NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

IBH Addiction Recovery, (IBH) provides substance use disorder treatment (SUD) services by clinical and health care professionals within a multi-disciplinary treatment approach. The privacy practices described in this Notice will be followed by all individuals who provided direct, indirect, or support care to all clients receiving treatment at IBH and comply with all requirements as stated in 42 CFR (Code of Federal Regulations) Part B, para 2.22.

OUR PLEDGE TO YOU

We understand that health information about you is personal. IBH is committed to protecting your health information. This Notice applies to all health records that identify you and the care you receive at IBH. We are legally required to maintain the privacy of our clients' health information, provide you with a copy of this Notice, and follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The members of IBH's clinically integrated health care team may share your health information with each other for reasons of treatment, payment, and continuity of care needs. Sharing this information makes it possible for IBH to care for you thoroughly and efficiently.

YOUR AUTHORIZATION: Except as outlined in the following pages, we will not use or disclose your health information for any reason unless you have signed a form authorizing us to do so. You have the right to cancel your authorization in writing at any time. Any exchange of information for your care executed prior to your cancelation would be exempt.

USES AND DISCLOSURES FOR TREATMENT SERVICES: We will use and disclose your health information as needed, and as permitted by law, in the process of our daily operations. These operations may include, but are not limited to: clinical improvement, professional peer review, business management, accreditation, and licensing. For example, we may use and disclose your health information for purposes of improving the clinical treatment and care of our clients or to determine the needs and preferences of our clients. We may also disclose your health information to another service provider, health care professional or other covered entity for such things as quality assurance and case management, but only if they have or had a client/patient relationship with you.

USES AND DISCLOSURES FOR PAYMENT: We will use and disclose your health information to allowing us, as well as other entities, to secure payment for the treatment services provided to you. For example, we may forward information regarding your recovery treatment to your health plan to arrange payment for the services provided to you. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

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FAMILY AND FRIENDS INVOLVED IN YOUR CARE: With your approval, we may disclose your health information to designated family, friends and others who are involved in your treatment or in payment of your care. If you are unable to give approval or facing an emergency, we may then share parts of your health information with such individuals without your approval to treat you. We may also disclose limited health information to an entity that is authorized to assist in disaster relief efforts, so your family can be notified of your condition, status and location.

BUSINESS ASSOCIATES: Certain aspects and components of our health care operations such as auditing, accreditation, legal services, etc. may be performed through contracts with outside persons or organizations. At times, we may need to provide some of your health information to these outside persons or organizations. In all cases, these business associates are required to protect the privacy of your information under the same HIPAA privacy statues.

APPOINTMENTS AND SERVICES: We may contact you with reminders or test results. You may request that we provide this information by another means or at another location. For example, if you do not want appointment reminders left on voice mail or sent to a certain address, we will make every effort to accommodate reasonable requests. Please make this request in writing to the medical records department of IBH.

HEALTH INFORMATION EXCHANGES: We may participate in health information exchanges that facilitate the secure exchange of your electronic health information between and among several health care providers or other health care entities for your treatment, payment, and/or other treatment related purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, legal community, doctors' offices, pharmacies, or health plans). Or we may receive information they create or obtain about you (such as court mandated treatment requirements, medication history, medical history, treatment notes, or insurance information) so each of us can provide better, safer treatment, and coordinate your treatment services.

RESEARCH: In limited cases, we may use or disclose your health information for research purposes. For example, a research organization may wish to compare all clients who received a certain drug and will thus need to review medical records. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements. These requirements are applied by an Institutional Review Board that oversees the research or by representations of the researchers that will limit their use and disclosure of client information.

PSYCHOTHERAPY NOTES: We must receive your authorization for any use or disclosure of psychotherapy notes unless the use or disclosure is otherwise permitted or required by law.

INCIDENTAL DISCLOSURES: Although we take reasonable measures to ensure your privacy, certain disclosures of your health information may occur incidentally. For example, other clients may see your

name on a sign-in sheet, or you may overhear a confidential conversation between IBH staff and another provider or client.

TEACHING: IBH uses its facilities to provide educational opportunities to individuals seeking an Intern experience with us. This could be fellows, students in nursing, substance treatment care, and other community care service professionals. These individuals may be assisting with your treatment under the supervision of a licensed clinician and/or medical professional as part of their credentialing training program.

OTHER USES OR DISCLOSURES OF INFORMATION: We are permitted or required by law to make certain other uses and disclosures of your health information without your consent or authorization as follows:

- For any purpose required by law.
- For public health activities such as required reporting of disease, injury, birth, and death; and for public health investigations.
- If we suspect child abuse or neglect, or if we think you are a victim of abuse, neglect or domestic violence.
- To the Food and Drug Administration, if necessary, to report adverse events or product defects, or to participate in product recalls.
- To your employer when we have provided treatment to you and you have employer sponsored benefits such as short-term disability plans.
- To government agencies conducting audits, investigations or civil or criminal proceedings.
- If required to do so by subpoena or discovery request; in some cases, you will have been notified of such release.
- To law enforcement officials as required by law or to report wounds or injuries and crimes committed on the premises.
- If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release information about you to the correctional institution as authorized or required by law.
- In limited instances, if we suspect a serious threat to the health or safety of you and/or any of our personnel.
- If you are a member of the military, as required by armed forces services; we may also release your health information, if necessary, for national security or intelligence activities.
- To workers' compensation agencies, if necessary, for your workers' compensation benefit determination.
- As required by Ohio law. Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnosis of AIDS or an AIDS-related condition; before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing information to the State Long-Term Care Ombudsman. For more information on when such consents may be necessary, you can contact our Privacy Officer listed at the end of this notice.

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YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

RIGHT TO INSPECT AND COPY: You have the right to request a copy and/or inspect much of the health information that we keep on your behalf. All requests to inspect or copy must be made in writing and signed by you or your representative. If you request copies, you will be charged as allowed by law, our fees for copying and processing the requested information. You may obtain an authorization request form and a fee schedule from our medical records department.

RIGHT TO ELECTRONIC COPIES: You have the right to obtain an electronic copy of your health information that we keep on your behalf and that exists in an electronic format. You may direct that the copy be transmitted directly to an entity or person designated to you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information. You will be charged as allowed by law, our fees for copying and processing the requested information.

RIGHT TO AMEND: You have the right to request in writing that the health information we maintain about you be amended or corrected. We are not required to make all the changes or corrections you request. However, we will give each request careful consideration. All requests must be in writing, be signed by you or your representative, and must state the reasons for the amendment or correction. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from the medical records department where you received services.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to an accounting of certain disclosures we have made of your health information. Requests must be made in writing and signed by you or your representative. The first accounting in any 12-month period is free. Additional request made thereafter in the same 12-month period is subject to fees and will be charged as allowed by law. You may obtain an accounting request form and a fee schedule from the medical records department where you received services.

RIGHT TO REQUEST INDIVIDUAL RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your health information for treatment, payment or treatment related operations. In most cases, we are not required to agree to your restriction request but will attempt to accommodate reasonable requests as appropriate, and we may terminate an agreed-to restriction if we believe such termination is appropriate. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We will notify you if we terminate a requested restriction. We will honor any request to restrict disclosures to your health plan if the information to be disclosed pertains solely to a health care item or service for which IBH has been paid in full. You may obtain a restriction request form from the medical records department of IBH where you received services.

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BREACH NOTIFICATION: In the unlikely event that there is a breach, or unauthorized release of your personal health information, you will receive notice and information on steps you may take to protect yourself from harm. You may also contact the Ohio State Attorney General's office;
30 E. Broad St., 14th Fl, Columbus, Ohio 43215 or call toll free 800-282-0515, M-F, 8am – 7pm.

CHANGES TO THIS NOTICE: We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new notice effective for all health information maintained by us. You may obtain a copy of the current notice from IBH where you received services, from http://www.ibh.org, or by mailing a request to IBH Addiction Recovery, Treatment Compliance Department listed below.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint in writing to: IBH Addiction Recovery, 3445 S. Main St., Akron, Ohio 44319; by phone at 330-644-4095; or by email at privacyofficer@ibh.org. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. There will be no retribution for filing a complaint.

FOR FURTHER INFORMATION ABOUT THIS NOTICE, CONTACT: Compliance Privacy Officer, IBH Addiction Recovery, 3445 S. Main St., Akron, Ohio 44319. Contact number 330-644-4095.
You have the right to obtain a paper copy of this notice upon request, even if you have requested such a copy by email or other electronic means. Paper copies may be obtained from our Health Records department at the above listed address. This notice is also available at http://www.ibh.org.

This NOTICE has been provided to you as required by the Ohio Administrative Code 5122-27-02(E)(2) and the Code of Federal Registration 42 CFR Part 2.

Acknowledgement of Receipt of Notice: Your signature is required as acknowledgement of receipt of this Notice of Privacy Practices.

______________________________________ ______________

Signature of person receiving treatment services **Date**

______________________________________ ______________

PRINTED NAME OF INDIVIDUAL **Date**

Privacy Practice Updated 11/2021