**Notice of Privacy Practices**

The Confidentiality of Your Health Record Is Important to Us.

**This notification describes how your health information is:**

* Used and disclosed by Family Solutions
* How you can access your health information

Please review this information carefully. If you have any questions, please contact our Privacy Officer at support@familysolutionsusa.com.

**What health information is protected by Family Solutions?**

Records such as your name, social security number or any demographic information that may disclose your identity or Family Solutions provision of health care to you. The diagnosis, prognosis or treatment and any information about your health status collected or created by Family Solutions that can be linked to you. This includes information collected or created by our business associates.

The law protects information held or transmitted by Family Solutions or its *Business Associate* in any form or medium, whether electronic, on paper, or oral.

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| Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. ~ 1320d *et. seq.,* 42 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. ~290dd-2, 42 C.F.R. Part 2. |

**How we collect information about you:**

Family Solutions collects or obtains data through a variety of means including but not limited to intake information, billing information, documentation of services delivered, information you shared from referral sources, other service providers or community agencies that you have authorized us to communicate with, voice mails, faxes and requests for information from Social Security Administration and assistance programs.

**What we do and don’t do with your health information?**

* Information that we collect or obtain and is directly or indirectly given to us, is held in strictest confidence.
* We do not market/sell, exchange, lend, or disseminate any information to the public for marketing or advertising purposes.
* **We do not disclose any health information without your written consent unless disclosure is required or permitted by law in the case of**:
* A Business Associate Agreement such as to Family Solutions accrediting body or

electronic health record software/program maintenance company.

* Per Court Order (not a subpoena by itself)
* To report a crime committed against Family Solutions staff, during programming or on

Family Solutions premises

* To comply with mandatory reporting requirement to authorities for suspected child abuse or neglect or to adult protective agency for senior citizens and disabled adults.
* To comply with “Duty to Warn” or “Protect the Public”
* To direct care providers in a medical emergency
* To personnel permitted under the applicable laws and regulations to conduct research, audit or program evaluation.
* Family Solutions **obtains your written consent before it discloses information about you** for payment purposes**.** We obtain a written consent before Family Solutions shares information for treatment purposes or for health care operations of external entities unless it is a medical emergency. However, federal law permits Family Solutions to disclose information without your written permission to Family Solutions staff necessary for its own health operation.
* **We do not use** any pictures, stories, letters, biographies, correspondence, or thank you notes you send to us for promotional or marketing purposes. We use **non-identifying information** about our clients to generate statistical summaries of demographic information, treatment outcomes and other reports to measure Family Solutions performance.

**How do we use your health information?**

* The minimum reasonably necessary information is used to: (a) process your admission for Family Solutions, provide you with appropriate services which may require communication between health care providers directly involved in your care to appropriately address your treatment needs; (b) process insurance reimbursement or payment for treatment you received; (c) link you to appropriate services, communicate with the pharmacist regarding your medication, comply with Ohio Automated Rx Reporting System as required by law and other activities as defined in your treatment plan; (d) do activities pertinent to our job duties and responsibilities in order to fulfill our role as part of Family Solutions health care operation.

**Your Rights**

* You have the right to request restrictions on certain uses and disclosures of your health information unless disclosure is required or permitted by law. There may be occasions that we may not honor your request for good clinical reasons. Those are usually rare and will be documented in your client record and you will be informed of those decisions.
* You have the right to request that we communicate with you by alternative means or at an alternative location. We will do our absolute best to accommodate your request unless it is operationally not feasible.
* You have the right to inspect and request a copy of your own health information from Family Solutions. HIPAA requires that Family Solutions respond to your request within 30 days. The State of Ohio sets the same deadline. In general, FSOH will not object to the release of information unless there are clear clinical reasons for withholding certain information. You will be notified of any clinical decision. You reserve the right to appeal that clinical decision.
* Under HIPAA, you also have the right, with some exceptions, to amend health care information maintained in your records. The request must be in writing. All amendments will comply with applicable laws and regulations and follow the protocol for correcting medical records.
* You have the right to request and receive an accounting of disclosed health information. Some accounting of disclosed information may be restricted by certain laws and regulations such as disclosures made for national security purposes or as required under “mandated reporting’.
* You have the right to file a grievance if you think that your rights to confidentiality of information has been violated.

**FILING A GRIEVANCE ….**

To file a grievance, you will be provided an oral and/or written instruction on how to file a grievance by the site administrative assistant. The Family Solutions Grievance Advocate/Officer may help in preparing and filing the grievance as needed. Should you need assistance in preparing and/or filing a grievance, the Administrative Assistant will make an appointment for you within two working days.

A person served who believes that his/her rights have been violated, may file a grievance in accordance with the following procedures.

* Grievance must be in writing
* Grievance must be signed by the client or the individual filing the grievance on behalf of the client (e.g. legal guardian)
* Grievance must be dated
* Grievance must give a description of the incident or situation which notes the date and time of the event and the names of the individuals involved

If your complaint cannot be informally resolved through the normal site supervisory structure, you may talk to the Client Rights Officer who will make plans to meet with you and document your concerns as an official, formal grievance.

Time Frames for Resolution: Family Solutions will make a resolution decision within twenty (20) calendar days of the filing.

Due to the differences in state specific regulations if you need additional information regarding Family Solutions Client Rights and Grievance Procedure please contact [support@familysolutionsusa.com](mailto:support@familysolutionsusa.com).