



## **Notice of Privacy Practices**

### **I. 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.**

Protected Health Information (PHI) is information that identifies you and relates to health care services, payment of health care services, or your physical or mental health or condition, in the past, present, or future. As stated above, the OPEN WATER COUNSELING AND RECOVERY, LLC Notice of Privacy Practices (hereinafter referred to as Notice") describes: (1) How OPEN WATER COUNSELING AND RECOVERY, LLC may use or disclose your PHI and (2) Your rights to access, inspect, and control your PHI. This notice is posted at and is available at all OPEN WATER COUNSELING AND RECOVERY, LLC facilities where services are provided. A copy of the notice will be provided to anyone upon request.

### **OUR RESPONSIBILITIES**

OPEN WATER COUNSELING AND RECOVERY, LLC is required by Federal Law to: (1) maintain the privacy of your PHI, (2) provide you with notice of OPEN WATER COUNSELING AND RECOVERY, LLC's legal duties and privacy practices, and (3) notify you in the unlikely event of a breach of unsecured PHI. We are required to abide by the terms of this Notice so long as it is in effect. We do reserve the right to change the terms of this Notice and to make the new Notice effective for all PHI maintained by OPEN WATER COUNSELING AND RECOVERY, LLC. OPEN WATER COUNSELING AND RECOVERY, LLC will promptly revise and distribute a new Notice whenever there is a material change. Except when required by law, a material change will not be implemented before the effective date of the new Notice in which the change is reflected.

Please Note: For your convenience, all forms identified below may be obtained at any OPEN WATER COUNSELING AND RECOVERY, LLC office or by contacting the Clinical Records Manager at 330-539-3200.

### **USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

**Use and Disclosure with Your Authorization:** Except as outlined below, OPEN WATER COUNSELING AND RECOVERY, LLC will not use or disclose your PHI unless you have signed a HIPAA compliant form authorizing the use or disclosure. You also have the right to revoke an authorization in writing unless OPEN WATER COUNSELING AND RECOVERY, LLC has already taken action in reliance on that authorization. You may complete an OPEN WATER COUNSELING AND RECOVERY, LLC form to revoke an authorization and may provide the completed form to the Site Manager at the office where you are seen, or you may provide it to the Clinical Records Manager at 1725 Drexel Ave NW Warren, OH 44485. There are certain uses and disclosures of your PHI for which OPEN WATER COUNSELING AND RECOVERY, LLC will always obtain a prior authorization. These include: (1) Most uses and disclosures of psychotherapy notes, as applicable, unless otherwise permitted or required by law; and (2) Subject to certain limited exceptions, use or disclosure of PHI for marketing purposes and (3) Sale of your PHI.

**Use and Disclosure for Treatment:** OPEN WATER COUNSELING AND RECOVERY, LLC may use and disclose your PHI to coordinate or manage your care within OPEN WATER COUNSELING AND RECOVERY, LLC. For example, your OPEN WATER COUNSELING AND RECOVERY, LLC therapist may consult with an OPEN WATER COUNSELING AND RECOVERY, LLC doctor regarding your care. OPEN WATER COUNSELING AND RECOVERY, LLC may also use and disclose your PHI to individuals or organizations outside of OPEN WATER COUNSELING AND RECOVERY, LLC who are involved in your care, such as your primary doctor, other healthcare providers, or contracted services. For example, a doctor/healthcare facility not affiliated with OPEN WATER COUNSELING AND RECOVERY, LLC, who is involved in your care, may request parts of your PHI to make decisions about your care.

**Use and Disclosure to Obtain or Provide Payment:** OPEN WATER COUNSELING AND RECOVERY, LLC may use and disclose your PHI to collect or make payment for your care. For example, OPEN WATER COUNSELING AND RECOVERY, LLC may: (1) transmit PHI regarding your treatment to entities paying for your services such as Medicaid, or Medicare/insurance companies; (2) disclose PHI to apply for pre-authorization for services; and/or (3) include PHI on invoices to collect payment from you, a person responsible for payment, or other third parties.

Use and Disclosure for Healthcare Operations: OPEN WATER COUNSELING AND RECOVERY, LLC may use and disclose your PHI for OPEN WATER COUNSELING AND RECOVERY, LLC operations as necessary, and as permitted by law, to provide and improve services. Examples include but are not limited to: (1) quality assurance and improvement activities; (2) case management and care coordination; (3) professional review and performance evaluation; (4) auditing, including compliance reviews; (5) medical reviews; (6) legal services; and (7) business management and general administrative activities. For example, OPEN WATER COUNSELING AND RECOVERY, LLC may: (1) use PHI to evaluate staff performance; (2) combine your PHI with other clients' PHI to evaluate how to better serve clients; (3) disclose PHI to contracted personnel for limited training purposes; or (4) disclose PHI to another healthcare facility, healthcare professional, or health plan for purposes such as quality assurance and case management, but only if that individual or entity also has or had a patient/client relationship with you.

Family and Friends Involved in your care: With your approval, OPEN WATER COUNSELING AND RECOVERY, LLC may disclose your PHI to designated family, friends, and others who are involved in your care or in payment for your care. However, we may share limited PHI with such individuals without your approval 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 also share limited PHI with such individuals if otherwise permitted or required by law.

Business Associates: Certain aspects and components of our services are performed through contracts/agreements with outside persons/organizations/businesses, such as auditing, accreditation, actuarial services, claims payment, data compilation, legal services, and others. At times, it may be necessary to provide certain parts of your PHI to one or more of these persons/organizations/businesses. In all cases, OPEN WATER COUNSELING AND RECOVERY, LLC requires that these Business Associates appropriately safeguard the privacy and security of your PHI.

Appointment Reminders: OPEN WATER COUNSELING AND RECOVERY, LLC may use and disclose your PHI to contact you to leave appointment reminders. If you wish to not have appointment reminders left on voicemail or do not want mail sent to a particular address, we will accommodate reasonable requests and will not require an explanation. You may make the request by completing an OPEN WATER COUNSELING AND RECOVERY, LLC's request for confidential communication form and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505.

Treatment Alternatives: OPEN WATER COUNSELING AND RECOVERY, LLC may use and disclose your PHI to advise you of, or recommend services or treatment options that may be of interest to you. We will not use your PHI to communicate with you about products or services which are not health related without your written permission.

#### **OTHER USES OR DISCLOSURES**

OPEN WATER COUNSELING AND RECOVERY, LLC is permitted or required by law to make certain other additional uses and disclosures without your authorization. OPEN WATER COUNSELING AND RECOVERY, LLC will follow applicable law when making such disclosures.

Legally Required Disclosures: OPEN WATER COUNSELING AND RECOVERY, LLC will disclose your PHI for any purpose required by Federal, State, or local law.

Serious Threat to Life, Health, or Safety: OPEN WATER COUNSELING AND RECOVERY, LLC may disclose your PHI if it is believed, in good faith and consistent with applicable law and ethical standards, that it is necessary to prevent or decrease serious and imminent threat to your life, health, or safety or the life, health, or safety of another individual(s) or the public.

Risks to Public Health: OPEN WATER COUNSELING AND RECOVERY, LLC may disclose your PHI to a public health authority, as allowed or required by law to: (1) prevent or control a disease, injury, or disability;(2) report disease, injury, and vital events such as birth or death; (3) conduct public surveillance, investigations, and interventions;(4) notify a person(s) who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

Reports to the Food and Drug Administration: In accordance with applicable law, OPEN WATER COUNSELING AND RECOVERY, LLC may release your PHI to report adverse events and/or product defects to the Food and Drug Administration or to participate in product recalls initiated by the Food and Drug Administration.

Report of Abuse, Neglect, or Domestic Violence: In accordance with applicable law, OPEN WATER COUNSELING AND RECOVERY, LLC will disclose your PHI to fulfill legal obligations to report to legal authorities suspected child abuse or neglect. We may also release your PHI, as required by law, if we have reasonable belief that you are a victim of abuse, neglect, or domestic violence.

Health Oversight: OPEN WATER COUNSELING AND RECOVERY, LLC may disclose your PHI if required by law to a health oversight agency conducting: audits, civil administrative or criminal investigations, inspections, or licensure or action. However, we may not disclose your PHI if you are the subject of an investigation that does not fall under health oversight activities. For example, if your PHI is not directly related to your receipt of health care or public benefits.

Judicial and Administrative Proceedings: OPEN WATER COUNSELING AND RECOVERY, LLC may disclose your PHI if required by law to do so by a court or administrative ordered subpoena or discovery request (in most cases you will have notice of such a request).

Law Enforcement: OPEN WATER COUNSELING AND RECOVERY, LLC may disclose specific and limited PHI about you for certain law enforcement reasons as required by law, including but not limited to reporting wounds, injuries, and crimes.

Research: OPEN WATER COUNSELING AND RECOVERY, LLC may, under limited circumstances, use and disclose your PHI for research. For example, a researcher might want to review the outcomes of clients who received a particular medication or other treatment. Before PHI which could identify you would be released for such research purposes, the project will be subject to an extensive OPEN WATER COUNSELING AND RECOVERY, LLC review and approval process including strict confidentiality requirements. In all cases where your specific prior authorization is not requested, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of PHI information.

Specialized Government Functions: OPEN WATER COUNSELING AND RECOVERY, LLC may be required or authorized by Federal regulations to use or disclose your PHI to facilitate specified government functions. For example, OPEN WATER COUNSELING AND RECOVERY, LLC may be required by law to release your PHI if you are a member of the military as required by armed forces services; we may also release your PHI for national security and intelligence activities and protective services for the President and others.

Correctional Institution: We may release your PHI to a correctional institution or to law enforcement officials under certain circumstances, if you are an inmate or under the custody of a law enforcement official.

Worker's Compensation: OPEN WATER COUNSELING AND RECOVERY, LLC may use or disclose your PHI to comply with worker's compensation law or similar programs established by law that provide benefits for work related injuries or illness.

Transfer of Information at Death: In accordance with applicable law, OPEN WATER COUNSELING AND RECOVERY, LLC may disclose PHI to funeral directors, medical examiners, and coroners.

Organ Procurement: In accordance with applicable law, OPEN WATER COUNSELING AND RECOVERY, LLC may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs if necessary to arrange an organ, eye, or tissue donation by you or a transplant for you.

#### **YOUR RIGHTS WITH REGARD TO PHI**

Right to a Personal Representative: You may identify a person(s) to serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, or a Durable Power of Attorney for Health Care, if it allows such person to act when you are able to

communicate on your own, or other method recognized by applicable law. OPEN WATER COUNSELING AND RECOVERY, LLC may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

**Right to Request Restrictions:** You may request restrictions on certain uses and disclosures of your PHI for treatment, payment, or healthcare operations by notifying OPEN WATER COUNSELING AND RECOVERY, LLC in writing of the request. OPEN WATER COUNSELING AND RECOVERY, LLC will consider the request, but is under no obligation to accept it or abide by it unless the request concerns disclosure of PHI to a health plan for purposes of carrying out payment or health care operations and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full by you or someone else.

You may request a restriction by completing a OPEN WATER COUNSELING AND RECOVERY, LLC disclosure restriction form and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505. OPEN WATER COUNSELING AND RECOVERY, LLC has the right to terminate a restriction (except as described above) if we believe it is not appropriate, and OPEN WATER COUNSELING AND RECOVERY, LLC will notify you of such termination. You also have the right to terminate orally or in writing a previous restriction. Oral terminations will be documented by OPEN WATER COUNSELING AND RECOVERY, LLC personnel. For your convenience, written termination may be communicated by completing an OPEN WATER COUNSELING AND RECOVERY, LLC termination of restrictions form and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505.

**Right to Receive Confidential Communications:** You have the right to request that we communicate with you in a confidential manner. For example, you may wish to not have messages left on your voicemail or sent to a particular address. You may request that we communicate regarding your PHI using alternative means or a different location.

We may not require that you provide an explanation for your request. The request must be made in writing and signed by you/your authorized representative. You may make a request by completing an OPEN WATER COUNSELING AND RECOVERY, LLC request for confidential communication form and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505. We will attempt to honor any reasonable request.

**Right to Access, Inspect, and Copy Your PHI:** You have the right to copy and/or inspect much of the PHI that we retain on your behalf. The request must be made in writing and signed by you/your authorized representative. Certain restrictions may apply as permitted or required by law. You may make a written request by completing an OPEN WATER COUNSELING AND RECOVERY, LLC form to request access/inspection/copying of your PHI and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505. If you request a copy of health information, we may charge reasonable copying, processing and personnel fees. You may request 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, providing the designation are clear and specific with complete name and mailing address or other identifying information. Under special circumstances as required or permitted by law, we may decide not to share information. You may request a review of the denial by completing an OPEN WATER COUNSELING AND RECOVERY, LLC request for review of denial form and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505.

**Right to Amend Your PHI:** You have the right to request an amendment of your records if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. The request must be made in writing and signed by you/your authorized representative. You may make a request for an amendment by completing an OPEN WATER COUNSELING AND RECOVERY, LLC request for amendment form and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505. OPEN WATER COUNSELING AND RECOVERY, LLC may deny the request if it is not in writing or if it does not include a reason for the request. The request may also be denied if: (1) your health information records were not created by us; (2) the records you are requesting to amend: a) are not part of our records, or b) are not part of the health information you are permitted to inspect and copy; or (3) if, in our opinion, the records containing your health information are accurate and

complete. Amendments may take the form of including a written statement from you and may not include changing, defacing, or destroying any necessary information related to your health care.

**Right to Accounting of Disclosure:** You have the right to request an accounting of disclosures of your PHI made by OPEN WATER COUNSELING AND RECOVERY, LLC for certain reasons, including reasons related to public purposes authorized by law, and certain research. The request must be made in writing and must be signed by you/your authorized representative. You may make a request by completing an OPEN WATER COUNSELING AND RECOVERY, LLC accounting of disclosures form and providing it to the Clinical Records Manager at 4964 Belmont Ave, Suite B, Youngstown, OH 44505. Accounting requests may not be made for periods of time beyond six (6) years prior to the date on which the accounting is requested.

**Right to a Paper Copy of this Notice:** You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously or have previously agreed to receive it electronically. To obtain a paper copy, please contact the Site Manager at any of our offices or contact the Clinical Records Manager at 330-539-3200.

### **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a written complaint with the OPEN WATER COUNSELING AND RECOVERY, LLC Chief Compliance Officer at 1725 Drexel Ave. NW Warren, OH 44485. You may receive a form for your convenience by contacting the Clinical Records Manager at 330-539-3200. You will not be retaliated against in any way for filing a complaint.

You may also file a written complaint within 180 days of a violation of your rights with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call toll-free (877) 696-6775, or email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, or TDD (312) 353-5693.

### **FOR FURTHER INFORMATION**

If you have any questions regarding this Notice of Privacy Practices, please contact the OPEN WATER COUNSELING AND RECOVERY, LLC's Chief Compliance Officer at 330-539-3200.

EFFECTIVE DATE: May 25, 2020

### **Confidentiality of Alcohol and Drug Abuse patient records**

***The confidentiality of alcohol and drug*** abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser *Unless*:

1. The patient consents 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. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program 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. See 42 U.S.C 290dd-3 and 42 U.S.C. 29033-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

(Approved by the Office of Management and Budget under control number 0930-0099).

### **Statement of Access of Records by Non-Custodial Parent**

Subject to division (H)(1) of Ohio Revised Code (ORC) 3109.051, section 3125.16, and Division (F) of ORC Section 3319.321, a parent of a child who is not the residential parent of the child is entitled to access, under the same terms and conditions under which access is provided to the residential parent, to any record that is related to the child and to which the residential parent of the child legally is provided access, unless the court determines that it would not be in the best interest of the child for the parent who is not the residential parent to have access to the records under those terms and conditions. If the court determines that the parent of a child who is not the residential parent should not have access to records related to the child under the same terms and conditions as provided for the residential parent, the court shall specify the terms and conditions under which the parent who is not the residential parent is to have access to those records; shall enter its written findings of facts and opinion in the journal and shall issue an order containing the terms and conditions to both the residential parent and the parent of the child who is not the residential parent. The court shall include in every order issued pursuant to this division notice that any keeper of a records who knowingly fails to comply with the order or Division (H) of this section is in contempt of court.

Per (H)(2) of ORC 3109.051: subject to section 3125.16 and division (F) of section 3319.321 of the ORC subsequent to the issuance of an order under Division (H)(I) of this Section, the keeper of any record that is related to a particular child and to which the residential parent legally is provided access, shall permit the parent of the child who is not the residential parent to have access to the record under (same terms and conditions under which access is provided to the residential parent) unless residential parent has presented keeper of the record with a copy of any order issued under Division (H)(I) of this Section that limits the terms and conditions under which the parent who is not the residential parent is to have access to records pertaining to the child and the order pertains to the record in question. If the residential parent presents the keeper of the record with a copy of that type of order, the keeper of the record shall permit the parent who is not the residential parent to have access to the record only in accordance with the most recent order that has been issued pursuant to Division (H)(I) of this Section and presented to the keeper by the residential parent or the parent who is not the residential parent. Any keeper of any record who knowingly fails to comply with Division (H)(I) of this Section is in contempt of court.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

Date \_\_\_\_\_