



**Welcome to Samaritan Behavioral Health, Inc. (SBHI)  
Thank you for choosing our therapy services.**

<b>Intake Services</b>	601 Edwin C. Moses Blvd, 1 <sup>st</sup> fl. Dayton, OH 45417	Phone: (937) 734-4310 Fax: (937) 224-1618	<u>Hours:</u> MON – FRI 8a–5:15p
<b>Integrated Care Solutions</b>	601 Edwin C. Moses Blvd., 4 <sup>th</sup> fl. Dayton, OH 45417	Phone: (937) 734-8333 Fax: (937) 734-8339	<u>Hours:</u> MON-THUR 8a-6p FRI: 8a-4:30p
<b>SBHI – CAM</b>	601 Edwin C. Moses Blvd., 1 <sup>st</sup> fl. Dayton, OH 45417	Phone: (937) 734-9810 Fax: (937) 734-9830	<u>Hours:</u> MON-THUR 8a-6p FRI: 8a-4:30p
<b>SBHI – Community Care – Miami Co.</b>	3130 N. County Road 25-A, Building A Troy, OH 45373	Phone: (937) 440-7121 Fax: (937) 440-7110	<u>Hours:</u> MON-THUR 8:00a-6:00p FRI: 8:00a-1:00p
<b>SBHI – Preble Co.</b>	225 N. Barron Street, Eaton, OH 45320	Phone: (937) 456-1915 Fax: (937) 456-2208  Crisis 24/7: 1-866-532-3097	<u>Hours:</u> MON – TUES: 9a-7p WED - THUR: 9a-5p FRI: 9a-3:30p
<b>SBHI – Warren/Butler Co.</b>	401 Atrium Drive, Middletown, OH 45005	Phone: (513) 974-6049 Fax: (937) 641-2664	<u>Hours:</u> MON-FRI 8a-4:30p
<b>School Services</b>	601 Edwin C. Moses Blvd., Dayton, OH 45417	Phone: (937) 734-8333 Fax: (937) 734-8339	<u>Hours:</u> Vary by location
<b>Substance Abuse Services</b>	601 Edwin C Moses Blvd, 1 <sup>st</sup> fl. Dayton, OH 45417	Phone: (937) 734-8333 Fax: (937) 224-1618	<u>Hours:</u> Therapy Services: MON-THUR 8a-7p FRI: 8a-4:30p Medical Services: MON-THUR 7a–6 pm
<b>YCATS - Young Children's Assessment &amp; Treatment Services</b>	601 Edwin C. Moses Blvd., 4 <sup>th</sup> fl, Dayton, OH 45417	Phone: (937) 734-8333 Fax: (937) 734-8339	<u>Hours:</u> MON-THUR 8a-6p FRI: 8a-4:30p

**SBHI Mission: We care. We teach. We innovate. We serve**

Visit our website at: [www.sbhihelp.com](http://www.sbhihelp.com) for great information about mental health and addiction.

If you have a behavioral health emergency, go to the nearest hospital emergency room.

You may also contact these crisis resources:

Crisis Hotline: 833-580-2255

Crisis Text Line: Text "4HOPE" to 741741

Miami Valley Warmline: 937-528-7777

Miami Co: 1-800-351-7347

Preble County 1-866-532-3097

National Crisis Hotline: 988

## General Information

Our goal is to give you care that focuses on results and involves you throughout your treatment process. Our programs make every effort to accommodate diverse needs. Please inform us of any special needs you may have.

Services to the Hard of Hearing and Deaf Community: Services are available by staff who know American Sign Language and are familiar with deaf/hard of hearing culture.

Your SBHI Treatment Team may consist of a therapist, case manager, nurse, medical assistant, psychiatrist, physician, nurse practitioner, or peer support specialist.

Therapist: \_\_\_\_\_ Case Manager/Peer Supporter: \_\_\_\_\_

Nurse: \_\_\_\_\_ Doctor/Nurse Practitioner: \_\_\_\_\_

**Assessment of Needs:** At your first appointment, a therapist or nurse will evaluate your needs. You will be asked a number of questions during this appointment. This will assist in the development of your treatment plan. Answering the questions honestly and completely will help the therapist or nurse in making treatment recommendations.

At the end of the first appointment, these recommendations will be reviewed with you. You will be told of the benefits and risks of the recommended services. If you choose to follow up with these recommendations, you will be given a follow up therapy appointment. If you choose not to pursue our treatment recommendations, you will be given referrals for other options available. If SBHI does not have the recommended services, you will be given referrals to agencies that do.

### **After assessing your needs, SBHI staff may recommend mental health or addiction services:**

Diagnostic Evaluation	Individual Counseling	Crisis Intervention	Case Management
Medication Management	Family Counseling	Education/Prevention	Group Counseling
Medication Assisted Treatment	Withdrawal Management	Day Treatment	

Many of these services can be provided via Telehealth. Telehealth is treatment that is provided through a two-way video platform. You would be able to see your provider on a video screen and they can see you. This is a voluntary service and you are not required to participate in Telehealth services. If you use equipment at the SBHI office, it is secure and will offer privacy.

**The Treatment, Transition, and Discharge Process:** SBHI treatment consists of talking about feelings, thoughts and behaviors that impact daily life. Through this process, you will develop skills to feel better and grow stronger. The length of time for treatment depends on your participation and needs.

Trained and experienced staff will help you identify your needs and help you create a plan for treatment. It is important that you are an active participant. Involving your family may also be an important part of the process.

Medication may help your symptoms. If this is needed, medication and therapy is most helpful. If medication is all you need, you may qualify for our Medication Management Solutions program in Montgomery County and Miami County.

Your input is needed for your treatment plan, outcome surveys, and satisfaction surveys. Progress and achievement of your goals will be discussed and reviewed. If other services are needed, your treatment team will link you with the appropriate program to help with those needs.

Motivational Incentives may be used in our youth programs. This can take the form of small toys or stickers to encourage positive change.

Your treatment will be successfully completed when you meet the goals of your treatment plan. We ask you to talk with your therapist when you believe that you have benefited all you can from our services and wish to end treatment.

**Treatment Planning:** After treatment recommendations are reviewed, your treatment team will work with you to create an individualized service plan (ISP) to meet your needs. During treatment, you will be asked to complete surveys to see how you are doing. Your ratings will help you and the team develop goals and measure progress. You are an active member in creating this plan and will be asked to sign it. The service plan will be reviewed as needed throughout your treatment program to ensure that progress is being made. You can have a copy of the plan at any time.

**The Crisis Intervention Process:** Crisis services are offered by phone or in person by SBHI at the Preble County office if you are feeling stressed. Crisis staff can help calm your mood or behavior. Trained and experienced staff will help you identify needs. If you are not already seeing a therapist, they will give you a referral for ongoing treatment at an agency of your choice.

**Advance Directives:** A Psychiatric Advance Directive (PAD) is a legal document written by a person who lives with a mental illness. A PAD allows a person to be prepared if a mental health crisis prevents them from being able to make decisions. A PAD describes treatment preferences, or names a person to make treatment decisions, should the person with a mental health condition be unable to make decisions. If you have an advance directive, please give us a copy. If you want to create one, go to [www.disabilityrightsohio.org](http://www.disabilityrightsohio.org) or contact a lawyer for help.



### **HIPAA and Exceptions to Privacy**



SBHI will not give your information to anyone unless a release of information is signed by you or your legal guardian. SBHI will do what we can to keep your information private, but privacy laws do have limits.

- A. Staff are **required** to talk to other people/agencies about you when:
  - 1. You talk about plans to hurt yourself.
  - 2. You talk about plans to hurt others.
  - 3. You can't care for your own basic needs.
  - 4. You talk about a child, elderly, disabled person or animals/pets being abused or neglected.
  - 5. You commit a crime or threaten to commit a crime at the agency.
  - 6. Your treatment records have been requested to determine if you should be hospitalized against your will.
  - 7. A court order requires records or testimony.
  - 8. Records are reviewed for purposes of quality, payment and/or operations.
- B. Disability Rights of Ohio can read your records, if you are using their services.
- C. For guardians:
  - 1. A biological parent, who does not have custody, can have access to a minor's record, if parental rights have not been taken away.
  - 2. If you have a legal guardian, the legal guardian can ask to review your record.
- D. Privacy laws let us share minimal information about you:
  - 1. To others who may be providing care for you in an emergency.
  - 2. To operate the agency.
  - 3. To send out bills.

There may be other reasons that we have not listed above.  
Ask any staff member if you have any questions.

**SBHI follows HIPAA, Federal law and guidelines, including 42 C.F.R.**

## Informed Consent - Risks and Benefits of Treatment

It is important to understand both the risks and benefits of treatment. This is part of informed consent. As a client/patient or parent/ guardian of a client/patient, you have the right to refuse treatment recommendations, in accordance with OAC 5122-1-2.

Depending on the recommended treatment, there can be both benefits and risks to treatment. Your treatment team will explain these at the start of treatment. Risks/Benefit examples:

### **⊕ Possible Benefits of Treatment:**

Symptoms Improve	Better Communication with Others	Improved Health
Improved Functioning	Better Relationships with Others	More Interest in Life
Improved Concentration	Fewer Problems at School	Improved Behaviors
Fewer Problems at Home	Fewer Problems at Work	Improved Sleep

### **⊖ Possible Risks of Treatment:**

Counseling: May experience uncomfortable feelings while in treatment. This is normal in therapy.

Group Therapy: Being a part of group therapy has a risk that other clients might share your story outside of the group.

Medication Management: May have side effects/adverse reactions to medications.

Telehealth Services: Less Privacy if using your own device for Telehealth visits.

### **⊖ Possible Risks of Not Following Our Recommendations:**

Symptoms May Not Improve	No Change in Situation	Increased Problems
Greater Cost of Treatment Later	Symptoms May Worsen	Need for a Higher Level of Care

### **Alternatives to Treatment:**

- Self-Help Groups;
- Self-Help Books;
- 2nd Opinions from another Agency;
- Peer Support Groups;
- Spiritual Guidance;
- Trying a Lower Level of Care.





## **Program Rules**

1. Get involved in your treatment. Attend all scheduled sessions.
2. Be on time for your appointments. If you arrive after your appointment time, you may not see your provider. If you are not seen, you will be asked to reschedule.
3. Talk to your treatment team about needs and concerns.
4. Arrange for childcare during your scheduled sessions.
5. If the client is a minor, a responsible adult is required to be on-site during the session, unless prior approval is granted by SBHI staff. To ensure clinical and safety needs are met, appointments may be cancelled if a responsible adult is not present.
6. You are responsible to pay for services. Present any form of insurance to the front desk staff. Let staff know if you have a change in insurance coverage, Medicaid, or Medicare.
7. Let staff know if you have a change in your address or phone number.
8. If you have a mental health emergency, go to the nearest hospital emergency room. You may also contact the Crisis Hotline 24/7:
  - a. Montgomery Co: Crisis Text Line: Text "4HOPE" to 741741
  - b. Miami Valley Warmline: 937-528-7777
  - c. Miami Co: 1-800-351-7347
  - d. Preble Co: 1-866-532-3097
  - e. National Crisis Hotline: 988
9. Do not come to sessions under the influence of alcohol or drugs. Illegal drugs, alcohol, or marijuana may not be brought into our offices.
10. Please keep all medications, over-the-counter medicines, herbs or vitamins that you might bring in with you on your person.
11. Do not bring firearms or other weapons in our buildings.
12. If you are mandated to attend sessions, be aware that we may be required to provide attendance information to those agencies mandating services.
13. We may give options for ongoing treatment following a crisis intervention.
14. We are a non-smoking and non-tobacco use facility. Do not use tobacco products or smoke in or near the entrances to our buildings. This includes vape products.
15. Use the designated lot or public parking. Some areas are restricted, and your car could be towed. Please ask the receptionist if you have any questions about where you may have parked today.
16. YCATS is our only program that uses seclusion and restraint.
17. There is a survey that you may be asked to complete at the end of your appointment today. We ask that you take a few minutes to complete it, so we can continue to improve our services at SBHI.
18. SBHI does have the right to refuse services if you become verbally abusive to staff and/or other clients.
19. SBHI may also stop your treatment due to the following reasons:
  - a. Violent behavior
  - b. Carrying weapons into the sessions
  - c. Not taking medication as prescribed
  - d. Serious threats made to SBHI staff
  - e. Using more than one provider for the same services
  - f. No longer meeting criteria for treatment
  - g. No longer interested in treatment, due to continued missed appointments.

If you break a program rule, SBHI staff will meet with you to discuss the possibility of ending your treatment. You may appeal the decision to stop your treatment through the SBHI Grievance process.

**In the event of a fire or other natural disaster / emergency:** Please review the SBHI Fire and Safety Guide. Follow the directions of SBHI staff in the case of an emergency or drill.

**A copy of the SBHI Agency Service Plan is available upon request.**

## Client Rights and Responsibilities

### **YOU HAVE THE RIGHT:**

1. To be treated with respect by all staff.
2. To make sure you are not harmed while getting services.
3. To make sure you are in the lowest level of treatment based on your needs.
4. To choose your level of treatment unless it would cause you harm. However, SBHI must also follow related State rules.
5. To agree or disagree to treatment after learning the details of that treatment.
6. To create and update your treatment plan with your treatment team. You may also have a copy of this plan.
7. To not be overly medicated, restrained, or secluded without good reason.
8. To be told of and reject treatment that could be dangerous.
9. To not be photographed, recorded, or observed during sessions without your consent. SBHI may ask if we can take your picture to be part of your health record for identification purposes only. There are cameras in public areas for safety.
10. To have all your information kept private, with a few exceptions. (See HIPAA & Exceptions to Privacy)
11. To have access to your treatment records unless it will cause you harm.
12. To be told when and why your case is being closed. You can get referrals for other options for treatment.
13. To be told why you are not allowed to have services from SBHI.
14. To get services, regardless of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, HIV status, or other identified groups.
15. To know how much treatment costs.
16. To be told of your rights and get a copy at any time.
17. To share your concerns about your treatment. It will not be held against you.
18. To tell someone about a grievance
19. To ask for help in sharing a grievance.
20. To be told of your diagnosis and treatment options and other choices.
21. To get a second opinion or talk to a lawyer, at your own expense.
22. To request that your treatment team be of a certain gender or race.
23. To ask that your treatment services be scheduled on the same day as other services.
24. To ask for more time &/or information before deciding on any treatment recommendations.

### **YOU HAVE THE RESPONSIBILITY:**

- ✓ To tell the truth to staff.
- ✓ To be part of the treatment plan process.
- ✓ To try to follow directions given by staff.
- ✓ To give 24-hour notice of any appointment cancellations.
- ✓ To know names of the staff who are caring for you.
- ✓ To report changes in your condition to staff.
- ✓ To respect the rights and privacy of other clients/patients and staff. Do not record, take pictures or videos of group or individual sessions.
- ✓ To call the Client Rights Officer if you have concerns about your rights.
- ✓ To make sure that your services are paid. If you have questions about your bill, contact the SBHI Finance Department at 937-734-3490
- ✓ To follow the rules for your treatment program.
- ✓ To let staff know if you want your treatment team to be a certain gender or race.
- ✓ To ask for treatment services to be scheduled on the same day.
- ✓ To ask for more time and/or information before deciding on any treatment recommendations.



### **Professional Conduct Guidelines**

It is important to know what to expect when working with a professional. SBHI staff are here to help with mental health and/or substance abuse issues. These rules are to help clients know what is appropriate.

- Money should never be exchanged between clients and staff, except for payment of SBHI Services:
  - SBHI staff cannot be client Payees.
  - SBHI staff should not buy gifts/food/personal items for clients.
  - Clients should not buy gifts/food/personal items for staff.
  - Clients should not give SBHI staff checks to hold.
  - Clients should not lend or borrow money from SBHI staff.
  
- If clients apply for benefits:
  - Original paperwork must stay with the client. If the client needs help, the copies are made by SBHI and the originals are given back to the client.
  - Clients should never give personal passwords to SBHI staff.
  
- Working with a professional is not the same as a friendship:
  - SBHI staff should never ask clients to babysit, pet sit, or do household jobs.
  - Clients should never ask SBHI staff to babysit, pet sit, or do household jobs.
  - SBHI staff should never accept a “Friend request” from clients on any social media platforms (facebook, Instagram, LinkedIn, etc.)
  - SBHI staff may refer clients to other community resources for housing, food, or other social service agencies.
  - Case managers and peer support specialists can help clients with errands when clients cannot do them on their own. This usually happens when SBHI is open.
  - There should be a professional reason why case managers and peer support specialists are meeting clients at home. It is not a social visit.
  - There should never be any intimate interaction between SBHI staff and clients. A handshake or brief hug at the end of a difficult session is okay, if agreed on by the client and staff. Any physical contact beyond that is never acceptable.

If any of these situations happen to you, please report it immediately to the Program Director or contact the Client Rights Officer.



## **Client Rights Officer**

A Client Rights Officer (CRO) helps clients/patients or legal guardians if they have a concern about their rights. These concerns are called grievances. The CRO will oversee any grievance filed.

### **The Client Rights Officer is:**

Barbara Rickey, MS, LPCC  
Samaritan Behavioral Health, Inc.  
601 Edwin C. Moses Blvd., 1st Floor  
Dayton, OH 45417

Monday-Friday (9:00 am - 4:30 pm) Phone: (937) 734-9451 Fax: (937) 734-8339;

Robyne Head is the alternate Client Rights Officer. Call her if the CRO is absent or the concern is about the CRO. She can be reached at (937) 734-3460.

## **Grievance Procedure**

Clients/patients or legal guardians have the option of filing a grievance. If the client/patient is an adult, he/she must be agreeable to filing a grievance. A family member cannot file on the client/patient's behalf, if the client/patient does not want to pursue it.

Follow these steps:

1. You can talk to any staff person with a concern about your rights. You can also call the CRO. These concerns can be given to the CRO over the phone, in person, or in writing. Sharing a concern about SBHI services will not be held against you.
2. If you want to write your concerns, you can request a "Written Grievance Form" from any staff member. If you need help with the form, any staff member can help.
3. The CRO will follow up with you/your advocate within 3 days.
4. The CRO will investigate the concerns and will have a final decision within 20 working days.
5. If the CRO needs more time, you will be told of the reason for the delay.
6. The CRO will find a solution that is realistic for both you and staff. A summary of the concern and solution will be sent to you.

## **Appeal Process**

1. You can ask for your grievance to be reviewed by the Chief Executive Officer (CEO) if you don't agree with the CRO solution.
2. You, the CRO and the CEO will meet to discuss the issues.
3. The CEO will review the case and will inform you of the result within 5 days.
4. You can call an outside agency if you don't agree with the CEO result. You can ask the CRO help contact an outside agency.
5. You can sign a release of information, so the facts of the grievance can be sent to an outside agency.
6. Premier Health Risk Management will be contacted before any information is given to an outside agency.



The client/patient or legal guardian can contact an outside agency at any time. These organizations include, but are not limited to:

Montgomery County  
Alcohol, Drug Addiction and  
Mental Health Services Board  
409 E. Monument Avenue,  
Suite 102  
Dayton, Ohio 45402  
937-443-0146  
[www.mcadamhs.org](http://www.mcadamhs.org)

Preble County Mental Health  
And Recovery Board  
100 E. Somers Street  
Eaton, Ohio 45320  
937-456-6827  
[www.pcmhrb.org](http://www.pcmhrb.org)

Ohio Department of Mental  
Health and Addiction Services  
30 E. Broad Street, 36th Floor  
Columbus, Ohio 43215-3430  
614-466-7228  
877-275-6364  
[www.mha.ohio.gov](http://www.mha.ohio.gov)

Ohio Chemical Dependency  
Professionals Board  
77 S. High Street  
16<sup>th</sup> Floor  
Columbus, OH 43215  
614-387-1110  
[www.ocdp.ohio.gov](http://www.ocdp.ohio.gov)

Disability Rights Ohio  
200 Civic Center Dr.  
Suite 300  
Columbus, Ohio 43215  
614-466-7264  
1-800- 282-9181  
[www.disabilityrightsohio.org](http://www.disabilityrightsohio.org)

Attorney General's Office  
30 E. Broad Street,  
14th floor  
Columbus, Ohio 43215  
1-800-282-0515  
[www.ohioattorneygeneral.gov](http://www.ohioattorneygeneral.gov)

U.S. Department of Health  
and Human Services  
Office for Civil Rights,  
Midwest Region  
233 N. Michigan Ave.  
Suite 240  
Chicago, Illinois 60601  
1-800-368-1019  
TDD/TTY 1-800-537-7697  
[www.hhs.gov](http://www.hhs.gov)

Ohio Counselor, Social  
Worker, and Marriage &  
Family Therapist Board  
77 S. High Street,  
24th floor, Rm 2468  
Columbus, Ohio 43215-6171  
614-466-0912  
[www.cswmft.ohio.gov](http://www.cswmft.ohio.gov)

State Medical Board  
30 E. Broad St., 3rd floor  
Columbus, Ohio 43215-6127  
614-466-3934  
[www.med.ohio.gov](http://www.med.ohio.gov)

Ohio Board of Nursing  
8995 E. Main Street  
Reynoldsburg, OH 43068  
614-466-3947  
[www.nursing.ohio.gov](http://www.nursing.ohio.gov)

Ohio Board of Psychology  
77 S. High Street,  
Suite 1830  
Columbus, Ohio 43215  
614-466-8808  
1-877-779-7446  
[www.psychology.ohio.gov](http://www.psychology.ohio.gov)



## **NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review carefully.**

The terms of this Notice of Privacy Practices apply to Samaritan Behavioral Health, Inc. (SBHI) operating as a clinically integrated health care arrangement composed of SBHI and all of its locations, physicians, and other licensed professionals seeing and treating clients at these sites. A complete listing of our service locations is available upon request. The members of this clinically integrated health care arrangement will share protected health information of our clients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our clients' protected health information and to provide clients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. 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 protected health information maintained by us. You may receive a copy of any revised notices from the location in which you have received services or a copy may be obtained by mailing a request to the Manager of Quality and Compliance, Elizabeth Place, 4<sup>th</sup> Floor, 601 Edwin C. Moses Blvd., Dayton, OH 45417.

### **Uses and Disclosures of Your Protected Health Information**

**Your Authorization:** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization. There are certain uses and disclosures of your protected health information for which we will always obtain a prior authorization, and these include:

- **Marketing communications, *unless*** the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment;
- **Most sales** of your protected health information unless for treatment or payment purposes or as required by law; and
- **Psychotherapy notes** unless otherwise permitted or required by law.

**Uses and Disclosures for Treatment:** We will use and disclose your protected health information as necessary to provide, coordinate, or manage your treatment. For instance, therapists, doctors, nurses and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, test, etc.

**Uses and Disclosures for Payment:** We will use and disclose your protected health information as necessary for the payment of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your diagnosis and treatment to your insurance company to arrange a payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for payment of your bill.

**Uses and Disclosures for Health Care Operations:** We will use and disclose your protected health information as necessary, and as permitted by law, for our healthcare operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our clients. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management but only if that facility, professional, or plan also has or had a client relationship with you.

**Health Information Exchange:** We may participate in health information exchanges (HIEs) to facilitate the secure exchange of your electronic health information between and among other health care providers, health plans, and health care clearinghouses that participate in the HIE. In order to provide better treatment and coordination of your health care, we may share and receive your health information for treatment, payment, or other health care operations. Your participation in the HIE is voluntary, and your ability to obtain treatment will not be affected if you choose not to participate. You may opt-out at any time by notifying the SBHI Medical Records Department. However, your choice to opt-out does not affect health information that was disclosed through an HIE prior to the time that you opted out.

**Family and Friends Involved in Your Care:** With your approval, from time to time we may disclose your protected health information to designated family, friends, and others who are involved in your care, or are involved in payment for your care, in order to facilitate that person's involvement in caring for you or in paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates:** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide certain protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Fundraising:** We may contact you to donate to a fundraising effort on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications and may do so by calling the Director of Quality and Compliance at (937) 734-8333, identifying yourself and stating that you do not wish to receive future fundraising requests. You may also write to us at Samaritan Behavioral Health, Director of Quality and Compliance, Elizabeth Place, 4<sup>th</sup> Floor, 601 Edwin C. Moses Blvd., Dayton, OH 45417, together with a statement that you do not wish to receive fundraising materials or marketing communications from us. We will honor your request after the date we receive your direction.

**Appointments and Services:** We may contact you to provide appointment reminders or test results. You have the right to request, and we will accommodate reasonable requests, to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you would prefer that appointment reminders not be left on voice mail or sent to a particular address, we will accommodate all reasonable requests. You may request such confidential communication in writing by sending your request to the Director of Quality and Compliance, Elizabeth Place, 4<sup>th</sup> Floor, 601 Edwin C. Moses Blvd., Dayton, OH 45417.

**Health Products and Services:** We may use your protected health information from time to time to communicate with you about health products and services necessary for your treatment, to advise you of new products and services we offer, and to provide general health and wellness information.

**Research:** In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of all clients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board which oversees the research or by representations of the researchers that limit their use and disclosure of client information.

**Confidentiality of Alcohol and Drug Abuse Client Records:** The confidentiality of alcohol and drug abuse client records maintained by this facility is protected by federal law and regulations. Generally, the facility may not say to a person outside the program that you attend a drug or alcohol program or disclose any information identifying you as an alcohol or drug abuser unless: (1) you consent in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Federal law and regulations do not protect information about a crime committed by you either at our facility or against any person who works for the facility or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Other Uses and Disclosures:** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. We may release your protected health information:

- For any purposes required by law;
- As required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence. The duty to report abuse, including abuse of children, elderly persons and adults with developmental disabilities, supersedes (by law) any requirements of confidentiality. In general, professionals and persons involved in the human services system are required to report abuse if they have reason to believe there is a wound, injury, disability, neglect or emotional condition which reasonably indicates that abuse has occurred.
- When an individual's condition represents an immediate threat to the physical safety of self or others, information may be disclosed for the purpose of preventing danger/harm.
- When an individual represents a substantial and immediate risk of serious physical impairment or injury to himself as manifested by evidence that he is unable to provide for and is not providing for his basic physical needs because of mental illness, information may be disclosed for the purpose of preventing danger/harm.
- An attorney representing the Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS) for Montgomery County (if appropriate) or Preble County (if appropriate) has authority to obtain records of individual clients/patients for whom involuntary commitment (hospitalized against your will) proceedings have been initiated. The ADAMHS Boards are a state-funding source and by law must track such information. Information that may be disclosed under this provision is limited to your treatment, treatment needs, and outcomes for success.
- Information in your treatment file may be subject to an order by the court. At that time, Samaritan Behavioral Health Inc. would obey an order from a court to provide your record.
- The Disability Rights of Ohio has authorization to secure a record of a client/patient when their representation of a client/patient warrants such action.
- Representatives of the ADAMHS Board and the Ohio Department of Mental Health and Addition Services (OMHAS) may gain access to client/patient records for the purpose of evaluating the quality of services. They provide funds for services and by law are permitted to audit information.
- Additional exceptions may occur for the purpose of continuity of care/treatment where information may be shared without your prior permission to other healthcare providers who are, or will be, providing you with care. Other exceptions are related to fiscal billing and auditing, program analysis and authorized research. In each instance, only minimal information will be released to qualified personnel with a legitimate need to know.
- A parent, including a non-custodial parent or legal guardian, has the right to review information in the file pertaining to the child, the child's treatment and disclosures made by the child, unless specified otherwise in a court order.
- A legal guardian of an adult has the right to review information in a file pertaining to that adult.
- For public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- Immunizations records released to a student's school, but only if parents or guardians (or the student if not a minor) agree either orally or in writing;
- To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided health care to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer;
- If required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- If required to do so by subpoena or discovery request; in most cases you will have notice of such release;
- To law enforcement officials as required by law to report wounds, injuries, and crimes;
- To coroners and/or funeral directors consistent with law;
- If necessary to arrange for an organ or tissue donation from you or a transplant for you;
- If, in limited instances, we suspect a serious threat to health and safety;
- As required by armed forces services if you are a member of the military; we may also release your protected health information if necessary for national security or intelligence activities; and
- To workers' compensation agencies if necessary for your workers' compensation benefit determination.

Ohio law requires that we obtain a consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses 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, and before disclosing information about mental health services you may have received. For full

information on when such consents may be necessary, you can contact the Manager of Quality and Compliance, Elizabeth Place, 4<sup>th</sup> Floor, 601 Edwin C. Moses Blvd., Dayton, OH 45417.

### **Rights That You Have**

**Access to Your Protected Health Information:** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you per page if you request a copy of the information. We will also charge for the postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You can obtain a request form from the program where you received services.

You have the right to obtain an electronic copy of your health information that exists in an electronic format, and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous, and specific with complete name and mailing address or other identifying information. We will charge you a fee for our labor and supplies in preparing your copy of the electronic health information.

**Amendments to Your Protected Health Information:** You have the right to request in writing that protected health information we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. In order to be considered by us, all amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If any 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 program where you have received services.

**Accounting of Disclosures of Your Protected Health Information:** You have the right to receive an accounting of certain disclosures by us of your protected health information for six years prior to the date of your request. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the program where you have received services. The first accounting in any 12-month period is free. You will be charged a fee for each subsequent accounting you request within the same 12-month period.

**Restrictions on Use and Disclosure of Your Protected Health Information:** You have the right to request, in writing, restrictions on certain of our uses and disclosures of your protected health information for treatment, payment, or health care operations. A restriction request form can be obtained from the program where you have received services. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing, any agreed-to restriction by sending such notice to the Director of Quality and Compliance, Elizabeth Place, 4<sup>th</sup> Floor, 601 Edwin C. Moses Blvd., Dayton, OH 45417. 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 SBHI has been paid in full.

**Breach Notification:** In the unlikely event that there is a breach or unauthorized release of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

**Complaints:** If you believe your privacy rights have been violated, you can file a complaint, in writing, with the SBHI Privacy Rights Officer, Elizabeth Place, 4<sup>th</sup> Floor, 601 Edwin C. Moses Blvd., Dayton, OH 45417. You may also file a complaint, in writing, within 180 days of a violation of your rights with the Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. There will be no retaliation for filing a complaint.

**Acknowledgment of Receipt of Notice:** You will be asked to sign an acknowledgment form that you received the Notice of Privacy Practices.

**For Further Information:** If you have questions or need further assistance regarding this Notice, you may contact the Manager of Quality and Compliance, Elizabeth Place, 4<sup>th</sup> Floor, 601 Edwin C. Moses Blvd., Dayton, OH 45417. As a client, you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

**Revised Date:** May 2024