



TheBlickCenter  
Enhancing Lives

# GENERAL BLICK CENTER POLICY/PROCEDURE

## 505 – NOTICE OF PRIVACY PRACTICES

Last Revised In: 2024

Last Review Date: 8/2024

- I. **PURPOSE:** This policy establishes the content of The Blick Center Notice of Privacy Practices.
  
- II. **WHO WILL FOLLOW THIS NOTICE:** This Notice describes The Blick Centers' practices. All Blick employees and contract workers at all Blick work/home sites may share protected health information with each other for treatment, payment, or facility operation purposes described in this Notice.
  
- III. **OUR PLEDGE REGARDING MEDICAL INFORMATION**
  - A. We understand that medical information about you and your health is personal. We are committed to protecting your health information. We create a record of care and services we provide you including outpatient, day program, and residential services. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care.
  
  - B. Protected health information (PHI) is information about you, including demographic information, which may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice will tell you about the ways we may use and disclose protected health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of protected health information about you.
  
  - C. We are required by law to:
    1. Make sure that protected health information that identifies you is kept private.
    2. Provide you with, or access to, this Notice of our legal duties and privacy practices with respect to protected health information about you.
    3. Follow the terms of this Notice that is currently in effect.
  
  - D. This Notice describes how we may use and disclose protected health information about you to provide treatment, receive payment for services, and other healthcare operations and for other purposes permitted or required by law. It also describes your rights to access and control protected health information about you.
  
- IV. **CHANGES TO THIS NOTICE**
  - A. Blick reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you and any information we receive in the future.

- B. We will post a copy of the current Notice in our facilities in the following locations:
1. Lobby - 640 West Market Street
  2. Lobby - 661 West Market Street
  3. Lobby - 682 West Market Street
  4. Lobby – 2641 West Market Street
  5. Lobby – 6657 Frank Ave NW
- C. This Notice will include the effective date (Last Review Date). A copy of the most current version of this policy is available at any of our five (5) locations, upon request, or can be obtained on our website ([www.blickcenter.org](http://www.blickcenter.org)) under the “Resources” tab.

## V. COMPLAINTS

- A. If you believe your privacy rights have been violated, you may file a written complaint with the Blick Privacy Officer, 640 West Market Street, Akron, OH 44303.
- B. You may also file a complaint with the U.S. Department of Health and Human Services online via their OCR Complaint Portal at [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf), or in writing to the Midwest Regional office addressed to Office for Civil Rights, U.S. Department of Health and Human Services, 233 N Michigan Ave, Ste 240, Chicago, IL 60601.
- C. There will be no retaliation for filing a complaint.

## VI. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

- A. The following categories describe different ways we may use and disclose protected health information. Each category of uses or disclosures will be explained but not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.
1. ***For Describing and Recommending Treatment and/or Treatment Alternatives***
    - a. We may use protected health information about you to provide you with treatment. Only the minimally necessary information will be revealed during any disclosures. When required to, we will obtain your authorization or authorization from your parent or legal guardian, as applicable, before disclosing any of your information.
    - b. We may disclose protected health information about you to members of Blick Center’s:
      - 1) Behavioral Health Discipline.
      - 2) Psychology Discipline.
      - 3) Medical Discipline (physicians. psychiatrists. nurses. etc.).

- 4) Developmental Therapy Discipline (Occupational Therapy, Physical Therapy, Speech/Language).
  - 5) Case Management.
  - 6) Day Programs.
  - 7) Residential Services.
  - 8) Quality Assurance.
  - 9) Intake.
  - 10) Finance/Billing.
  - 11) Scheduling.
  - 12) Information Technology.
  - 13) Support Services.
  - 14) Senior Management Team:
    - a) Executive Director.
    - b) Director of Clinical Services.
    - c) Director of Finance.
    - d) Director of Residential Services.
    - e) Director of Human Resources.
    - f) Director of Day Programs
  - 15) Or other personnel who are involved in your care.
- c. Different Disciplines/Programs may share protected health information about you to help ensure you receive the services/treatment you need such as prescriptions, lab work, coordination of appointments, etc.
- d. We also may disclose protected health information about you to people outside Blick who may be involved in your medical care, such as a designated family member in case of an emergency or others we use to provide services that are part of your care, such as your County Board of Developmental Disabilities Service and Support Administrator, Health Maintenance Organization, etc.
- e. Protected health information about you may be discussed with team members at team meetings.

## **2. For Payment**

- a. We may use and disclose protected health information about you so that the treatment and other services you receive may be billed to, and payment may be collected from you, an insurance company, or other third-party payer. For example, we may need to give your Health Plan (insurance company, etc.) information about treatment you received so your Health Plan will pay us or reimburse you.
- b. We may also tell your Health Plan about a treatment you are going to receive to obtain prior approval or to determine whether your Health Plan will cover the treatment.

3. ***Appointment Reminders***

- a. We may also use and disclose protected health information to contact you as a reminder that you have an appointment or to reschedule you if you missed an appointment.

4. ***Discharge Treatment Recommendations/Aftercare***

- a. We may use and disclose protected health information about you to tell you about or recommend treatment at or following discharge from Blick services.

5. ***Research***

- a. Under certain circumstances, we may use and disclose minimally necessary protected health information about you for research purposes.
- b. All research projects are subject to a special approval process.
- c. Before we use or disclose protected health information about you for research, you must sign a research authorization form.

6. ***As Required by Law***

- a. We will disclose minimally necessary protected health information about you when required to do so by federal, state, or local law.

7. ***To Avert a Serious Threat to Health or Safety***

- a. We may use and disclose minimally necessary protected health information about you when necessary to prevent a serious threat to your health and safety, the health and safety of the public, or another person.
- b. Any disclosure would only be to someone able to help prevent the threat.

8. ***Special Situations***

- a. ***Worker's Compensation:*** We may disclose minimally necessary protected health information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness. State and Federal laws control the release of this information.
- b. ***Public Health Risks***
  - 1) We may disclose minimally necessary protected health information about you for public health activities.

2) These activities generally include the following:

- a) To prevent or control disease, injury, or disability.
- b) To report child abuse or neglect by making a telephone report to the County Children's Services Board abuse hotline and to follow this report with a written communication.
- c) To report reaction to medication or problems with products.
- d) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, or
- e) To notify the applicable County Alcohol, Drug Addiction, and Mental Health Services Board, County Board of Developmental Disabilities, and appropriate government authority (i.e., law enforcement), as applicable, of a Major Unusual Incident (such as alleged physical, sexual, verbal abuse, neglect, misappropriation of money, personal property, etc., an unplanned or unscheduled hospital admission, any violation of the rights that adversely affect the health or safety of an individual, etc.).

c. ***Health Oversight Activities / Business Associates***

- 1) We may disclose minimally necessary protected health information to a health oversight agency for activities authorized by law.
- 2) These oversight activities include, for example, audits, investigations, inspections, certification, data collection, and licensure.
- 3) These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- 4) Health oversight agency/business associates are required to properly safeguard the privacy of protected health information about you.

d. ***Lawsuits and Disputes***

- 1) We may release minimally necessary protected health information about you if asked to do so by a law enforcement official:
  - a) In response to a proper court order or similar process.
  - b) In response to a subpoena for a member of the Blick personnel.
  - c) About criminal conduct involving our facility.
  - d) In an emergency to report a crime; the location of the crime or victim(s); the identity, description, or location of the person who committed the crime, if the crime is on the Blick premises or against Blick personnel.

e. **Medical Examiners**

- 1) We may disclose minimally necessary protected health information about you to a medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

f. **National Security and Intelligence Activities**

- 1) We may disclose minimally necessary protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

g. **Your Rights Regarding Medical Information About You**

- 1) You have the following rights regarding protected health information about you:
  - a) Right to Inspect and Copy
    - i. You have the right to inspect and copy protected health information about you that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
    - ii. To inspect and copy protected health information that may be used to make decisions about you, you must submit your written request to the Blick Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of retrieving, copying, mailing, and any other supplies associated with your request.
  - b) Right to Amend
    - i. If you feel that any of the protected health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment in writing for as long as the information is kept by Blick.
    - ii. To request an amendment, you must submit your request in writing to the Blick Privacy Officer. You must include a reason that supports your request.
    - iii. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- iiia. Was not created by Blick.
- iiib. Was written by a clinician or entity that is no longer available to make the amendment.
- iiic. Is not part of the protected health information maintained by Blick.
- iiid. Is not part of the information you would be permitted to inspect or copy.
- iiie. Is accurate and complete.

- 2) If Blick denies your request, you may submit a statement of disagreement to us, and we may prepare a rebuttal that will be provided to you. Please contact the Blick Privacy Officer for questions about amendments to protected health information about you.

**h. *Right to an Accounting of Disclosures***

- 1) You have the right to request an “accounting of disclosures.” This is a list of the protected health information about you disclosed by Blick.
- 2) We are not required to account for routine disclosures, for example, disclosures between Blick staff regarding your care.
- 3) To request an accounting of disclosures, you must submit your request in writing to the Blick Privacy Officer.
  - a) Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003.
  - b) This first accounting you request within a twelve-month period will not include a cost for providing the disclosure list.
  - c) For additional accountings, Blick may charge you for the costs of providing the list.
  - d) Blick will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**i. *Right to Request Confidential Communications***

- 1) You have the right to request that Blick communicate with you about medical matters in a certain way or at a certain location. For example, you can request that Blick only contact you at work or by mail.
- 2) To request confidential communications, you must make your request in writing to the Blick Privacy Officer. Blick will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**j. *Right to Request Restrictions***

- 1) Although Blick discloses minimally necessary information about you, you have the right to request a restriction or limitation on the medical

information Blick uses or discloses about you for treatment, payment, or health care operations.

- 2) You also have the right to request a limit on the medical information Blick discloses about you to someone who is involved in your care or the payment of your care.
  - 3) Finally, you have the right to request a restriction on the people who can obtain the information Blick discloses. However, Blick is not required to agree to your request. If Blick does agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- k. **Right to a Copy of this Notice:** You have the right to a copy of this Notice. You may ask Blick to give you a copy of this Notice anytime. Also, a copy of the most current version of this policy is available at any of our five (5) locations or can be obtained on our website ([www.blickcenter.org](http://www.blickcenter.org)) under the “Resources” tab.
- l. **Right to Request Restrictions:** To request a restriction or limitation, you must submit your request in writing to the Blick Privacy Officer.

#### 9. **Additional Information**

- a. We are required to notify a person without unreasonable delay, but in no case later than 45 days after a breach, if your personal information has been compromised (i.e., there has been an unwarranted disclosure of your information).
- b. If more than 500 persons are involved in a breach of information, we are required to notify prominent media outlets as well as the Secretary of Health and Human Services.
- b. If you have questions or need additional assistance regarding this Notice, you may contact the Blick Privacy Officer at 640 West Market Street, Akron, OH 44303, phone: 330-762-5425.

<b>REVIEWER:</b>	Support Services Supervisor
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