

NOTICE OF PRIVACY PRACTICES

For Consumers

Effective Date: January 1, 2006

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

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information “medical information.”

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to report a problem if you believe we have violated your privacy rights.

How We May Use and Disclose Medical Information About You.

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

Uses and Disclosures for Treatment, Payment and Health Care Operations.

*** For Treatment.**

We may use medical information about you to provide, coordinate or manage your health care and related services by us and other health care providers. We may disclose medical information about you to other health care providers and health care facilities that become involved in your care if it is an emergency situation or you are receiving Court Ordered treatment. For example, we may conclude you need to receive services in more than one program offered by The Main Place, Inc. When we refer you to another program, we also will contact that program and provide medical information about you to them so they have information they need to provide services to you.

*** For Payment.**

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor. For example, your insurance company requires us to describe services we provide so they will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to determine if you are covered by that insurance or program.

* **For Health Care Operations.**

We may use and disclose medical information about you for your own health care operations. These are necessary for us to operate The Main Place, Inc. and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers or students working in The Main Place, Inc. We also may use the information to study ways to more efficiently manage our organization.

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is:(a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

* **Health Oversight Activities.**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

* **Disclosures for Law Enforcement/Legal Proceedings.**

We may disclose medical information about you to law enforcement official for law enforcement purposes or as directed by any judicial official for purposes:

- a. As required by law.
- b. In response to a court order, or administrative order or warrant.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim or a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.
- h. To disclose information to government or authorized federal officials for national security and intelligence reasons or to protect certain federal officials.

* **Coroners, Medical Examiners and Funeral Directors.**

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death or as required by law. We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

Notice of Privacy Practices (cont.)

* **Organ, Eye or Tissue Donation.**

To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissues.

* **To Avert Serious Threat to Health or Safety.**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

* **Right to Inspect and Copy.**

You have the right to inspect and obtain a copy of medical information about you, with a few exceptions. You must submit your request in writing to the **Service Provider or Medical Records Support Staff on site.** You are entitled to one (1) free copy. We may charge a fee for the costs of additional copies and mailing, if requested. We will act on your request within thirty (30) calendar days after we receive your request, or forty-five (45) days if the record is located in another location.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, civil, criminal or administrative action or proceeding.

If we deny your request, we inform you of the basis for the denial and how you may have our denial reviewed. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

* **Right to Amend.**

You have the right to ask us to amend medical information about you, so long as the medical information is maintained by us. To request an amendment, you must submit your request in writing to your Service Provider on site. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you and provide access and copying. At that time, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make

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the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a.) Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b.) Is not part of the medical information maintained by us;
- c.) Would not be available for you to inspect or copy; or ,
- d.) Is inaccurate and incomplete.

You will be informed of a denial and basis for the denial. You will have the right to submit a statement disagreeing with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement.

Exceptions to this rule include court orders to release health information, in an emergency to medical personnel, and for qualified personnel conducting audits or program evaluations. The regulation does allow The Main Place, Inc. to comply with Ohio statute requiring the reporting of necessary information related to suspected child abuse or neglect to the appropriate authorities or other Ohio statute mandated reporting requirements.

Our Duties

* **Generally.**

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

* **Our Right to Change Notice of Privacy Practices.**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

* **Availability of Notice of Privacy Practices.**

A copy of our current Notice of Privacy Practices will be posted in a prominent location in each facility. In addition, each time you are admitted to services at The Main Place, Inc., a copy of the current notice will be made available to you. At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting staff on site.

Notice of Privacy Practices (cont.)

* **For More Information or to Report a Problem.**

If you have any questions, want more information, or to report a problem with us, contact the **Privacy Officer at The Main Place, Inc., 33 W. Main Street, Newark, Ohio 43055, 740-345-6874 or 117 W. High St., Mt. Vernon, Ohio 43050, 740-392-9491.** All complaints should be submitted in writing.

To report a problem to the United States Secretary of Health and Human Services, contact:

Office for Civil Rights @ U. S. Department of Health & Human Services,
200 Independence Avenue, S.W.
Washington, D.C. 20201

You will not be retaliated against for filing a Complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

This is to acknowledge my receipt of The Main Place Inc. Notice of Privacy Practices with an effective date of January 1, 2006. I received the Notice of Privacy Practices on the date stated below:

*Signature of Client or Person
Representative*

*Date of Client's or Personal
Representative's Signature.*

Client's Name (Print Name Please)

Address

Address

Name of Personal Representative (Print Name)

*Description of Representative's Authority to Act
on behalf of Client*