

This notice is yours. If we change anything in this notice, you will get a new notice. You can obtain additional copies of this notice by calling The Twelve of Ohio, Inc. at (888) 513-8706. If you have other medical insurance, you may receive other privacy notices. The policies and procedures contained in this notice are only for The Twelve of Ohio, Inc.

# THE TWELVE OF OHIO INC.

## NOTICE OF USE OF PRIVATE HEALTH INFORMATION (HIPAA)

CLIENT'S NAME:

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CLIENTS SIGNATURE:

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PARENT AND/OR GUARDIAN'S NAME:

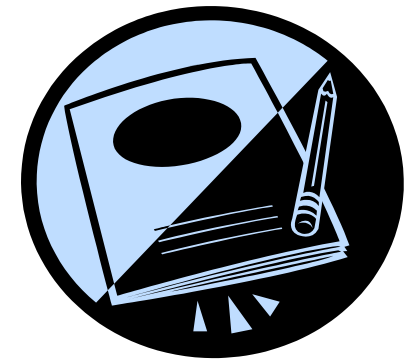
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DATE:

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TWELVE OF OHIO, INC. STAFF:

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# PRIVATE HEALTH INFORMATION (HIPAA)

This describes how medical information about you may be used and disclosed and how you can get access to this information.

Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The law says: We must keep your health care information from others who do not need to know it. You may ask that we not share certain health care information. (In some instances, we may not be able to agree with your request.)

Your private health information may be used by health care providers such as doctors, nurses, therapists and social workers who take care of you. They may need your private health information in order to determine your plan of care. This may cover health care services you had before now, or services you may have later on.

We may share health information about you in order to help you get services you may need. We may also use your information to contact you about appointment reminders or tell you about treatment alternatives.

We will invoice your custodial agency to get paid. The bill has all of the information about what services you had and basic information about you.

You may see your health information, unless it is the private notes taken by a mental health provider or it is part of a legal case. Most of the time you can receive a copy if you ask. You may be charged a small amount for the copying costs.

If you think some of the information is wrong, you may ask in writing that it be changed or new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where health information may have been sent, unless it was sent for treatment, for payment, for checking to make sure you receive quality care, or to make sure the laws are being followed.

You may be asked to sign a separate form, called an authorization form, allowing your health care information to go somewhere else if: your health care provider needs to send it to other places; you want us to send it to another health care provider; or, you want it sent to another person for you.

The authorization form tell us what, where and to whom the information must be sent. Your authorization is good for 90 days or until the date you put on the form. You can cancel or limit the amount of information sent at any time by letting us know in writing.

If you are less than 18 years old, your parents or guardians will receive your private health information, unless by law you are able to consent for your own health care treatment. If you are, than your private health information will not be shared with parents or guardians unless you sign an authorization form. You may also ask to have your health information sent to a different person that is helping you with your health care.

When private health information is released without Authorization, it is normally used to support Treatment or Payment of medical situations or it may be released for the use of Medicaid Operations.

The release of health information for this purpose is not tracked or accountable to you, the Medicaid patient/recipient (HIPAA rule 164.506). Any other release made without your authorization is tracked and is accountable.

We always report:

1. Contagious diseases, birth defects and cancer;
2. Reactions and problems with medicine;
3. To the police when they are investigating a crime, when a child or elder abuse may be happening, or when the court orders us to do so;
4. To the government to review how the Ohio Medicaid program is working;
5. To a provider or to an insurance company who needs to know if you have Ohio Medicaid or any of our other medical programs;
6. Work related injuries to Workers Compensation;
7. Birth, death, and immunization information;
8. To the Federal Government when they are investigating something important to protect our country, the President and/or other government workers.

To find out if your health information has been released without your authorization for purposes other than Treatment, Payment or Operations, you may call The Twelve of Ohio, Inc. at (888) 513-8706 and ask for a "Request for Accounting Disclosures" form. Simply fill out the form, and send to:

The Twelve of Ohio, Inc.  
Attn: Health Information Privacy Official  
P.O. Box 376  
Massillon, Ohio 44648