used for diagnostic or treatment advice.

For more information on any of these communicable diseases, please contact your healthcare provider, or your local Health Department.

**Tuscarawas County
General Health District
897 East Iron Avenue
Dover, OH 44622
330-343-5555**

**Carroll County
Health Department
301 Moody Avenue SW
Carrollton, OH 44615
330-627-4866**

This information was compiled from information on the Centers for Disease Control web site.

