



Your Information
Your Rights
Our Responsibilities

This handbook provides information about agency services, your rights and responsibilities, how protected health information may be used and disclosed and how you may access your health information.

Please review it carefully.

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Service Locations & Hours

513.752.1555

Location	Address	Hours
Child Focus, Inc. Mt. Carmel, Ohio (Clermont County)	4633 & 4629 Aicholtz Road Cincinnati, Ohio 45244 Ph# 513-752-1555	M - TH 8:00 am - 9:00 pm F - 8:00 am - 4:30 pm S - 8:00 am - 4:30pm (by appointment)
Child Focus, Inc. Wasserman Day Treatment Center (Clermont County)	4286 Wuebold Lane Cincinnati, Ohio 45245 Ph# 513-732-8800	M - F 8:00 am - 4:30 pm
Wasserman Day Treatment Center (Brown County)	1317 South Second Street Ripley, Ohio 45167 Ph# 937-392-4384	M - F 8:00 am - 4:30 pm
Child Focus, Inc. Amelia, Ohio (Clermont County)	988 Ohio Pike Cincinnati, Ohio 45102 Ph# 513-752-1555	M - TH 8:00 am - 6:00 pm F - 8:00 am - 4:00 pm
Genesis Williamsburg, Ohio (Clermont County)	463 South Broadway Street Batavia, OH 45103 Ph# 513-724-8555	M - F 7:00 am - 3:00 pm
Health Source Loveland, Ohio (Clermont County)	6535 Charles Snider Road Loveland, Ohio 45140 Ph# 513-575-1444	By Appointment
Felicity Christian Church Felicity, Ohio (Clermont County)	847 State Route 133 Felicity, Ohio 45120 Ph# 513-752-1555	By Appointment
Child Focus, Inc. Mt. Orab, Ohio (Brown County)	710 North High Street Mt. Orab, Ohio 45154 Ph# 937-444-1613	M - TH 8:00 am - 9:00 pm F - 8:00 am - 4:30 pm
Health Source West Clermont, Ohio (Clermont County)	1341 Clough Pike Batavia, Ohio 45103 Ph# 513-732-5085	By Appointment
Health Source Georgetown, Ohio (Brown County)	631 E State Street Georgetown, Ohio 45121 Ph# 937-378-6387	By Appointment
Child Focus, Inc. Cincinnati, Ohio (Hamilton County)	4411 Montgomery Road Cincinnati, Ohio 45212 Ph# 513-685-5040	M - TH 12:00 pm - 8:30 pm F - 8:00 am - 4:30 pm

February 2021

Service Locations & Hours

Mental Health Services in Area Schools

Child Focus Inc. provides comprehensive mental health services in 70 schools in the school districts listed below. Ask your service provider if mental health services are available in your child's school.

- Batavia Local Schools
- Bethel-Tate Local Schools
- Bright Local Schools
- Cincinnati Public Schools
- Clermont Northeastern Local Schools
- Eastern Brown Schools
- Fayetteville-Perry Schools
- Forest Hills Schools
- Georgetown Exempted Village Schools
- Goshen Local Schools
- Grant Career Center
- Hamersville Schools
- Hillsboro Schools
- Live Oaks Vocational School
- Lynchburg-Clay Schools
- Mariemont City Schools
- Milford Exempted Village Schools
- New Richmond Exempted Village Schools
- Ripley-Union-Lewis-Huntington Schools
- West Clermont Local Schools
- Western Brown Schools
- Williamsburg Local Schools

Your Rights

All persons receiving mental health services at Child Focus, Inc. have the following rights:

- To be treated with consideration and respect for personal dignity, autonomy and privacy.
- To be free from neglect, physical abuse, sexual abuse, emotional abuse, inhumane treatment, and from financial / other exploitation.
- To receive services in the least restrictive, feasible environment..
- To have access to information sufficient to determine participation in any appropriate and available service that is consistent with an individual service plan regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation.
- To give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency.
- To participate in the development, review and revision of one's own individual treatment plan and receive a copy of it.
- To be free from seclusion and from unnecessary medication or physical restraint. Physical restraint is limited to administration by Crisis Prevention Intervention professionally trained staff in specialized programs and only when an imminent risk of physical harm to self or others exists.
- The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
- To be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common area which does not include bathrooms or sleeping areas.
- To confidentiality of communications and person identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
- To agree or decline voluntary participation in research in accordance with required guidelines and ethics.
- To access one's own client record unless access to certain information is restricted for clear treatment reasons. In such cases, the treatment plan shall include the reason for the restriction with a goal to remove the restriction.
- To be informed in a reasonable amount of time in advance, the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
- To be informed for the reason for denial of a service.
- To not be discriminated against for receiving services on the base of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status or in any manner prohibited by local, state or federal laws.
- To know your service provider or team, concurrent services needed as well as the cost of services.
- To be verbally informed of all client rights, and to receive a written copy upon request.
- The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
- To file a grievance with the right to have oral and written instructions concerning the procedures for filing a grievance, and assistance in filing a grievance if requested as well as referrals to legal, advocacy, and self-support entities for representation.
- To be informed of one's own condition and to consult with an independent treatment specialist or legal counsel at one's own expense. For a minor who is at least 14 years of age to consent to their own mental health service up to 6 sessions or 30 days whichever is shorter without parental consent.
- Individuals with Limited English Proficiency are eligible to receive language interpretation services at no cost. Child Focus, Inc. posts language interpretation services availability at facility sites in the 15 most common languages spoken in Ohio. Please ask for assistance with language interpretation needs.

Your Responsibilities

Proof of Custody

A parent or guardian who has been granted custody by a court must provide court documents as evidence of the child's custody status. A parent who has had no court involvement must provide a birth certificate as proof of custody.

Proof of Income

Because public funds are used in part to pay for services, parents and guardians must provide proof of income at registration. If proof of income is not provided, the client will not receive services until proof of income is provided. Proof of income is required annually as part of the fee re-determination process.

Billable Telephone Services

Phone calls that are clinical in nature will be billed as a community psychiatric support treatment (CPST) and will appear on your bill.

Appointment Attendance

Our commitment to you is to help resolve the difficult issues present in your life and to help you improve your quality of life. We require that you commit to regularly attending appointments scheduled with your service provider(s). The following applies to all clients:

- A failed appointment occurs when a client does not attend and does not notify the service provider that they cannot attend, or when an appointment is cancelled *with less than 24 hours notice*. A failed (no show) appointment fee may be applied if this occurs. A cancelled appointment is a cancellation made *with 24 hours notice*.
- If a parent/guardian fails or cancels an appointment, it is the parent/guardian's responsibility to contact the service provider and schedule another appointment as a subsequent appointment is not automatically scheduled. The next appointment time offered is according to openings available in the service provider's schedule. If the appointment time offered is declined by the family, they may choose to be placed on the waitlist. Being placed on the waitlist means the family chooses to wait to start services with another service provider. Triage will assign the client to another service provider noting the request for specific appointment times/days.
- Two (2) consecutive or three (3) failed or cancelled appointments within a 12-week period may result in discharge from services. In this case, a letter will be sent to inform the family that an appointment must be scheduled and attended during the next 10 days, or the client will be discharged from services. The appointment time offered may or may not be your original appointment time.
- Four (4) or more failed or cancelled appointments within a 12-week period will result in discharge from services in order to accommodate a family that is able to attend regularly scheduled appointments, unless continuing with services is clinically indicated and documented within the client record.
- Services may be resumed at any time in the future when the family is able to attend services regularly. In order to resume services, it will be necessary to attend registration again and to be placed on the waitlist.
- If your child is discharged from services and he or she takes psychotropic medication, Child Focus, Inc. will be happy to send records to your pediatrician upon request.
- If you arrive 15 (or more) minutes late for your scheduled appointment, be aware that your appointment may not occur. Your service provider and/or the receptionist will notify you as to the status. If your appointment is cancelled due to late arrival, this will be considered a failed appointment as noted above.

Parent or Guardian Response to Crisis

Whenever a client is actively a danger to self or others, and immediate on-site intervention is needed to maintain safety, a parent or guardian should call 911. Child Focus, Inc. can provide crisis intervention services within 24 hours to children, adolescents and their families when a child or adolescent is experiencing a crisis. A crisis assessment is conducted and a crisis plan is developed. The need for hospitalization is also assessed at this time. After hours, Child Focus, Inc. has a qualified therapist on call 24/7 to assess and address crisis situations. You may call **(513) 752-1555** after hours to access crisis services.

Your Responsibilities

Response to Crisis (Continued)

If you do not need immediate intervention, but do need to speak with your child's service provider, you may call Child Focus, Inc. during business hours until 9 pm Monday through Thursday, and until 4:30 pm Friday and Saturday. You will be able to speak with your child's service provider if available. If he or she is not available, you will be provided opportunity to speak with another provider.

Child Focus, Inc. provides a **24-hour answering service for after hours crisis** telephone calls. **The answering service can be reached by calling the main number: 513-752-1555 after business hours.** The on-call worker, who is trained to assist with crises, will return your call promptly. If you have Caller ID with anonymous call block rejection, you must turn it off so that the on-call worker can return your phone call. This is done by pressing *87 on your telephone. Failure to do this may result in an inability to return your phone call.

Psychiatric Hospitalization

In the event that your child should need psychiatric hospitalization while being served by Child Focus, Inc., the agency (CFI) will facilitate the hospital admission. Psychiatric hospitalization is needed when a child is at risk of hurting him or herself or others, and/or is displaying psychotic symptoms. A psychiatric hospitalization requires financial payment. Your financial responsibility would fit into one of three categories:

If Your Child Has Medicaid Coverage

Medicaid will pay the hospitalization cost in full. You will not receive a bill from the hospital.

If Your Child Has Private Insurance Coverage

The hospital will bill your insurance company. You will be responsible for any deductible, co-payment or remaining balance as determined by your insurance company. If your insurance company denies payment for the hospitalization and your child is a Clermont County resident, the Clermont County Mental Health and Recovery Board will be responsible for payment.

If Your Child Does *Not* Have Medicaid *or* Private Insurance Coverage AND Your Child Is a Clermont County Resident

The Clermont County Mental Health and Recovery Board will be responsible for the hospitalization cost in full. Information regarding your child's hospitalization will be shared with the Clermont County Mental Health and Recovery Board because the Board is acting as a third party payer. The information that is shared includes your child's name, reason for hospitalization and your financial status. Treatment information about the hospitalization will not be released to the Clermont County Mental Health and Recovery Board.

Address or Telephone Number Change

In the event of an address or phone number change, it is the responsibility of the parent/guardian to notify Child Focus,. The staff notified will then enter the updated information into the individual client record to ensure that mail is sent to the proper location and phone calls are received.

Explanation of Services

Child Focus, Inc. is committed to providing the best possible care. It is well documented in research that mental health services for children are most successful when the family is involved. As such, parents and/or legal guardian participation is required in all outpatient services.

Child Focus, Inc. provides a range of prevention and outpatient mental health services. Most services are provided out of the Mt. Carmel office location at 4633 Aicholtz Road; however, outpatient therapy services are also provided at outstations located in Felicity, Loveland, West Clermont, Montgomery Road, and Mt. Orab. Outstation services are available by appointment only and a detailed description of the prevention and outpatient services offered are as follows:

Crisis Intervention

Crisis intervention services are available within 24 hours to children, adolescents and their families in the event a mental health crisis is experienced. A crisis assessment is conducted and a crisis plan is developed. The need for hospitalization is also assessed at this time. In addition to crisis appointments during office hours, Child Focus, Inc. has a licensed therapist on call 24/7 to respond to and assess after hour crisis. Clients may call **513-752-1555** after hours to access crisis services. An answering service will screen the call prior to transferring to the on call service provider. (Calls for canceling appointments or for medication refills will not be accepted and must be made during regular business hours).

Community Psychiatric Supportive Treatment (CPST)

CPST services are available in Clermont County, Brown County and some parts of Adams and Highland Counties. Services include but are not limited to, assisting families to access and navigate needed community resources, providing mental health education, assisting with specific therapeutic interventions, symptom monitoring and management, outreach and advocacy. Services are provided by Qualified Mental Health Staff (QMHS) who are available to collaborate with schools, juvenile court, the department of job and family services and other community agencies in an effort to ensure care coordination. Staff may also provide short-term services for families who may have completed therapy, but need additional mental health support. CPST services are provided through office visits, school visits, home visits and/or phone calls. Intensive in-home CPST services, 2-4 hours per week, are available for Clermont County residents for 10-12 weeks.

Diagnostic Evaluation

Child Focus, Inc. offers psychological evaluation to assess a variety of presenting problems. Each evaluation is individually tailored to the child and family. The range of tests allows for assessment of learning problems, Attention Deficit / Hyperactivity Disorder (ADHD), Autism Spectrum and also can provide a better understanding of emotional and behavioral difficulties. All findings, impressions and intervention recommendations are presented to the family during an informing interview. This process typically takes 1-2 sessions plus the informing interview.

Psychotherapy/Counseling

Psychotherapy or counseling provides a collaborative relationship between a therapist and an individual, family, or group, with a goal of problem resolution. The intent is to help the client or family change behavior or make decisions that will improve the quality of their life. Parents and caregivers involvement is a critical component of treatment.

Psychiatric / Pharmacotherapy

Psychiatric pharmacotherapy evaluation is available for children who may need of medication to treat mental health disorders. A child psychiatrist and/or certified psychiatric nurse practitioner is available at the 4633 Aicholtz Road location. Child Focus, Inc. also provides a licensed practical nurse (LPN) who is available 5 days a week to provide support and consultation to families.

Group Services

Group therapy occurs with a group of individuals (2-7) who have similar presenting issues. Groups offered at Child Focus, Inc. include the following:

- ADHD Therapy Program for clients with attention deficit / hyperactivity disorder.
- The Together Program for clients with self-esteem and/or social skills difficulties.
- The Connections Program for adolescent females with mental health issues.
- Sex Offender Treatment Program for clients who are sexually reactive or who have sexually offended.
- Active Parenting Program for the provision of parent education.

Explanation of Services

Group Services (Continued)

- Challenges & Choices Program for adolescents needing preparation for independence and daily living.
- Resolutions Program for adolescents in need of anger management treatment.
- "I Feel Angry" Program, an anger management treatment for young children ages 3-5 and their parents.
- Mastering the Social Exchange Program for clients with Autism Spectrum Disorder.

Parent Education Services

Parent education provides caregivers with child development and behavior intervention expertise as well as hands on support to develop and implement healthy family daily living routines. The overarching goals are improving the quality of the parent-child relationship and reducing parent-child conflict and child behavior problems.

Prevention Services

Mental health prevention services target the general well-being of individuals and aim to prevent the development of "at risk" or problem behaviors, increase coping skills and resiliency through time-limited psycho-educational strategies and programs, selected programs that target individuals with risk factors, or indicated prevention strategies that target individuals with early signs of problem behavior. Mental health prevention staff are available to provide consultation to parents, teachers, school administrators, and others and recommend strategies and supports that will assist in meeting the presenting needs and concerns.

Olweus Bullying Prevention Services

The Olweus Bullying Prevention Program is designed to improve peer relations and make schools safer, more positive places for students to learn and develop. Goals of the program include: reducing existing bullying problems among students, preventing new bullying problems and achieving better peer relations at school. Backed by thirty-five years of research and successful, worldwide implementation, the Olweus Bullying Prevention Program is a long-term, system-wide program for change involving program components at the school, classroom, individual and community level.

Foster Care Training and Licensing

Child Focus, Inc. is licensed by the State of Ohio to train and license foster parents.

Specialized or Treatment Foster Care

Child Focus, Inc. offers this intensive, clinically based service to children and adolescents identified by the Department of Job and Family Services or private foster care agencies for children who can no longer live the family home. Specialized Therapeutic Care is designed for children and adolescents 0-18 years of age who have special needs (see Specialized Therapeutic Foster Care Admission Criteria). Specialized Therapeutic Foster Care is the least restrictive living alternative in a range of residential services available to children with special needs. Therapeutic foster care placement provides a family-based treatment and living option and minimizes the need for residential placement. Treatment is provided through an integrated team approach which focuses on the specific needs of the identified child/youth. This program involves not only support and individualized treatment to the child, but also training supervision and support to the foster parents assigned to care for the youth.

Call Center

Child Focus, Inc. offers crisis and informational services via a 24 hour call center. Any person in the community may access this service by calling 513-528-SAVE (513-528-7283). This service provides crisis response, information and referral as needed.

Ethical Standards

Ethical Standards

Child Focus, Inc. is committed to conducting its business ethically, in full compliance with agency policies, with all state and federal standards, regulations, third party payer standards and laws. Compliance with these standards, regulations and laws is every employee's responsibility. Emphasis is on prevention of fraud, abuse and unethical activities through education, awareness, auditing and reporting of problems for corrective responses. However, disciplinary action will be taken as appropriate to correct serious infractions and to discourage further non-compliance.

- *Service Delivery*

All direct services provided by Child Focus, Inc. will be delivered in accordance with applicable laws and regulations. All staff are expected to respect the inherent dignity and worth of all individuals, to behave in a trustworthy manner, to practice within their scope of competence and to develop and enhance their professional skills.

- *Diversity*

Staff who deliver service to clients are expected to have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

- *Privacy*

All staff should respect clients' right to privacy and should protect the confidentiality of all information obtained in the course of professional service except when disclosure is necessary to prevent serious, foreseeable and imminent harm to the client or other identifiable person. See Privacy Policies and Procedures for further detail.

- *Personal Fund Raising*

To protect Child Focus, Inc. and its staff from unnecessary and non-agency related distractions, solicitation initiated by staff or clients including the distribution of literature or the sale or giveaway of any products is prohibited. Solicitation is defined as the approach of another person with a cause.

- *Personal Property*

Child Focus, Inc. does not tolerate the unauthorized use or possession of Child Focus, Inc. and / or another individual's property by any employee, visitor or person served.

- *Conflict of Interest/Dual Relationships*

All staff should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. It is the employee's responsibility to recognize the potential for a dual relationship and to discuss this with their supervisor. Staff should not engage in dual or multiple relationships with clients or former clients. All licensed staff must adhere to the applicable credentialing body's code of ethics. The professional relationship should not be used to further the service provider's personal, religious, political or business interests. The officers, employees, and agents of Child Focus, Inc. shall neither solicit nor accept personal gratuities, favors, money or anything of significant monetary value from persons receiving benefits or services from Child Focus, Inc. Significant monetary value is defined as being over \$25.00. (Unsolicited gifts from children are excluded).

Training

- *Competency*

The training program will provide programming to assist professionals in maintaining competence, developing new skills and will offer training about best practices and emerging techniques.

- *Diversity*

The training program will make reasonable accommodations for any trainee with special needs. The training program will promote training opportunities that reflect an understanding of the diverse and/or special populations with whom clinicians work.

- *Compliance with State Boards*

Ethical Standards

Professional Responsibilities

- *Credentialing*
All employees who are credentialed will ensure that their licensure is current and active.
- *Training*
All employees are encouraged to seek out opportunities to enhance their professional education and training. All employees will utilize skills in specialty areas only after appropriate education, training and while receiving appropriate supervision.
- *Attendance*

All employees will maintain compliance with attendance and punctuality guidelines.
- *Agency Core Values*
All employees will perform their duties and will make decisions in a manner that is consistent with the agency core values.
- *Professional Expertise*
Employees will not use their professional expertise to take advantage of the lack of knowledge or inexperience of others.

Business

All staff who conduct billing and other business and administrative practices will adhere to applicable laws and regulations. Unethical business practices include:

- *Diversity*
The Agency will attempt to contract with businesses owned by women or minorities when all other considerations are equal. See financial policies for more detail.
- *Unlawful Billing Practices*
Unlawful billing knowingly committed such as duplicate billing and using a billing code that yields a higher payment instead of the billing code that reflects the actual services provided. It is unethical to knowingly make false insurance claims for services that were not provided or were not medically necessary.
- *Kickbacks*
Kickbacks of any kind are not permitted. A kickback is the acceptance of an incentive (monetary or otherwise) to contract with a provider of goods or services. See financial policies for further detail.
- *Unbundling*
Unbundling that is knowingly committed is not permitted. Unbundling occurs when separate claims are submitted for services that should be billed together in a single claim.
- *Business Records*
Business records and cost reports are to be kept up-to-date and accurate. It is illegal to alter business records or cost/mileage reports.
- *Contractual Relationships*
The Chief Executive Officer and/or Chief Operating Officer are authorized to negotiate and issue contracts that will provide Child Focus, Inc. with "least total cost" arrangements for goods and services required from outside suppliers. Contracts shall be made with responsible contractors who possess the potential to perform successfully under the terms and conditions of the proposed procurement. See financial policies for further detail.

Ethical Standards

Marketing

All marketing conducted by Child Focus, Inc. will adhere to applicable laws and regulations.

- *Diversity*
All marketing materials will be designed to reflect inclusion and the equal importance of all persons regardless of race, color or creed.
- *Truthful Communications*
Communications will not be deceptive or misleading in any way.
- *Privacy*
Privacy of clients will be protected and information collected from clients will be confidential and used only for expressed purposes. All client information will be safeguarded against unauthorized access.
- *Approved Materials*
The CEO, Director of Marketing, or their designee will approve marketing.

Human Resources

All Human Resource functions are performed in accordance with applicable laws and regulations. See Human Resource policies for further detail.

- *Diversity*
All human resource functions of the agency will strive to foster an environment of inclusiveness and a commitment to diversity.
- *Policies*
The Human Resource Department will adhere to and advocate for the use of published policies related to conflict of interest. The Human Resource staff will ensure that Human Resource policies and practice of the agency are communicated and implemented by staff in an accurate and complete manner.
- *Preferential Treatment*
Human Resource and/or supervisory staff will refrain from giving or seeking preferential treatment. Human Resource staff will ensure that only appropriate information is used when making employment related decisions.
- *Accuracy and Security of Information*
Human Resource and/or supervisory staff will investigate the accuracy and source of information before allowing it to be used in employment related decisions. Accurate and current Human Resource information will be maintained in a secure and confidential location.

Information Technology

All information technology services conducted by Child Focus, Inc. will be delivered in accordance with applicable laws and regulations.

- *Software*
Child Focus, Inc. will use only legally acquired authorized software. Child Focus, Inc. will comply with all license or purchase terms that regulate the use of any software acquired.
- *System Capability*
IT staff will not misrepresent or withhold information about the capabilities of IT products, systems or services available.
- *Privacy*
IT staff will safeguard the privacy of electronic client and staff information. See Privacy Policies and Procedures for further detail.

Notice of Privacy Practices

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- *Get a Copy of Your Medical Record*
You can ask to see or get a copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- *Ask Us to Correct Your Medical Record*
You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request but we will tell you why in writing within 60 days.
- *Request Confidential Communications*
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- *Ask Us to Limit What We Use or Share*
You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a health care service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- *Get a List of Those with Whom We've Shared Information*
You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- *Get a Copy of This Privacy Notice*
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- *Choose Someone to Act for You*
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- *File a Complaint if You Feel Your Rights Are Violated*
You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Notice of Privacy Practices

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

- *Friends, Family and Others Involved in Your Care*
We may share information with your family, close friends, or others involved in your care. We may also share information in a disaster relief situation. If you are not able to tell us your preference, we may go ahead and share your information if we determine it is in your best interest. We may also share your information to lessen a serious and imminent threat to health or safety.
- *We Never Share Your Information*
We never share your information for marketing purposes, sale of your information and most psychotherapy notes.
- *Fundraising*
We may contact you for fund raising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

We typically use and share your health information in the following ways:

- *Treatment*
We can use your health information and share it with other professional who are involved in your care for treatment purposes.
- *Operate Our Organization*
We can use and share your health information to run our agency, improve your care and contact you when necessary.
- *Payment for Service*
We can use and share your health information to bill and get payment from health plans or other entities.

Additional Uses and Disclosures

- *Help with Public Health and Safety Issues*
We can share information about you for certain situations such as: preventing disease, assisting with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect and domestic violence, & preventing or reducing serious threat to anyone's health or safety.
- *To Do Health Research*
We can use or share your health information for health research.
- *To Comply with the Law*
We will share information about you if a state or federal law requires it, including the Department of Health and Human Services if it wants to see that we are complying with the law.
- *Organ and Tissue Donation*
We can share information about you with organ procurement organizations.

Notice of Privacy Practices

Additional Uses and Disclosures (continued)

- *Medical Examiner*
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- *Government Request*
We can share health information about you for workers' compensation claims, for law enforcement purposes, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and protection of the President.
- *Respond to Lawsuits and Legal Action*
We can share information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you in writing promptly if a breach occurs that may have compromised the privacy and security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know if you change your mind. Understand if you change your mind and no longer give us written permission to use or share your health information, that it would not change information previously used or shared when we had your permission.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to This Notice

We may change the terms of this notice and the changes will all apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Child Focus, Inc.
4629 Aicholtz Road
Cincinnati, Ohio 45244-1551
www.child-focus.org

jbrinkdopke@child-focus.org
dmarler@child-focus.org

Grievance Policy & Procedures

Client Grievance Procedure

A client or potential client or person acting on behalf of a client or potential client has the right to file a grievance with Child Focus, Inc. A formal complaint or Grievance is defined as:

- Standard practice, informal attempts have failed and/or
- The allegations are deemed serious, and/or
- The person complaining has put it in writing or requested to do so formally

Client Rights Officers and Client Advocate

The following individuals have been designated by this agency as the Client Rights Officers responsible for accepting and overseeing the process of any grievance filed by a client, or other person or agency on behalf of a client. The Client Rights Officer Alternate is the designated client advocate and shall assist the client in writing or filing the grievance as well as providing oral and written instructions concerning the procedure for filing a grievance. The Client Rights Officer or Alternate may represent the griever at the agency hearing about the grievance. The Client Rights Officer or Alternate shall take all necessary steps to assure compliance with the grievance procedure.

Client Rights Officer

Jennifer Brinkdopke MA, LPCC-S
Compliance Officer
4629 Aicholtz Road
Cincinnati, Ohio 45244-1551
513-752-1555
jbrinkdopke@child-focus.org

Client Rights Officer Alternate

Laura Stith, Ph.D.
Chief Clinical Officer
4633 Aicholtz Road
Cincinnati, Ohio 45244-1447
513-752-1555
lstith@child-focus.org

In the event that the Client Rights Officer is the subject of the grievance, alternate arrangements shall be made by Child Focus, Inc. to respond to the griever.

The Client Rights and this Client Grievance Procedure will be provided to each applicant or client upon registration or at the next subsequent appointment in writing. A verbal explanation will also be provided upon request.

A copy of the Client Rights and Client Grievance Procedure shall be posted in a conspicuous location in each building operated by Child Focus, Inc. Appropriate staff will explain any and all aspects of the Client Rights Policy and the Client Grievance Procedure upon request. **Filing a grievance will not result in retaliation or barriers in service.**

Procedure for Filing a Grievance

Any applicant for services, any client or other person or agency on behalf of an applicant or client, may file a grievance with the Client Rights Officer in writing which shall be signed and dated by the griever. The grievance shall include the description of the incident and the names of individuals involved in the incident being grieved. The Client Rights Officer shall provide the griever with written acknowledgement of receipt of the grievance within 3 business days of receiving the grievance and it shall include the date it was received, a summary of the grievance, overview of grievance investigation process and timetable for completion of investigation, notification of resolution and treatment provider contact information. Client Rights Officer(s) may be reached at the telephone number listed above.

The Client Rights Officer will collect information, and present findings and a proposed solution to the CEO and griever within ten (10) working days of the filing of the grievance. If the proposed solution is agreeable to all parties, the grievance procedure will conclude.

outside resources (see attachment) for additional assistance. The Client Rights Officer will assist the client in contacting any outside resources upon request.

Grievance Policy & Procedures

Procedure for Filing a Grievance (continued)

If the issue is not resolved by the Client Rights Officer, the grievor and the Client Rights Officer will meet with the Chief Executive Officer who will serve as an impartial party to hear the grievance. The agency Chief Executive Officer shall have ten (10) working days during which to conduct his/her investigation of the matter and will give a written statement of the results to the grievor and any other appropriate party with the client's permission.

If the matter is not successfully resolved at this level, the grievor shall be advised and referred to appropriate outside resources (see attachment) for additional assistance. The Client Rights Officer will assist the client in contacting any outside resources upon request.

Any grievor may initiate a complaint with any and all of the outside entities, specifically the Clermont County Mental Health and Addiction Services Board, the Ohio Department of Mental Health, the Ohio Legal Rights Service, the United States Department of Health and Human Services, and appropriate professional licensing and regulatory associations as listed on the following page.

If the grievor formally initiates a complaint to any of the outside entities specified in the Attachment, all relevant information about the grievance shall be provided to the respective organization(s) as mandated in the Ohio Revised Code 5122:2-1-02-F (4).

Staff Training

Child Focus, Inc. shall provide appropriate training to all staff, including administrative, clerical and support staff, regarding the Client Rights Policy and Client Grievance Procedure, so that all are familiar with the policy and procedure. Such training shall assure that every staff person has a clearly understood, specified, continuing, responsibility to immediately advise any client or any other person who is articulating concern, complaint, or grievance, about the name and availability of the agency's Client Rights Officer and the complainant's right to file a grievance.

Grievance Policy & Procedures

Grievance Resource Agencies

- *Brown County Mental Health & Addiction Services Board*
85 Banting Drive
Georgetown, Ohio 45121
1-937-378-3504
- *Clermont County Mental Health & Recovery Board*
2337 Clermont Center Drive
Batavia, Ohio 45103-1959
513-732-5400
- *Ohio Department of Mental Health & Addiction Services*
30 East Broad Street, 36th Floor
Columbus, Ohio 43215-3430
877-275-6364
- *U.S. Department of Health & Human Services*
330 C Street SW
Washington, DC 20201-0001
877-696-6775
- *Ohio Attorney General's Office*
Medicaid Fraud Control
East Town Street 5th Floor
Columbus, Ohio 43215
614-466-9956
- *State of Ohio Counselor, Social Worker and Marriage & Family Therapist Board*
50 West Broad Street, Suite 1075
Columbus, Ohio 43215-3301
614-466-0912
- *Ohio State Board of Psychology*
Vern Riffe Center for Government and the Arts
77 South High Street Suite 1830
Columbus, Ohio 43215-6108
614-466-8808

CCMHRB Notice of Privacy Practices

Clermont County Mental Health and Recovery Board
NOTICE OF PRIVACY PRACTICES
Effective Date: September 23, 2013

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.*

If you have any questions about this Notice, please contact: **Lee Ann Watson, Ph.D., C.R.C., L.P.C.-S., Associate Director.** Phone: 513-732-5400. Address: 2337 Clermont Center Drive, Batavia, Ohio, 45103-1959. Email: lwatson@ccmhrb.org.

OUR DUTIES

At the Clermont County Mental Health and Recovery Board, 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) provide you Notice of our legal duties and privacy practices with respect to your health information; 3) to abide by the terms of the Notice that is currently in effect; and 4) to notify you if there is a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

When you receive services paid for in full or part by the Board, we receive health information about you. We may receive, use or share that health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make:

Payment: We may use or disclose information about the services provided to you and payment for those services for payment activities such as confirming your eligibility, obtaining payment for services, managing your claims, utilization review activities and processing of health care data.

Health Care Operations: We may use your health information to train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.

Treatment: We do not provide treatment but we may share your personal health information with your health care providers to assist in coordinating your care.

Other Uses and Disclosures: We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to notify public or private entity authorized by law or charter to assist in disaster relief efforts, for the purpose of coordinating family notifications; 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 organ and tissue donation; 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 consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

USES AND DISCLOSURES THAT REQUIRE YOUR PERMISSION

We are prohibited from selling your personal 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 personal 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 purposes state in your written permission except for those that we have already made prior to your revoking that permission.

PROHIBITED USES AND DISCLOSURES

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

CCMHRB Notice of Privacy Practices

POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

If any state or federal privacy laws require us to provide you with more privacy protections than those explained here, then we must also follow that law. For example, drug and alcohol treatment records generally receive greater protections under federal law.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your health information:

- Right to Request Restrictions. You have the right to request that we restrict the information we use or disclose about you for purposes of treatment, payment, health care operations and informing individuals involved in your care about your 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 when we need to communicate with you, we do so in a certain way or at a certain location. For example, you can request that we only contact you by mail or at a certain phone number.
- Right to Inspect and Copy. You have the right to request access to certain health information we have about you. Fees may apply to copied information.*
- 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 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 of Notice. You have the right to receive a paper copy of this Notice. This Notice is also available at our web site www.ccmhrb.org, but you may obtain a paper copy by contacting the Board Office at the address provided below.
- To exercise any of the rights described in this paragraph, please contact the Board Privacy Officer/Associate Director Lee Ann Watson at the following address or phone number:

2337 Clermont Center Drive, Batavia, Ohio 45103-1959 or 513-732-5400.

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

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised 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 our current Notice at our office and on our website at: www.ccmhrb.org. In addition, each time there is a change to our Notice, you will receive information about the revised Notice and how you can obtain a copy of it. Information will be posted on our website, and provided through the agency to which you receive services. The effective date of each Notice is listed on the first page in the top center.

TO FILE A COMPLAINT

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. You will not be retaliated against for filing a complaint. 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 60601-5519

BCMHRB Notice of Privacy Practices

Brown County Board of Mental Health & Addiction Services
NOTICE OF PRIVACY PRACTICES
Effective Date: September 23, 2013

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.

If you have any questions about this Notice, please contact:
Privacy Officer 937-378-3504 ext. 101

OUR DUTIES

At the **Brown County Board of Mental Health & Addiction Services** 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) provide you Notice of our legal duties and privacy practices with respect to your health information; 3) to abide by the terms of the Notice that is currently in effect; and 4) to notify you if there is a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

When you receive services paid for in full or part by the Board, we receive health information about you. We may receive, use or share that health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make:

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Health Care Operations - We may use your health information to train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.

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

Other Uses and Disclosures - We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: 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 organ and tissue donation; 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 consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

Uses and Disclosures That Require Your Permission

We are prohibited from selling your personal 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 personal 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 purposes state in your written permission except for those that we have already made prior to your revoking that permission.

Prohibited Uses and Disclosures

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

BCMHRB Notice of Privacy Practices

POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

If any state or federal privacy laws require us to provide you with more privacy protections than those explained here, then we must also follow that law. For example, drug and alcohol treatment records generally receive greater protections under federal law.

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- Right to Request Confidential Communications. You have the right to request that when we need to communicate with you, we do so in a certain way or at a certain location. For example, you can request that we only contact you by mail or at a certain phone number.
- Right to Inspect and Copy. You have the right to request access to certain health information we have about you. Fees may apply to copied information.*
- 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 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 of Notice. You have the right to receive a paper copy of this Notice. You may obtain a paper copy by contacting the Brown County Board of Mental Health & Addiction Services Of office at 937-378-3504.

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

85 Banting Drive Georgetown, OH 45121 or 937-378-3504

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

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised 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 our current Notice at our office and on our website at: www.bhg.org/boards/brown.html In addition, each time there is a change to our Notice; you will receive information about the revised Notice and how you can obtain a copy of it. The effective date of each Notice is listed on the first page in the top center.

TO FILE A COMPLAINT

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. You will not be retaliated against for filing a complaint. 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