



# **Client Handbook**

**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	Services
Child Focus Mt. Carmel, Ohio (Clermont County)	4633 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)	Therapy, TBS/CPST, Diagnostics, Medication Services, Prevention, Crisis Services, Call Center OhioRISE
Child Focus Mt. Carmel, Ohio (Clermont County)	4629 Aicholtz Road Cincinnati, Ohio 45244 Ph# 513-752-1555	M - F 8am to 5pm	Therapy, TBS/CPST, Diagnostics Prevention, Crisis Services, Intensive Family-Based Services, Parent Enrichment
Wasserman Day Treatment (Clermont County)	4286 Wuebold Lane Cincinnati, Ohio 45245 Ph# 513-732-8800	M - F 8:00 am - 4:30 pm	Day Treatment, Therapy TBS/CPST, Medication Services, Crisis Services
Wasserman Day Treatment (Brown County)	2300 Rains Eitel Road Aberdeen, OH 45101 Ph# 937-392-4384	M - F 8:00 am - 4:30 pm	Day Treatment, Therapy, TBS/CPST, Crisis Services
Genesis and STAR Owensville, Ohio (Clermont County)	463 South Broadway Owensville, OH 45160 Ph# 513-724-8555	M - F 7:00 am - 3:00 pm	Therapy, TBS/CPST, Crisis Services
Little Fork Family Advocacy Center (Clermont County)	3000 Hospital Drive, Suite 110 Batavia, OH 4510	M - F 8:00 am - 4:30 pm	Therapy, TBS/CPST, Crisis Services
Child Focus 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	Therapy, TBS/CPST, Prevention, Crisis Services, OhioRISE, Parent Enrichment
Health Source Georgetown, Ohio (Brown County)	631 E State Street Georgetown, Ohio 45121 Ph# 937-378-6387	By Appointment	Therapy, TBS/CPST
Child Focus Cincinnati, Ohio (Hamilton County)	4760 Red Bank Expressway Suite 226 Cincinnati, Ohio 45227 Ph# 513-685-5040	M - F 8am-4:30pm	Therapy, TBS/CPST, Prevention, Crisis Services OhioRISE, Parent Enrichment

## Service Locations

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### **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
- Georgetown Exempted Village Schools
- Goshen Local Schools
- Grant Career Center
- Hamersville Schools
- Hillsboro Schools
- Live Oaks Vocational School
- Lynchburg-Clay Schools
- Mariement City Schools
- Milford Exempted Village Schools
- New Richmond Exempted Village Schools
- Ripley-Union-Lewis-Huntington Schools
- St.Thomas More School
- St. Michael's School
- West Clermont Local Schools
- Western Brown Schools
- Williamsburg Local Schools

## Your Rights

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

- To be treated with consideration and respect for personal dignity, autonomy and privacy.
- To not be discriminated against for receiving services on the basis 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 be free from neglect, physical abuse, sexual abuse, emotional abuse, inhumane treatment, humiliation, and from financial or other exploitation.
- To understand informed consent including: the right to be informed of the risks and benefits of each of the proposed services, of alternative treatments, and of no treatment
  - *Benefits* of services which may include: Improvement in behavior, mood, academic performance, and/or overall functioning
  - *Benefits* associated with refusal of services which may include: Natural resolution of the problem with little or no effort
  - *Risks* associated with participation in services are possible, although rare. Risks associated with services may include: Worsening of behavior, mood, academic performance, and/or overall
  - *Risks* associated with refusal of services may include: Worsening of behavior, mood, and/or academic performance
- 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, at any time upon full explanation of the expected consequences of such consent or denial, absent an emergency.
- To understand any diagnosis assigned
  - The assigned provider will review symptoms to make a diagnosis, or to rule out possible diagnoses, based upon evidence.
- To be informed of one's own condition and to consult with an independent treatment specialist or legal counsel at one's own expense. Services for a specific treatment need may only be provided by one agency, therefore persons served understand that a single agency must be chosen to address each specific treatment need.
- To participate in the development, review and revision of one's own individual treatment plan and receive a copy.
- To understand the recommended course of treatment and determine which services are accepted as part of treatment.

- If not satisfied with progress in treatment, the person has the right to request another service provider.
- To know your service provider or team, concurrent services needed, as well as the cost of services.
- To be informed in a reasonable amount of time in advance, the reason for terminating participation in a service, to be involved in the planning for the discontinuance of service provision whenever possible, 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 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 right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas
- To confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations
- To understand that in order for Child Focus to collaborate on behalf of a person served, a signed Authorization for the Release of Information must be gained, in accordance with HIPAA guidelines.
- To understand that consent for treatment includes permission for the exchange of mental health information with other treatment and health services providers, both within and outside of this agency. Releases may be restricted relating to health information, those served have the right to request that Child Focus limit specified disclosures of information, including disclosures for treatment information.
- To agree or decline voluntary participation in research in accordance with required guidelines and ethics
  - Persons served will not be involved in Human Research Projects without prior written consent, except for when their de-identified data is used in aggregate form
- To be verbally informed of all client rights, and to receive a written copy upon request
- To exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations
- To be free from seclusion and from unnecessary or excessive medication or physical restraint
  - Physical restraint is limited to administration by Crisis Prevention Intervention professionally trained team members in specialized programs and only when an imminent risk of physical harm to self or others exists.
- To be informed and the right to refuse any unusual or hazardous treatment procedures
- To have access to one's own client record unless access to certain information is restricted for clear treatment reasons
- To understand that if access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction.

- To file a grievance and to have written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested as well as referrals to legal, advocacy and self-support entities for representation
  - Filing a grievance will not result in retaliation or barriers in service.
- To receive services in one's preferred language
  - Individuals with limited English Proficiency are eligible to receive language interpretation services at no cost. Child Focus posts language interpretation service availability in the 15 most common languages spoken in Ohio and on the website.

For a minor who is at least 14 years of age to consent to their own mental health services for up to 6 sessions or 30 days whichever is shorter without parental consent.

## **Your Responsibilities**

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### **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**

To best support the youth, adults, and families served, Child Focus has a flexible attendance policy to keep families engaged in services and help them overcome common barriers to attending appointments consistently.

An Engagement Specialist reaches out to families if a session is missed to troubleshoot barriers and offer support.

- Effective October 1, 2025: Engagement Specialist contacts the adult served or the parent/guardian of a minor served via phone, email or text. Families respond to the Engagement Specialist within 10 days of the missed session.
- Contact is made via letter, email, and/or text regarding the missed session and steps to take to contact the Engagement Specialist.
- The Engagement Specialist will then work with the family to develop a temporary scheduling plan that fits their needs. This plan may include scheduling during non-peak hours or scheduling a same day appointment when available.

Adults served or the parent guardians of a minor served will have 30 days from the date of notification to complete this temporary plan. Once they attend a session, regular scheduling will resume.

If the adult served or the parent/guardians of a minor served do not contact the Engagement Specialist within 10 days and/or does not complete the temporary plan within 30 days, services may be discontinued and a discharge completed.

### **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 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 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.

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 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, 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

# **Explanation of Services**

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Child Focus 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.

## **Traditional Outpatient Mental Health Services**

### **Assessment**

Diagnostic assessment is a clinical evaluation of a person provided by an eligible provider. It is individualized and age, gender, and culturally appropriate. It determines diagnosis, treatment needs, and establishes a treatment plan to address the person's mental illness and/or substance use disorder. Assessment is conducted either at specified times or in response to treatment, or when significant changes occur.

An initial diagnostic assessment must be completed prior to the initiation of any mental health services. The only exceptions to this would be the delivery of crisis intervention services or medication/somatic services as the least restrictive alternative in an emergency situation.

### **Psychological Assessment**

Child Focus offers psychological evaluations for a more in-depth assessment to clarify diagnostic impressions and assist with recommendations for difficult to treat symptomology. Each evaluation is individually tailored to the client. With the information gained, Child Focus offers direction for intervention, and all findings, impressions, and recommendations are presented to the client/family in a follow-up informing interview. This process typically takes 2-3 sessions.

### **Counseling/Psychotherapy**

Counseling, or therapy, involves a collaborative relationship between a therapist and an individual, family, or group, where the goal is problem resolution of mental health or substance use symptoms and sequelae. The approach varies according to the client needs. Therapy includes the processing of inner emotions, thoughts, beliefs, and/or trauma that affect day-to-day functioning at home, school, and/or with friends. The intent is to help the client or family change behavior or make decisions that will improve the quality of their life. Therapy is usually provided in a private office setting.

Child Focus offers therapy services are evidence based and evidence-informed. The term evidence-informed is used to design programs and activities using evidence to identify potential benefits, harm and also acknowledging that what works in one context may not work in another. The term evidence-based treatment (EBT), evidence-based practice (EBP) or empirically-supported treatment (EST) refers to preferential use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems. Child Focus offers the following evidenced-informed or evidence-based treatments:

- Active Parenting Program
- Dialectical Behavior Therapy (DBT)
- Incredible Years (IY)
- Nurturing Parent (NP)
- Parent-Child Interaction Therapy (PCIT)
- Positive Parenting Program (Triple P)
- Systemic Family Therapy
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- The Seven Challenges
- Internal Family Systems (IFS)-Informed Treatment

### **Individual/Family Therapy:**

Occurs between the identified client, parents/guardians, other family members, and a therapist addressing relevant issues with the goal of problem resolution. Therapists use a variety of therapy approaches depending

on the age and needs of the client. Child Focus believes that in order for a minor client to make sustainable progress, it is important to work with other members of the family, as well.

### **Group Therapy:**

Occurs with a group (typically 2-7 persons) of individuals with similar presenting issues and a therapist. The groups are organized into programs that generally include several youth groups and a parent group that meets simultaneously. Some of the group programs that Child Focus offers are:

Social skills/Self-esteem (Together Group)  
Autism Spectrum (Mastering the Social Exchange Group)  
Anger Management  
DBT  
Adolescent Female Mood and Self-esteem (Connections Group)  
ADHD  
LGBTQIA+ (Rainbow Resilience Group)  
Grief and Loss  
Healthy Boundaries  
Youth with Problematic Sexual Behaviors  
Active Parenting  
Cooperative Co-parenting

### **Case Management**

Qualified Mental Health Specialists (QMHS)/Qualified Behavioral Health Specialists (QBHS) offer many types of services for children and families throughout Clermont and Brown Counties. They provide services in the home, school and community, in order to assist families in the child's natural environment. They help families access community resources within and outside of the agency. QMHS also work with schools, Juvenile Court, Job and Family Services, and other community agencies to coordinate services and advocate for children and families. These services are provided through office visits, school visits, home visits, and/or phone calls. There are 3 different case management services within the Traditional Outpatient Mental Health program:

#### ***Community psychiatric supportive treatment (CPST)***

Community psychiatric supportive treatment (CPST) service provides an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals and trained others. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and vary with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CPST services is to provide specific, measurable, and individualized services to each person served. CPST services should be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community. Activities of the CPST service consist of one or more of the following:

- Ongoing assessment of needs
- Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian
- Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian
- Coordination of the Individualized Treatment Plan, including:
  - Services identified in the ITP
  - Assists with accessing natural support systems in the community, and
  - Linkages to formal community service/systems
  - Symptom monitoring
- Coordination and/or assistance in crisis management and stabilization as needed
- Advocacy and outreach
- As appropriate to the care provided to individuals, and when appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn
- Mental health interventions that address symptoms, behaviors, thought processes, etc. that assist an individual in eliminating barriers to seeking or maintaining education and employment

- Activities that increase the individual's capacity to positively impact his/her own environment

### ***Therapeutic Behavioral Services (TBS) and Psychosocial Rehabilitation (PSR)***

TBS and PSR services are an array of activities intended to provide individualized support or care coordination of healthcare, behavioral healthcare, and non-healthcare services. TBS and PSR may involve collateral contacts and may be delivered in all settings that meet the needs of the individual.

TBS service activities include, but are not limited to:

- Consultation with a licensed practitioner or an eligible provider pursuant to paragraph (C) of this rule, to assist with the individual's needs and service planning for individualized supports or care coordination of healthcare, behavioral healthcare, and non-healthcare services and development of a treatment plan
- Referral and linkage to other healthcare, behavioral healthcare, and non-healthcare services to avoid more restrictive levels of treatment
- Interventions using evidence-based techniques
- Identification of strategies or treatment options
- Restoration of social skills and daily functioning
- Crisis prevention and amelioration

PSR service activities include, but are not limited to:

- Restoration, rehabilitation and support of daily functioning to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with a person's daily functioning
- Restoration and implementation of daily functioning and daily routines critical to remaining successfully in home, school, work, and community
- Rehabilitation and support to restore skills to function in a natural community environment

### **Medication Use**

Medication use services provide psychiatric evaluations to clients who may benefit from psychotropic medication to help with their behavioral and/or emotional problems. Medication services are provided by psychiatrists and psychiatric mental health nurse practitioners. Child Focus also has nurses who are available 5 days a week to provide support and consultation to families.

### **Crisis Intervention (Psychotherapy for Crisis or TBS for Crisis)**

This service is provided on the same day or within 24 hours to children, adolescents, and their families when a child or adolescent is experiencing an unusually high level of stress and is not able to adequately cope. Crisis situations include suicidal thoughts/gestures, homicidal thoughts, out of control behavior, psychotic symptoms, or acute post-traumatic symptoms. Crisis resolution can often be achieved through brief, focal psychotherapy or TBS services. The need for hospitalization is also assessed at this time. During the session, a safety plan is developed, and transition services are planned. If indicated, the client will transition into ongoing services for further assessment and treatment.

## **Crisis Services**

### **Clermont and Brown Crisis Hotline (513-528-SAVE or 988)**

The Clermont and Brown Crisis Hotline was originally created in 2003 as part of the Clermont County Suicide Prevention Coalition's Strategic Plan to provide intervention and education about suicide and other mental health issues to residents of all ages of Clermont County. The Crisis Hotline offers **24-hour assistance to callers 7 days per week, 365 days per year**. Hotline is staffed at all times by a minimum of three responders.

### **Mobile Crisis**

In the early years of Hotline operation, when a caller needed someone to respond in person, the Hotline Responder contacted law enforcement to go to the caller. These mental health calls took law enforcement away

from policing. And so, once again, to fill a clear community need, in 2011, less than 8 years after answering the first Crisis Hotline call, Mobile Crisis services were launched. Mobile Crisis is currently a 24-hour around the clock service, 365 days/year.

### **Mobile Response and Stabilization Services (MRSS)**

In 2018, through the Engage 2.0 grant, Child Focus became one of the first Mobile Response and Stabilization Services, or MRSS, providers in Ohio. MRSS is a very specialized form of mobile crisis for children and youth ages 0-20 and is offered as an OhioRISE service. MRSS staff meet with youth and families in person wherever they are to provide intensive services to address emotional and/or behavioral issues that require intervention. Services can be offered for up to 42 days.

### **Jail Liaison**

Child Focus embeds a Jail Liaison in the county jail whose role is to provide crisis intervention and prevention for inmates at the Clermont County Jail and ensure those needing mental health services are linked to service prior to release.

## **Day Treatment Services**

Wasserman Day Treatment is a day treatment program for children and youth who are severely emotionally disturbed and cannot be maintained in regular school programming. The program is a therapeutic environment with an academic component (80% treatment/20% academics). The Partial Hospitalization Program offers at least 3 hours of group therapy and one hour of academic instruction per day.

The program operates in 2 locations – Clermont County and Brown County – and is in operation year-round, five days per week. The program is closed for school holidays, as well as several weeks during the summer for training purposes. On call coverage provides emergency services for support and treatment intervention twenty-four hours per day, seven days per week. Clients may contact the emergency on-call staff in the evenings or weekends by calling the agency's phone number: 513-752-1555.

Throughout the academic year, services are delivered from 8:00 a.m. to 1:30 p.m. Monday through Friday. Team members remain on site from 1:30 p.m. to 4:30 p.m. to hold weekly team meetings, staff meetings, family sessions and perform other necessary planning.

There is one extended day each month from 5:30 p.m. – 7:00 p.m., designated for parent and family treatment groups.

Throughout the summer months, services are delivered from 8:30 a.m. to 12:30 p.m. Monday through Friday. Program staff are available on-site Monday through Friday from 8:00 a.m. to 4:30 p.m.

## **Mental Health in Early Childhood (MHEC)**

Child Focus has been providing Mental Health in Early Childhood services since the 1990's and is considered a leader in the state in this area. Classroom consultation provides early childhood teaching staff with tools necessary for working effectively with young children, focusing specifically on providing social emotion supports in Head Start classrooms and childcare classrooms in Clermont, Brown and Adams counties. Specialists provide consultation to administrators, teachers, parents or other adults to recommend behavior modification strategies and to provide support or suggestions to better meet student needs. Individual intervention/prevention services are offered for children who have been identified as being at risk for removal from the center due to severe behavioral difficulties. The Early Childhood Treatment team also offers diagnostic assessments, individual and family therapy, case management, psychological testing, and group therapy services.

## Strong Families

### Parent Enrichment

All parents, including birth, kinship, foster and adoptive parents, can benefit from support including mentoring, child development information, education and training, role modeling, hands-on parent guidance provided by highly skilled parent educators, daily living skills training and concrete resources and social supports. The goal of parent enrichment services is to provide individualized and specialized support, training and preparation to promote healthy, well-adjusted children and families. Child Focus Parent Enrichment services benefit children, parents, and schools.

**Children benefit** from parents improved nurturing practices, enhanced parent-child relationship and communication, the implementation of nurturing routines and structure in the home and positive non-physical discipline practices.

**Parents benefit** from improved knowledge, understanding and response to the child's social, emotional, cognitive and physical care needs, improved organization, structure and care giving routines, the quality of the parent-child relationship and the support in meeting the family's basic needs.

**Schools benefit** from the child's enhanced ability to be successful in the classroom as a result of the parent educator's home-based services and support provided to the family, improved communication, coordination and follow through by parents and their support of their child's educational goals.

Services are provided to parents in Clermont, Brown, and Adams counties using the Nurturing Parent Program, an Evidenced-based Best Practice Program. Specific goals of parenting include building self-worth through appropriate expectations of children's growth and development, developing empathy and caring in parents and children, utilizing non-physical discipline practices and techniques, developing appropriate role expectations and empowering adults and children through the development of their personal power.

### Court- and Home-based Services

Child Focus offers services to both Juvenile and Domestic Relations Court in Clermont County through a variety of programs.

**Intensive Home-based Treatment (IHBT)** is a therapeutic program that provides individual and family therapy, case management, and peer support to youth who are actively on probation and/or involved with the OhioRISE. IHBT is an intensive program for youth who have behavioral health concerns as well as chronic family dynamic issues and are at risk of being placed outside of the home. On average, services are provided 2-4 hours per week in the home and community. Parent participation is required as it has been shown that a child's progress in treatment is directly related to the family's active involvement in treatment. Referrals are made through court order, probation officers, and OhioRISE. IHBT offers a comprehensive, family-centered treatment program for adolescents with substance abuse and related behavioral and emotional disorders. Interventions target known risk and promotive factors and processes in adolescents and parents, and the family's interactions with school and juvenile justice.

### **Strengthening Families Program (SFP)**

SFP is an evidenced-based program that focuses on enhancing parenting skills, children's life skills, and strengthening family communication and cohesion. It is a 14-week program for children and parents to participate in group sessions separately and together. The overall goals of SFP are to reduce risk factors, build protective factors, and strengthen family resiliency.

### **Juvenile Detention Center Services**

A large percentage of youth held in Juvenile Detention Centers across the United States have mental health issues. Child Focus provides a therapist to complete assessments and ongoing consultation with youth, to work on anger management, problem solving skills, stress and anxiety, and many other areas.

### **Domestic Relations Court Liaison**

Child Focus provides a Domestic Court Liaison who connects parents with needed services, offers Cooperative Co-parenting groups, and provides Parent Enrichment services.

## Peer Support

Family Peer Support is provided by an individual who has self-identified as the **caregiver** of a person with behavioral health challenges and who has successfully navigated service systems for at least one year on behalf of the person and successfully meets the requirements to be a Certified Peer Recovery Supporter by the Ohio Department of Mental Health and Addiction Services. Child Focus offers Peer Support in the Juvenile Court programs, and as a part of MRSS and IHBT. Family Peer Supporters:

- provide empathic listening and support,
- assist families in navigating systems
- supply information about child-serving systems, mental health and development, and community resources
- render advocacy support
- encourage self-care activities
- facilitate familial engagement with service providers
- model collaboration between families and professionals
- engage in safety and care planning; exploring and eliminating barriers to care plan follow-through
- offer skill-building for parents that enhances resiliency, communication, advocacy and other areas affecting the ability to maintain a child with complex needs in the home, school and community
- share personal stories
- providing hope

## OhioRISE

The State of Ohio designed a reimagined Medicaid system and structure of services to better serve children and youth with complex behavioral health needs and their families/caregivers. The Ohio Resilience through Integrated Systems and Excellence (OhioRISE) Program aims to improve care and outcomes for children and youth with complex behavioral health and multi-system needs and their families/caregivers by: 1. Creating a seamless and integrated delivery system for children and youth, families/caregivers, and system partners; 2. Providing a "locus of accountability" by offering community-driven comprehensive care coordination; and 3. Expanding access to critical services needed for this population while assisting families, state and local child serving agencies, and other health providers to locate and use these services when necessary. Child Focus is a subdelegate care management entity (CME) providing wraparound-driven care coordination services to OhioRISE enrollees living in the catchment area.

## Ethical Standards

### Ethical Standards

Child Focus 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 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 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 does not tolerate the unauthorized use or possession of Child Focus 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 shall neither solicit nor accept personal gratuities, favors, money or anything of significant monetary value from persons receiving benefits or services from Child Focus. 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***

## **Professional Responsibilities**

### ***Credentialing***

All employees who are credentialed will ensure that their licensure is current and active.

### ***Training***

All employees are encouraged to seek 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's 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 details.

### ***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.

## **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 the Human Resource policies and practices 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.

# Notice of Privacy Practices

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In order to protect your privacy, Child Focus follows all federal regulations related to privacy including HIPAA Privacy Rules (45 CFR Parts 160 and 164) and 42 CFR, Part 2 which pertains to substance use treatment.

## 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## 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 professionals 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.

## **Substance use Services Use and Disclosures**

Under Confidentiality Law 42 CFR, Part 2, Child Focus must gain your written consent prior to disclosing information related to treatment purposes, health care operations, and payment for service.

## **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

### ***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 ensure you have access to 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](http://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  
4629 Aicholtz Road  
Cincinnati, Ohio 45244-1551  
[www.child-focus.org](http://www.child-focus.org)

[jbrinkdopke@child-focus.org](mailto:jbrinkdopke@child-focus.org)  
[dmarler@child-focus.org](mailto:dmarler@child-focus.org)

# **Grievance Policy & Procedures**

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## **Client Grievance Definition**

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

A formal complaint or Grievance is defined as a written complaint submitted when a person served or their family believes that their personal rights have been violated by a person, policy or event at Child Focus. A grievance has the following characteristics:

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

The grievance must be submitted in writing, be dated, signed by the griever, and accurately represent the grievance.

## **Rights and Responsibilities of Child Focus and Team Members**

### ***Rights of Child Focus and Team Members***

Child Focus has the right to investigate all grievances submitted, as well as the right to access outside legal consultation related to any grievance submitted.

Child Focus team members have the right to be informed of any grievance submitted and the right to contribute information related to the investigation, which will be utilized by the agency in determining the outcome and recommendations related to the grievance filed.

### ***Responsibilities of Child Focus and Team Members***

The Client's Rights Officer investigating the grievance bears the responsibility of reviewing the grievance filed, investigating the grievance and determining action steps and recommendations.

All team members bear the responsibility to provide honest, accurate reporting of the events related to the grievance so that efforts may be made by the agency to resolve the grievance and make appropriate conclusions and recommendations.

The Client Rights and this Client Grievance Procedure is available on the Child Focus website at all times in the Client Handbook. A paper copy will be provided upon request. 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

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.

## **Client Rights Officers and Client Advocate**

The following individuals have been designated by this agency as the Client Rights Officers who are responsible for accepting and overseeing the process of any grievance filed. These Officers may represent the griever at the agency hearing about the grievance and take all necessary steps to assure compliance with the grievance procedure. .

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

### **Client Rights Officer**

Jennifer Brinkdopke MA, LPCC-S  
Chief Administrative Officer  
4629 Aicholtz Road  
Cincinnati, Ohio 45244-1551  
513-752-1555  
[jbrinkdopke@child-focus.org](mailto:jbrinkdopke@child-focus.org)

### **Client Rights Officer Alternate/Client Advocate**

Laura Stith, Ph.D.  
Chief Clinical Officer  
4633 Aicholtz Road  
Cincinnati, Ohio 45244  
513-752-1555  
[lstith@child-focus.org](mailto:lstith@child-focus.org)

## **Procedure for Filing a Grievance**

A client or applicant client may file a written grievance with the Child Focus Client Rights Officer at any time. The Client Rights Officer may be reached at the telephone number listed above. If the client needs assistance in submitting the Client Grievance Form, the Client Rights Officer shall act in the role of client advocate and assists the client to write the grievance.

The grievance must include, if available, the date, approximate time, location, a description of the incident and names of individuals involved in the incident being grieved.

The Client Rights Officer will provide the griefer with written acknowledgment of the grievance within 3 days of receipt of the grievance. This document includes, at a minimum, the date the grievance was received, a summary of the grievance, overview of the grievance investigative process and a timetable for completion of the investigation and resolution.

The Client Rights Officer will investigate the client grievance.

The Client Rights Officer will propose a solution to the CEO and griefer 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.

If the issue is not resolved by the Client Rights Officer, the griefer 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 will have ten (10) working days during which to conduct an investigation of the matter and will give a written statement of the results to the griefer and any other appropriate party with the client's permission. Any extenuating circumstances resulting in the extension of this time period will be documented in the grievance file and written notification will be given to the client.

The client will receive a response in writing detailing the review of the grievance and the determined action steps to be taken.

If the matter is not successfully resolved at this level, the griefer 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 griefer may initiate a complaint with any and all of the outside entities, specifically the Clermont County Mental Health and Recovery 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.

If the griefer 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).

## **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**

330 233 N. Michigan Ave. Suite 240  
Chicago, Illinois 60601  
(800) 368-1019

**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

**Ohio Legal Rights Service**

East Long Street, 5<sup>th</sup> Floor  
Columbus, Ohio 43215-299  
(614) 466-7264

**Disability Rights Ohio**

200 S Civic Center Dr #300,  
Columbus, OH 43215  
(800) 282-9181

**Nursing Education & Nurse Registration Board**

S. High Street, 17<sup>th</sup> Floor  
Columbus, Ohio 43266-0316  
(614) 466-2596

**Team Member Training**

Child Focus provides training to all team members, including administrative, clerical and support team members, regarding the Client Rights and Grievance Policy and Procedures. Such training ensures that every team member has a clearly understands the responsibility to immediately advise any client or any other person who is articulating grievance, about the name and availability of the agency's Client Rights Officer and the right to file a grievance.

**Child Focus Grievance Records**

Child Focus maintains, for at least two years from resolution, records of client grievances that include, at a minimum, a copy of the grievance including documentation reflecting the process used investigate the grievance and the resolution/remedy of the grievance; Documentation of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days will be maintained, if applicable.

# CCMHRB Notice of Privacy Practices

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## 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: **Denny Moell, MSW, LISW-S, Associate Director. Phone: 513-732-5400. Address: 2337 Clermont Center Drive, Batavia, Ohio, 45103-1959.**  
**Email: dmoell@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 stated 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.

## **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](http://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](http://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

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## 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:

**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 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 stated 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.

**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 stated 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.

### **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.\*

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](http://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