

MANAHAN

Notice of Privacy Practices

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

Our Responsibilities

We are required to:

- ↳ Maintain the privacy of your health information;
- ↳ Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- ↳ Not use or share your information other than as described in this notice unless you give us permission in writing. You are free to change your mind and revoke these permissions at any time, so long as it is in writing;
- ↳ Abide by the terms of this notice; and,
- ↳ Notify you following a breach of unsecured protected health information.

We may use and share your information as we:

- ↳ Treat you;
- ↳ Run our organization and conduct regular health care operations;
- ↳ Bill for your services;
- ↳ Help with public health and safety issues;
- ↳ Perform research;
- ↳ Comply with the law (federal, state, and local);
- ↳ Respond to organ and tissue donation requests;
- ↳ Work with a medical examiner or funeral director;
- ↳ Address workers' compensation, law enforcement, or other government requests;
- ↳ Respond to lawsuits or other legal action.

Your Rights

You have several rights regarding your health information, including the following:

- ↳ The right to request that we limit or not use or disclose your health information in certain ways or with certain individuals or entities;
- ↳ The right to request to receive communications in an alternative manner or location;
- ↳ The right to access and obtain a copy of your health information;
- ↳ The right to request an amendment to your health information;
- ↳ The right to an accounting of the disclosures of your health information;
- ↳ The right to choose a personal representative to act fully in your stead;
- ↳ The right to file a complaint if you believe your privacy rights have been violated.

All requests must be submitted in writing and are subject to approval by Manahan.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make better informed decisions when authorizing disclosures of your health information to others.

How We Will Use and Disclose Your Health Information

⇒ *Treatment*: We will use and/or disclose your health information for treatment purposes, including for the treatment activities of other healthcare providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be documented in your health record and used to determine the course of treatment that should work best for you.

⇒ *Health Care Operations*: We will use and/or disclose your health information for our regular health care operations. This includes effectively running our organization and improving the care you receive. For example, members of clinical operations staff, the risk or quality manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and those we serve.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had, a relationship with you; (b) the health information used or disclosed must relate to the other entity's relationship with you; (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing healthcare costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

⇒ *Billing*: We will use and/or disclose your health information to bill and receive payment from health plans or other entities. For example, we will provide information to your health insurance plan so they will pay for services rendered.

⇒ *Public Health & Safety*: We are permitted to use and/or disclose your health information to contribute to the public good, via public health and safety efforts. We can share health information about you for certain situations, such as: (a) preventing disease; (b) helping with product recalls; (c) reporting adverse reactions to medications; (d) reporting suspected abuse, neglect, or domestic violence; and (e) preventing or reducing serious threat to anyone's health or safety.

⇒ *Research*: We may disclose your health information to researchers if certain conditions have been met.

⇒ *Comply with Law*: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

⇒ *Organ and Tissue Donation*: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities that engage in the procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.

⇒ *Medical Examiner*: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

⇒ *Government Requests*: We can use or share health information about you for purposes of: (a) workers' compensation claims; (b) law enforcement or at the request of a law enforcement official; (c) health oversight agencies or other such activities authorized by law; and (d) special government functions, such as military, national security, and presidential protective services.

⇒ *Legal Action*: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

⇒ **Limit our disclosures**: You may 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 decline if it would negatively affect your care.

⇒ **Request alternative communication**: You may ask us to contact you in a specific way (home or office or alternate number) or to send any mail to a different address.

⇒ **Get a copy of your health record**: You may submit a request in writing to receive a copy of your medical record or 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 health record**: You may submit a request in writing asking us to correct health information about you that you think is incorrect or incomplete. Requests must provide a reason to support the requested amendment. Requests must be submitted using the standard form provided by Manahan. Forms may be obtained from our Compliance Officer at 419-866-9013.

⇒ **Request an accounting of disclosures**: You may ask for a list, or accounting, of the times we have shared your health information for six (6) 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 requested that we make). We will provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. Requests must be submitted using our standard form. The form may be obtained from our Compliance Officer at 419-866-9013.

⇒ **Elect a personal representative to act on your behalf**: 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 believe your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by Manahan. The complaint form may be obtained from the Compliance Officer at 419-866-9013. When completed, the form

should be returned to the Compliance Officer at 120 S. Holland Sylvania, Toledo OH 43615. You may also file a complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

⇒ **Consent to specific use:** We will *never* share your information without written signed consent, specifically for the following:

- Marketing purposes;
- Sale of your information;
- Psychotherapy notes

⇒ **Revoke authorization:** You may revoke a prior authorization made to use or disclose your health information, except to the extent that action has already been taken. Such requests must be made in writing.

⇒ **Receive a copy of this notice:** You may request a paper copy of this notice at any time and we will provide you with a copy promptly. You may also access and print a copy of this notice from our website.

For any questions or specific forms or additional information, please contact our Compliance Officer at 419-866-9013.

Our Promise to You

We promise to abide by the terms of this notice and do everything required by law to protect your privacy and your rights. We promise to do all we can to protect your information and your privacy at our locations. This includes protecting your privacy and your information from other individuals at the same location. We will do all within our power to ensure all individuals served abide by their fellow individuals' right to privacy. However, we ask that you be aware that individuals served are not bound by the same requirements and regulations as our staff. While we will do our best to discourage it, it is possible other individuals may use their mobile devices inside the residence/day program and as a result potentially share information about you, including photographs, or post material or information to their own personal social media accounts.

Changes to the Terms of this Notice

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

**Acknowledgement of Receipt of
Notice of Privacy Practices**

By signing below, you acknowledge you have received our Notice of Privacy Practices. This Notice describes in detail how we might use and disclose your health information. This Notice also describes your rights and our duties to protect your information. You have the right to review this Notice before signing this acknowledgement.

Signature of Individual or Guardian

Date

Printed Name of Individual

FOR STAFF ONLY

If the individual refused or was unable to sign this acknowledgement, please provide a reason why below:

Staff Member Signature

Date