Notice of Privacy Practices

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. Should you have questions about this notice, please contact The Buckeye Ranch's Privacy Officer.

I. Our Duty to Safeguard Your Protected Health Information.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required by law to maintain the security and privacy of your PHI, and to give you this Notice about our privacy practices. This Notice explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice and provide you a copy. We reserve the right to change our privacy practices and the terms of this Notice at any time. If we do so, we will post a new Notice in all areas of clinical service delivery and on The Buckeye Ranch's website. You may request a copy of the new notice from "Privacy Officer, 4653 East Main Street, Whitehall, OH 43213" or by calling 614-875-2371 and requesting the Privacy Officer. This Notice and any changes will also be posted on our website at www.buckeyranch.org.

We will let you know promptly if a breach occurs that may have compromised the security or privacy of your PHI.

II. How We May Use and Disclose Your Protected Health Information.

We use and disclose PHI for a variety of reasons. For uses/disclosures related to treatment, payment and operations, your consent is optional. For others, we must have your written authorization. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization.

A. **Permitted Disclosures Without Your Consent**. Generally, your consent of the use of your PHI related to treatment, payment and healthcare operations ("TPO") is optional. However, if you deny consent for use of your PHI in treatment, payment and healthcare operations, under federal law we are permitted to not provide services to you.

For treatment: We may disclose your PHI to clinicians, treatment team members, student interns involved in your treatment, physicians, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with our nursing and psychiatry staff. We may also share some minimal information in order for you to obtain prescriptions and/or needed laboratory tests.

To obtain payment: We may use/disclose your PHI to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicaid, the MACSIS system for billing Ohio's public mental health and alcohol and/or drug addiction services, the county mental health/drug and alcohol Board and/or a private insurer to get paid for services that we delivered to you.

For health care operations: We may use/disclose your PHI while operating our behavioral health services. For example, we may use your PHI in evaluating the quality of services provided or disclose your PHI to our business associates including our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to quality assurance and/or risk management staff within the agency. Release of your PHI to the county mental health/drug and alcohol Board and/or the Medicaid agency may also be necessary to determine your eligibility for publicly funded services. For the Ranch to operate, we must be licensed, certified and accredited. As a part of these reviews, your PHI may be selected for audit purposes by the county mental health/drug and alcohol Board, Ohio Department of Mental Health and Drug Addiction Services (Ohio MHAS)) and the Council on Accreditation (COA). The county mental health/drug and alcohol Board, Ohio Department of Mental Health and Drug Addiction Services (Ohio MHAS) have stated authority to monitor certain types of information under an "oversight" responsibility. This monitoring may involve receiving information about you included in incident reports, outcomes and behavioral health characteristics forms.

Appointments and appointment reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may use sign-in sheets that ask for your name and call you by name in the waiting area when you have appointments to see our staff.

Emergencies: We may disclose your PHI if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give consent if able.

B. **Uses and Disclosures Requiring Authorization.** For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Like consents, authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

C. **Disclosures Not Requiring Consent or Authorization**. The law provides that we may use/disclose your PHI without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities who monitor compliance with these privacy requirements.

For public health and safety activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. Certain types of infectious diseases must be reported to the Public Health Agency. We may also disclose PHI in product recalls and reports of adverse reactions to approved medications.

For health oversight activities: We may disclose PHI to another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or allegations of abuse and/or neglect.

Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our research department to assist behavioral health research.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Law Enforcement: We may disclose PHI, so long as legal requirements are met, for law enforcement purposes. These purposes include legal processes, requests for identification of victims of a crime, crimes that occur on site and medical emergencies due to a crime that did not occur on site.

For specific government functions: We may disclose PHI for purposes of workers compensation claims, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, the military, and for national security reasons, such as protection of the President.

D. **Uses and Disclosures Requiring You to have an Opportunity to Object**. In the following situations, we may disclose your PHI if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Client Directories: Your name, date of birth, date admitted, custodial agency (if applicable) and service/program/unit from which you receive services may be put into our census directory for use internally (utilization, mail sorting) or to locate you if appropriate inquiries are received. Members of the clergy may be told your religious preferences if they ask for you by name.

To families, custodial agencies or others involved in your care: We may share with these people information directly related to your family's, custodial agency's or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or significant events.

To members of our Marketing/Development Department: We may provide non-identifiable information about you and others that we serve to our Marketing/Development Department to use in annual reports, public educational materials, and fund-raising efforts. Any specific identifiable information about you, or use of your picture or voice will only be done with your specific consent/authorization. We may use your name and address to send you newsletters or information about our services unless you tell us you do not want to receive this information. If you want to be removed from the marketing list because you do not want to received newsletters or emails, please contact the Privacy Officer.

Research: Without your specific consent, only information that cannot specifically identify you may be used. An example would include pre- and post-treatment outcomes grouped together for all consumers served.

E. **Specially Protected Information**

Psychotherapy Notes: HIPAA provides additional protection for psychotherapy notes, which are the personal notes of a mental health professional about a private or group counseling session. Most uses or disclosures of psychotherapy notes require your written permission.

Part 2 Records: If the Facility receives Part 2 Records (described above), we will not use or disclose such Records, or testimony relaying the content of such Records, in any civil, criminal, administrative, or legislative proceeding against you unless such disclosure is based on your written consent (separate from your consent for any other use or disclosure), or a court order after notice and an opportunity to be heard is provided to you or the Facility, as provided by Part 2. A court order authorizing the use or disclosure of Part 2 Records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested Part 2 Record is used or disclosed.

Other Sensitive Information: Other types of information may have greater protection under state law, such as certain drug and alcohol information, HIV/AIDS and other communicable disease information, genetic information, mental health information, or information about developmental disabilities. For this type of information, we may be required to get your written permission before disclosing it to others. We may seek that permission in the Facility's Condition of Admission form if permitted by law. If you have any questions about this, contact the Facility Privacy Office at the end of this Notice.

III. Your Rights Regarding Your Protected Health Information.

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. Requests to restrict information must be made in writing. If you need assistance in completing a request, the Privacy Officer can assist you.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means and/or to do so confidentially. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI if you put your request in writing. We will respond to your request within 30 days. If we deny you

access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. You have the right to request your record electronically in accordance with HIPAA privacy requirements.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we make a correction or addition to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will make an addendum with the PHI and so inform you, and tell others that need to know about the change in the PHI.

To choose someone to act for you: 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.

To find out what disclosures we have made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave consent (i.e. for treatment, payment, operations, to you, your family, or the facility directory). The list also will not include any disclosures made for national security purposes, to law enforcement officials, or correctional facilities on or before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

IV. How to Complain about our Privacy Practices.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. We will take no retaliatory action against you if you make such complaints.

V. Contact Information

If you have questions about this notice or any complaints about our privacy practices, please contact: Privacy Officer, 4653 E Main Street, Whitehall, OH, 43213; 614-875-2371; clientsrights@buckeyeranch.org

VI. HIPAA Breach Notification.

The following procedures are in place for reporting uses and disclosures in violation of the HIPAA Privacy Rule to the HIPAA Privacy Officer, by The Buckeye Ranch's covered components or business associates.

The HIPAA Privacy or Security Officer, as appropriate, given the type of breach involved, will work with The Buckeye Ranch counsel to determine whether a breach has occurred and what notification requirements may be required for a particular breach.

The covered component who owns the data will be responsible to ensure that the required reporting to individuals occurs, with assistance from the HIPAA Privacy Officer for privacy breaches and both Privacy and Security Officers for security breaches. Reports to Health and Human Services will be made by the appropriate HIPAA Officer depending on the type of breach that occurred.

The Buckeye Ranch will make the individual notifications as soon as possible after the covered entity takes a reasonable time to investigate including the possibility to reasonably delay notification for police investigations of the circumstances surrounding the breach in order to collect and develop the information required to be included in the notice to the individual. Notifications to individuals must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach, except when law enforcement requests a delay. The Buckeye Ranch may provide the required information to individuals within the required time period in multiple mailings as the information becomes available.

VII. Effective Date.

This Notice was effective on February 18, 2014; revised August 2, 2023; revised 6/5/2025