



**Alcohol & Drug Addiction
Services Board
of Lorain County**

NOTICE OF PRIVACY PRACTICES

Effective: March 11, 2015

This notice describes how personal information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

You may have received alcohol or drug addiction treatment paid for by the Alcohol & Drug Addiction Services Board of Lorain County (“Board”). At the Board we understand that health information about you is personal. We are committed to protecting health information about you and safeguarding that information against unauthorized use and disclosure. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information. This notice applies to all the records that we have related to your care.

GENERAL INFORMATION

We are required by law to:

- Maintain the privacy of your health information
- Provide you Notice of our legal duties and privacy practices with respect to your health information
- To abide by terms of the Notice that is currently in effect
- To notify you if there is a breach of your unsecured health information.
- Provide benefits and pay claims.

Information regarding your healthcare, including payment for healthcare, is protected by federal laws: The **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, 42 USC 1320d et seq., 45 CFR parts 160/164, and the Confidentiality Law, 42 USC 290dd-2, 42 CFR. Part 2. Under these laws the Board may not say to

a person outside the Board that a particular citizen has attended a treatment program, nor may the Board disclose any information identifying a citizen as a drug and alcohol abuser, or disclose any other protected information.

However, the following describes purposes for which we are permitted or required by law to use or disclose your information without your consent or authorization:

- Where we require services of ‘business associates’, our contract requires they maintain the same standards of safeguarding your privacy as we do
- For research, audit or evaluation
- To report crime on premises or against personnel
- To medical personnel in case of emergency
- To appropriate authorities to report suspected child abuse or neglect
- As required by a court order

For example the Board can disclose information without your consent to the State of Ohio to process claims as long as there is a business associate agreement in place.

Before the Board can disclose any information about your health in a manner not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent in writing.

YOUR RIGHTS

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your

health information. The Board is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or to alternative locations. The Board will accommodate your request if it is reasonable and will not request an explanation from you. You also have the right to inspect and copy your own health information maintained by the Board except to the extent information is compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the Board records, and to request and receive an accounting of disclosures of your health related health information made by the Board during the six (6) years prior to your request. You also have the right to receive a paper copy of this notice.

BOARD DUTIES

The Board is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The Board is required by law to abide by the terms of this notice and make new notice provisions effective for all protected health information it maintains. We will post a copy of the current Notice at the Board office and on our website: www.lorainadas.org.

We maintain physical, electronic, and procedural safeguards that comply with applicable laws and regulations to guard your personal information against unauthorized use and disclosure. Any third party processor or consultant used by the Board has signed an

agreement with us requiring such entity to maintain the confidentiality of your personal information. We also restrict access to your personal information to those employees who need to know the information in order to perform their job duties.

COMPLAINTS AND REPORTING VIOLATIONS

If you have a complaint about our Privacy policies and procedures or you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. If you wish to file a complaint with the Secretary you may send the complaint to:

*Office for Civil Rights
U.S. Department of Health and Human Services
Attn: Regional Manager
233 N. Michigan Ave, Suite 240
Chicago, IL 60601*

A violation of Confidentiality Law is a crime. Suspected violations of Confidentiality law may be reported to the United States Attorney in the District where the violation occurs.

To file a complaint with the Board, forward the complaint in writing to the Board Privacy Officer at the address below. We will investigate all complaints and will not retaliate against you for filing a complaint.

*Christine Robinson
Privacy Officer, Lorain County
Alcohol and Drug Addiction Services Board
4950 Oberlin Ave.
Lorain, Ohio 44053
(440) 282-9920*

For additional information, or to exercise your rights regarding our privacy practices, contact the privacy officer in writing.

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ACKNOWLEDGEMENT

I hereby acknowledge that I received a copy of this notice.

Dated: _____

Signature _____