

## CIRCUMSTANCES UNDER WHICH INFORMATION MAY BE DISCLOSED WITHOUT THE CONSENT OF THE CLIENT

**Greene Leaf Therapeutic Community (GLTC) will do everything possible to protect your privacy. However, there are exceptions to the confidentiality laws, which govern our priorities. They are outlined below. If you have questions regarding these exceptions, please ask for clarification from any staff member.**

When an individual's condition represents an immediate threat to the physical safety of self or others, or when the client makes a direct threat on the life of another, 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.

The duty to report abuse, including abuse of children, elderly persons and adults with mental retardation or 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.

Information in a client's treatment file may be subject to a court order. At this time, GLTC would obey an order from the court to provide a client's record.

The Ohio Legal Rights Service has authorization to secure a record of a client when their representation of a client warrants such action.

Representatives of the Mental Health and Recovery Board of Clark, Greene and Madison Counties (MHRB) and the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) may gain access to client records for 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 purpose of fiscal 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 legal guardian of an adult has the right to review information in a file pertaining to that adult.

Conduct that could be considered a felony is reportable to law enforcement agencies unless disclosed to a psychiatrist or psychologist treating you, or you are being treated for chemical dependency as a client of a certified drug dependency program. Anyone licensed by the Counselor, Social Worker, Marriage & Family Therapist Board is required to report felonies unless you are being treated for chemical dependency as a client of a certified drug dependency program.

As of 04/14/03, The Health Insurance Portability and Accountability Act of 1996 (HIPAA) may restrict disclosure of some information. The release of any information is always the minimum necessary information.

**There may be additional exceptions to the policy that cannot be anticipated. A staff member will discuss with his/her program director any concerns regarding the obligation of confidentiality.**



## Confidentiality Statement

Greene Leaf Therapeutic Community adheres to guidelines and regulations governing client confidentiality established by State and Federal law (Ohio Revised Code 42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3 and 42 CFR Part 2). Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR parts 160 and 164. Generally, no agency staff may disclose any information requiring a client's authorization in the form of a signed Authorization for Release of Information. These documents must be signed by legal guardians when applicable. Information may be disclosed in exceptional circumstances when a signed authorization for the release of information has not been obtained.

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.

Client information may be shared among Greene Leaf Therapeutic Community staff and Greene County Adult Probation Officers in the interest of coordinating and implementing treatment.

We are required to abide by this terms of this Statement so long as it remains in effect. We reserve the right to change the terms of this Confidentiality Statement as necessary and to make the new Statement effective for all personal 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 can be mailed to you upon request.

**The following is a written summary of Federal Confidentiality Laws and Regulations for Clients who are assessed and/or treated for alcohol and/or drug issues at Greene Leaf Therapeutic Community.**

In accordance with 42 CFR Part 2, alcohol and other drug client records are subject to the following confidentiality conditions:

- Program staff shall not convey to a person outside of the program that a client receives services from the program or disclose any information identifying a client as an alcohol or drug services client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to a qualified personnel for a medical emergency, research, audit or program evaluation process.
- Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at a program or against any person who works for the program.
- 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 Federal authorities.

**USES AND DISCLOSURES OF YOUR PERSONAL HEALTH INFORMATION**

It is our policy not to use or disclose your personal health information for any purpose unless you have a signed form authorizing us to do so. You have the right to revoke any authorization in writing to prevent disclosure of your information, unless said disclosure has already occurred. There are some instances in which your information needs to be used.

**FOR TREATMENT**

Use and disclosure of your information is necessary for treatment. With an authorized release, we may communicate with other professionals to ensure that you receive the highest quality of care.

**FOR PAYMENT**

Use and disclosure of your information may occur for payment purposes. In some settings, a client's insurance may be billed for services rendered.

**FOR HEALTH CARE OPERATIONS**

We use your personal health information as necessary for our business operations including clinical & peer reviews, business management, accreditation, licensing, etc.

**FAMILY INVOLVED IN YOUR CARE**

If you are involved in an emergency and it is determined that limited disclosure is necessary for your safety and welfare, we may share information with such individuals without your prior approval. This includes disclosure to certain public or private entities authorized to assist in disaster relief efforts.

**BUSINESS ASSOCIATES**

Some portions of our business are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. These transactions require disclosure of limited personal health information. As always, we will require these businesses to take appropriate precautions to safeguard your information

**FUNDRAISING**

We may contact you to assist in fundraising efforts on behalf of the agency. You have the right to opt out by contacting the agency Program Director in writing.

**APPOINTMENTS AND SERVICES**

We may contact you to remind you of appointments, meetings, etc. You have the right to request communication in an alternate form or that information is sent to an alternate location, provided that it is within reason.

**HEALTH PRODUCTS AND SERVICES**

We may use your personal health information to contact you regarding opportunities for services or new information regarding health products.

**RESEARCH**

In some circumstances, we may use and disclose your personal health information for research purposes. In all cases where your information is disclosed without specific authorization, your privacy will be protected by the confidentiality requirements applied by whatever board oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

**OTHER USES AND DISCLOSURES**

There are other reasons your personal health information may be disclosed, such as:

- for any purpose required by law
- for public health activities, such as reporting disease, injury, birth and death and for public health investigations
- as required by law if we suspect child abuse or neglect, or if we suspect that you are a victim of abuse
- to the Food and Drug Administration (FDA) if necessary to report adverse events, product defects or to participate in product recalls
- if required by law to a government oversight agency conducting audits, investigations or civil or criminal proceedings
- if required by court, which in most cases you will receive notification
- to coroners and/or funeral directors consistent with law
- if you are a member of the military as required by armed forces services or if necessary for national security or intelligence activities.