

MENTAL HEALTH AND RECOVERY SERVICES BOARD OF SENECA, OTTAWA,  
SANDUSKY AND WYANDOT COUNTIES

**FISCAL YEAR 2025  
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.**

**EFFECTIVE DATE: MAY 2024**

**PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this Notice, please contact:**

Privacy Officer  
Mental Health and Recovery Services Board  
of Seneca, Ottawa, Sandusky and Wyandot Counties  
1200 N. State Route 53  
Tiffin, Ohio 44883  
Phone: (419) 448-0640

**OUR DUTIES REGARDING YOUR HEALTH INFORMATION**

The Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot Counties (Board) serves as a payer for mental health and alcohol and drug addiction treatment services funded by public money. 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 or disclosure.

We are required by law to: 1) assure health information that identifies you is kept private; 2) give you Notice of our legal duties and privacy practices with respect to health information about you; 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. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. The Notice applies to all of the records that we have related to your care.

**WHY WE COLLECT PERSONAL HEALTH INFORMATION**

We collect personal information to:

- Determine eligibility for health care coverage.
- Provide benefits and pay claims.
- Evaluate programs and services.
- Provide other information for planning and improving mental health and substance abuse services in the community.

We may also be required to collect and keep certain information so that we meet legal and regulatory requirements. We keep this information after a client's health care coverage ends.

**PERSONAL INFORMATION WE COLLECT**

We ask people seeking benefits to provide certain information when they complete an enrollment form. This information may include, for example:

- Name, Address, and Phone Number.
- Date of Birth.

- Marital Status.
- Social Security Number.
- Family Income.

We may also receive personal information about you from others, such as:

- Health care providers (doctors, clinics, hospitals).
- Other Alcohol Drug and Mental Health (ADAMH) Boards that provide coverage to our clients.
- Business partners (companies with whom we have arrangements to assist us in providing products and services).
- Other governmental agencies (criminal justice system, child welfare, juvenile justice, etc.).

The information we collect from other may include, for example, eligibility, claims and payment information. We create and maintain a record of your enrollment in the public mental health and or drug addiction and substance abuse system of the State of Ohio and maintain records of payment for treatment you receive in the public system. From time to time, we also receive information from your treatment provider related to your diagnosis, treatment and progress in recovery, and any major unexpected emergencies or crisis you may experience that help the Board plan for an improve the quality of services for the region's citizens.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

When you receive services paid for in part or in full by the Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot Counties, we may use your personal information for such activities as conducting our normal Board business known as health care operations. If the services we paid for were mental health services or addictions, we may also use your personal information for billing such services. If you have a guardian or a power of attorney, we will provide the information to your guardian or attorney in fact.

**Payment**— We may use or disclose your health information for payment activities such as confirming your eligibility, paying for services, managing your claims, conducting utilization reviews and processing health care data.

**Health Care Operations** — We may use your health information for our internal health care operations such as to train staff, manage costs, conduct quality review activities, perform required business duties and make plans to better serve you and other community residents who may need mental health or substance abuse services. We may also disclose your health information to health care providers and other health plans for certain health care operations of those entities such as care coordination, quality assessment and improvement activities and health care fraud and abuse detection or compliance, provided that the entity has had a relationship with you and the information pertains to that relationship.

**Treatment** — We do not provide treatment services, but we may share your health information with your health care providers to assist in coordinating your care.

**Other Uses and Disclosures** - We may use or disclose your health information, in accordance with specific requirements, for the following purposes: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from business associates that have signed an agreement requiring them to maintain the confidentiality of your

health information.

### **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION**

We are prohibited from selling your health information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your health information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission.

### **PROHIBITED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing any genetic information in your health information for such purposes.

### **SAFEGUARDING YOUR PERSONAL INFORMATION**

We maintain physical, electronic and procedural safeguards that comply with applicable federal and state laws and regulations to guard your personal information against unauthorized use or disclosure. Any third party processor 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. The Board maintains policies and procedures that prohibit such employees and agents of the Board from using, disclosing, transferring, providing access to or otherwise divulging client health information to any person or entity other than to the individual who is the subject of the information.

### **POTENTIAL IMPACT OF OTHER LAWS**

If any state or federal privacy law requires us to provide you with more privacy protections than those described in this Notice, then we must also follow that law in addition to HIPAA. For example, drug and alcohol treatment records generally receive greater protections under federal law.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

- **Right to Request Restrictions:**\* You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, and health care operations and to inform individuals involved in your care about that care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- **Right to Inspect and Copy:**\* You have the right to request access to certain health information we have about you. Under certain circumstances we may deny access to that information such as if the information is the subject of a lawsuit or legal claim or if the release of the information may present a danger to you or someone else. We may charge a reasonable fee to copy information for you.
- **Right to Amend:** You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.
- **Right to an Accounting of Disclosures:**\* You have the right to request an accounting of the disclosures we make of your health information, except for those related to treatment, payment, our health care operations, and certain other purposes, such as if the information is the subject of a lawsuit or legal claim or if release of the information may present a danger to you or someone else. Your request must state the period of time desired 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 of Notice.** You have the right to receive a paper copy of this Notice. This Notice is also available on our web site: [www.mhsosw.org](http://www.mhsosw.org) but you may contact us to obtain a paper copy.

To exercise any of your rights described in this paragraph, please contact the Board Privacy Officer at the address or phone number listed below:

Privacy Officer:  
Mental Health and Recovery Services Board  
of Seneca, Ottawa, Sandusky and Wyandot  
Counties 1200 N. State Route 53  
Tiffin, OH 44883  
(419) 448-0640

\* To exercise rights marked with a star (\*), your request must be made in writing. Please contact us if you need assistance with your request.

### **CHANGES TO THIS NOTICE**

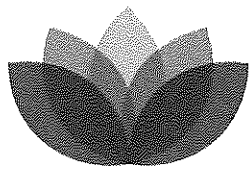
We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Board Office and on our website at [www.mhrsbsw.org](http://www.mhrsbsw.org). Each Notice will contain an effective date on the first page in the top center.

### **COMPLAINTS**

If 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. To file a complaint with the Board, contact the Privacy Officer at the address above. We will investigate all complaints and will not retaliate against you for filing a complaint. If you wish to file with the Secretary you may send the complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
(312) 886-2359; (312) 353-5693 (TDD)  
(312) 886-1807 (Fax)

Online Complaint Process: [www.hhs.gov/ocr/privacyhowtofile.htm](http://www.hhs.gov/ocr/privacyhowtofile.htm)



# MHR SB

Mental Health & Recovery Services Board  
*SENECA, OTTAWA, SANDUSKY & WYANDOT COUNTIES*

## **The MHR SB GOSH Benefit Plan for Clients**

The Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky, and Wyandot Counties (MHR SB) oversees and pays for mental health and substance abuse treatment services for local citizens based upon need and income level. The benefits provided by MHR SB are available to the residents of Seneca, Ottawa, Sandusky, and Wyandot Counties. MHR SB and its treatment providers work together in many ways to ensure access to quality services.

### **What is the MHR SB GOSH Benefit Plan?**

The MHR SB GOSH Benefit Plan is the behavioral health plan that provides public funds to assist with payment of services. MHR SB and local providers cooperate so that a wide range of treatment options are available to individuals and their families as they work towards recovery. These may include but not limited to crisis evaluations, assessments, counseling, medication, case management, housing, job training, social support, and development of everyday living skills.

### **Where do the MHR SB GOSH Benefit Plan Funds come from?**

The MHR SB Benefit Plan is funded by Federal and State tax dollars as well as local levy dollars. Funding comes from the Ohio Department of Mental Health and Addiction Services and levies from Seneca, Ottawa, Sandusky, and Wyandot Counties.

### **What help does the MHR SB GOSH Benefit Plan offer?**

Quality mental health and addiction services are offered to residents of Seneca, Ottawa, Sandusky, and Wyandot counties based on clinical need and income level. Many mental health and addiction problems can be treated. Personal, behavioral, and social problems may also be addressed through counseling, medications, support groups and education. Help is available for people of all ages, including children.

### **What about more serious mental health illnesses?**

Serious mental illnesses, sometimes referred to as brain disorders, are conditions such as major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. These psychiatric conditions may range from mild to severe and are treated by qualified providers. Your opportunity for success is increased when you cooperate with the treatment plan suggested by your provider.

### **How can I receive these services?**

If you are not in an emergency, contact the local treatment provider and request an appointment. A professional staff person will ask you about your situation to make sure the services which the agency provides are appropriate for your needs. You may also be referred to another provider since the level of care you need may only be available from certain providers.

What if I can't afford to pay for my services?

Help is provided for people of various income levels. Priority is given to those most in need.

How do I become part of the MHR SB GOSH Benefit Plan?

County residents of Seneca, Ottawa, Sandusky, and Wyandot counties who request financial assistance will be given the opportunity to enroll in the MHR SB Benefit Plan. Financial assistance offered to you is based on information regarding your specific needs, your financial status, and the resources available from MHR SB.

What does enrollment in the MHR SB GOSH Benefit Plan involve?

When you enroll, you'll be asked to sign a billing authorization statement. This form permits the provider to bill MHR SB, accessing public funds. During intake, you will be asked about your income, family size, whether you have medical insurance or whether you are covered by Medicaid or Medicare.

Will my private insurance cover my care?

Some providers accept private insurance, Medicaid, or Medicare.

Do I have to enroll in the MHR SB GOSH Benefit Plan?

You may choose not to enroll. In that case, you may not qualify for public funds. Other arrangements will need to be made to cover your treatment cost and you may be billed.

How will I know I'm getting the best services?

Treatment providers are reviewed by MHR SB and are licensed through the Ohio Department of Mental Health and Addiction Services. Some treatment providers may also be accredited through other professional bodies. Treatment staff must have specific degrees, certifications, and training.

Can my family and I help decide on my treatment?

You are encouraged to be involved in decisions regarding your treatment. This is a right granted to you by state law. When there is no conflict with confidentiality, families are encouraged to be involved with the treatment being received. In most cases, the more a family is part of the individual's care, the more progress can be made.

What if I seek services outside of the MHR SB GOSH Benefit Plan?

Enrollees are encouraged to use their local treatment providers that are part of the MHR SB GOSH Benefit Plan. If services are sought outside of the MHR SB district (Seneca, Ottawa, Sandusky, and Wyandot counties), and you are not Medicaid eligible, special arrangements need to be made and some benefits may not be available.

I'm concerned: Is my information kept confidential?

MHR SB and its treatment providers must comply with State and Federal laws regarding confidentiality. Your personal information, including your name, will be kept confidential. Only information for billing purposes will be stored in the computer system with your name.

What if I'm not satisfied with my care?

We aim to provide quality services, but you are encouraged to discuss with your provider on any concerns regarding treatment. If the problem persists, you can file a formal grievance. MHR SB and each provider have a plan for dealing with such complaints. To begin the process, ask to speak to the Client's Rights Officer. Your rights are fully explained in the Client's Rights Policy and Grievance Procedure. To obtain a copy, contact MHR SB at 419-448-0640.