MENTAL HEALTH & RECOVERY BOARD OF WAYNE & HOLMES COUNTIES

NOTICE OF PRIVACY PRACTICES

Effective: 6/23/2026
Updated for HIPAA Privacy Rule and 42 CFR Part 2 Final Rule (2024–2025)

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.

If you have any questions about this Notice, please contact:
Privacy Officer
Mental Health & Recovery Board of Wayne & Holmes Counties
2200 Benden Drive Suite A1 Wooster, Ohio 44691
Wooster, Ohio 44691
(330) 264-2527

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

At the Mental Health & Recovery Board of Wayne & Holmes Counties, we understand that health information about you is personal. We are committed to protecting your information and safeguarding it against unauthorized use or disclosure.

When you receive services paid for in full or in part by the Board, we receive health information about you. This may include eligibility, claims, payment information, and limited treatment-related information necessary for planning and oversight.

We are required by law to:

1. Maintain the privacy of your health information
2. Provide you with this Notice of our legal duties and privacy practices
3. Abide by the terms of the Notice currently in effect
4. Notify you **without unreasonable delay and no later than 60 days after discovery** if a breach of your unsecured health information occurs
5. Comply with protections applicable to substance use disorder (SUD) records under 42 CFR Part 2, as aligned with HIPAA

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use or disclose your health information for treatment coordination, payment, health care operations, and other purposes permitted or required by law.

We will make reasonable efforts to limit health information to the **minimum necessary** to accomplish the intended purpose, except for treatment or as otherwise permitted by law.

Payment

We may use or disclose your health information for payment-related activities such as determining eligibility, processing claims, and conducting utilization review.

Health Care Operations

We may use your health information for operations such as quality improvement, staff training, planning, auditing, and cost management.

We may also share information with providers or health plans involved in your care for certain operations, such as care coordination and compliance monitoring.

Treatment Coordination

Although we do not provide treatment services, we may share your information with providers to help coordinate your care.

Substance Use Disorder (SUD) Records

Federal law (42 CFR Part 2), as updated by the 2024 Final Rule, provides special protections for records related to substance use disorder treatment.

These protections now more closely align with HIPAA. This means:

- We may use or disclose SUD records for treatment, payment, and health care operations with your consent or as permitted by law
- You may provide a single written consent for future uses and disclosures for these purposes
- You have the right to an accounting of disclosures, including those for treatment, payment, and operations
- Your SUD records **may not be redisclosed** unless permitted by your written consent or allowed by law
- SUD records generally may not be used in legal proceedings without your consent or a court order

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Other Uses and Disclosures

We may use or disclose your health information as permitted or required by law, including:

- Public health and safety activities
- Reporting abuse, neglect, or domestic violence

- Health oversight and audits
- Legal proceedings and law enforcement purposes
- Workers' compensation
- Government programs and compliance reviews
- Approved research (when allowed)
- To coroners, medical examiners, or funeral directors
- To correctional institutions (if applicable)
- For national security or specialized government functions

We may also disclose information to **business associates** who perform services on our behalf. These partners are required by law and contract to safeguard your information in accordance with HIPAA.

If you have a guardian or legal representative, information may be shared with them as permitted by law.

Fundraising Activities

We may contact you for fundraising purposes.
Each communication will include instructions on how to opt out of future communications. You have the right to refuse these contacts.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

We must obtain your written authorization for:

- Marketing purposes
- Sale of your health information
- Certain disclosures of SUD treatment records

You may revoke your authorization at any time in writing. Revocation will not apply to actions already taken.

PROHIBITED USES AND DISCLOSURES

We are prohibited from:

- Using genetic information for underwriting purposes
- Using or disclosing your information for legal actions against you without consent or a court order (subject to legal exceptions)

POTENTIAL IMPACT OF OTHER LAWS

If state or federal laws provide greater privacy protections than HIPAA, we will follow those laws.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights:

Right to Request Restrictions

You may request limits on how your information is used or disclosed. We are not required to agree to all requests.

Right to Request Confidential Communications

You may request that we contact you in a specific way or location.

Right to Inspect and Copy

You have the right to access your health information.

- You may request a copy in **electronic format** if available
- You may request that we send your information to a third party
- We will respond within **30 days**, with one possible 30-day extension if needed
- A reasonable fee may apply

Right to Amend

You may request corrections to your health information with a written explanation.

Right to an Accounting of Disclosures

You may request a list of certain disclosures made over the past six years.

This may include certain disclosures made through electronic systems.
The first request is free; additional requests may involve a fee.

Right to Be Notified of a Breach

You have the right to be notified if your unsecured health information is compromised.

Right to a Paper Copy

You may request a paper copy of this Notice at any time.

A current version is also available on our website and upon request.

EXERCISING YOUR RIGHTS

To exercise your rights, contact the Privacy Officer listed above.
Requests marked with an asterisk (*) must be submitted in writing.

CHANGES TO THIS NOTICE

We reserve the right to revise this Notice at any time.
Changes will apply to all information we maintain.

We will:

- Post updates in our office and on our website
- Provide copies upon request

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services.

We will investigate all complaints.
You will not be penalized or retaliated against for filing a complaint.