

Thank you for your expressed interest in Erie Shore Network, Inc. Please take the time to familiarize yourself with our schedule and programs. I'm sure that you will find an activity or program that will benefit you. Membership, all activities, and programs are free to members. If you find that you are interested in becoming a member of Erie Shore Network, Inc., please complete the attached confidential application and return it to our office. The only other thing that we require is that you are receiving or have in the past received mental health services for mental illness. I look forward to welcoming you to our membership!

Sincerely,
Brenda C. Baum
Executive Director

Erie Shore Network, Inc.
326 East Market Street, Rear Offices
Sandusky, Ohio 44870
419-626-2006
fax 419-626-4013
BrendaBaum@aol.com

ERIE SHORE NETWORK, INC.

CONFIDENTIAL APPLICATION FOR MEMBERSHIP

_____ I wish to become a member

_____ I am already a member, and would like to continue my membership

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Date of Birth: _____ Home Phone: _____

Referred By: _____

ERIE SHORE NETWORK, INC. is hereby granted my permission to submit client identifying information necessary to pay claims will be given to the following person or organization:

The Mental Health & Recovery Board of Erie & Ottawa Counties, Ohio Department of Mental Health & Addiction Services (OMHAS).

The purpose of this authorization disclosure is:

To enroll you in the appropriate behavioral healthcare plan through the MACSIS claims system, determine what public funds can be used to pay for your services and pay your treatment provider for services.

Client Signature: _____

Staff Signature: _____

Name _____

Date _____

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

- 1. = Definitely False
- 2. = Mostly False
- 3. = Somewhat False
- 4. = Slightly False
- 5. = Slightly True
- 6. = Somewhat True
- 7. = Mostly True
- 8. = Definitely True

___ 1. I can think of many ways to get out of a jam.

___ 2. I energetically pursue my goals.

___ 3. I feel tired most of the time.

___ 4. There are lots of ways around any problem.

___ 5. I am easily downed in an argument.

___ 6. I can think of many ways to get the things in life that are important to me.

___ 7. I worry about my health.

___ 8. Even when others get discouraged, I know I can find a way to solve the problem.

___ 9. My past experiences have prepared me well for my future.

___ 10. I've been pretty successful in life.

___ 11. I usually find myself worrying about something.

___ 12. I meet the goals that I set for myself.

Name _____

Date _____

PLEASE ANSWER
THESE ITEMS ON AN
AGREEMENT SCALE
WHERE 1 IS
"STRONGLY
DISAGREE" AND 5 IS
"STRONGLY
AGREE."

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
	1	2	3	4	5
1. I have a desire to succeed.					
	1	2	3	4	5
2. I have my own plan for how to stay or become well.					
	1	2	3	4	5
3. I have goals in life that I want to reach.					
	1	2	3	4	5
4. I believe I can meet my current personal goals.					
	1	2	3	4	5
5. I have a purpose in life.					
	1	2	3	4	5
6. Even when I don't care about myself, other people do.					
	1	2	3	4	5
7. Fear doesn't stop me from living the way I want to.					
	1	2	3	4	5
8. I can handle what happens in my life.					
	1	2	3	4	5
9. I like myself.					
	1	2	3	4	5
10. I have an idea of who I want to become.					
	1	2	3	4	5
11. Something good will eventually happen.					
	1	2	3	4	5
12. I'm hopeful about my future.					
	1	2	3	4	5

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
	1	2	3	4	5
13. Coping with my mental illness is no longer the main focus of my life.					
	1	2	3	4	5
14. My symptoms interfere less and less with my life.					
	1	2	3	4	5
15. My symptoms seem to be a problem for shorter periods of time each time they occur.					
	1	2	3	4	5
16. I know when to ask for help.					
	1	2	3	4	5
17. I am willing to ask for help.					
	1	2	3	4	5
18. I ask for help, when I need it.					
	1	2	3	4	5
19. I can handle stress.					
	1	2	3	4	5
20. I have people I can count on.					
	1	2	3	4	5
21. Even when I don't believe in myself, other people do					
	1	2	3	4	5
22. It is important to have a variety of friends					
	1	2	3	4	5

Notice of Privacy Practice
(HIPAA)

MENTAL HEALTH AND RECOVERY SERVICES BOARD OF ERIE AND OTTAWA COUNTIES
NOTICE OF PRIVACY PRACTICES

Effective: JULY 1, 2020

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 and Recovery Board of Erie and Ottawa Counties

1907 E. Perkins Ave.

Sandusky, Ohio 44870

Phone: (419) 627-1908

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

The Mental Health and Recovery Board of Erie and Ottawa Counties serves as a payer for mental health and alcohol and drug addiction treatment services funded with public money. At the Board, we understand that health information about you is personal. We are committed to protecting health information about you and safeguarding that information against unauthorized use or disclosure.

We are required by law to: 1) assure health information that identifies you is kept private; 2) give you Notice of our legal duties and privacy practices with respect to health information about you; 3) abide by the terms of the Notice that is currently in effect; and 4) notify you if there is a breach of your unsecured health information. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information. The Notice applies to all the records that we have related to your care.

WHY WE COLLECT PERSONAL HEALTH INFORMATION

We collect personal information to:

- *Determine eligibility for health care coverage;
- *Provide benefits and pay claims;
- *Conduct our service evaluation programs;
- *Provide other information for planning and improving mental health and substance abuse services in the community.

We may also be required to collect and keep certain information so that we meet legal and regulatory requirements. We keep this information after a client's health care coverage ends.

PERSONAL INFORMATION WE COLLECT

We ask people seeking benefits to provide certain information when they complete an enrollment form.

This information may include, for example:

- *Name, Address, Phone;
- *Date of Birth;
- *Marital Status;
- *Social Security Number;
- *Family Income.

We may also receive personal information about you from others, such as:

*Health care providers (doctors, clinics, hospitals);

*Other Alcohol Drug and Mental Health (ADAMH) Boards that provide coverage to our clients;

*Business partners (companies with whom we have arrangements to assist us in providing products and services);

*Other government agencies (criminal justice system, child welfare, juvenile justice, etc.)

The information we collect from others may include, for example, eligibility, claims and payment information. We create and maintain a record of your enrollment in the public mental health and/or substance use disorder services of the State of Ohio and maintain records of payment for treatment you receive in the public system. From time to time, we also receive information from your treatment provider related to your diagnosis, treatment and progress in recovery, and any major unexpected emergencies or crisis you may experience that helps the Board plan for and improve the quality of services for the region's citizens.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

When you receive services paid for in part or in full by the Mental Health and Recovery Services Board of Erie and Ottawa Counties, we receive health information about you. We may receive, use or share your personal information for such activities as conducting our normal Board business known as health care operations, paying for services provided to you, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make

Payment – We may use or disclose your health information for payment activities such as confirming your eligibility, paying for services, managing your claims, conducting utilization reviews and processing health care data.

Health Care Operations – We may use your health information for our internal health care operations such as to train staff, manage costs, conduct quality review activities, perform required business duties and make plans to better serve you and other community residents who may need mental health or substance use disorder services. We may also disclose your health information to health care providers and other health plans for certain health care operations of those entities such as care coordination, quality assessment and improvement activities and health care fraud and abuse detection or compliance, provided that the entity has had a relationship with you and the information pertains to that relationship.

Treatment – We do not provide treatment, but we may share your health information with your health care providers to assist in coordinating your care.

Other Uses and Disclosures - We may use or disclose your health information, in accordance with specific requirements, for the following purposes: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the

President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from business associates that have signed an agreement requiring them to maintain the confidentiality of your health information.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

We are prohibited from selling your health information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your health information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission.

PROHIBITED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing any genetic information in your health information for such purposes.

SAFEGUARDING YOUR PERSONAL INFORMATION

We maintain physical, electronic and procedural safeguards that comply with applicable federal and state laws and regulations to guard your personal information against unauthorized use or disclosure. Any third-party processor used by the Board has signed an agreement with us requiring such entity to maintain the confidentiality of your personal information. We also restrict access to your personal information to those employees who need to know the information in order to perform their job duties. The Board maintains policies and procedures that prohibit such employees and agents of the Board from using, disclosing, transferring, providing access to or otherwise divulging client health information to any person or entity except as described in this Notice.

POTENTIAL IMPACT OF OTHER LAWS

If any state or federal privacy law requires us to provide you with more privacy protections than those described in this Notice, then we must also follow that law in addition to HIPAA. For example, drug and alcohol treatment records generally receive greater protections under federal law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to Request Restrictions:*** You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, and health care operations and to inform individuals involved in your care about that care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

- Right to Inspect and Copy: * You have the right to request access to certain health information we have about you. Under certain circumstances we may deny access to that information such as if the information is the subject of a lawsuit or legal claim or if the release of the information may present a danger to you or someone else. We may charge a reasonable fee to copy information for you.
- Right to Amend: You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.
- Right to an Accounting of Disclosures:* You have the right to request an accounting of the disclosures we make of your health information, except for those related to treatment, payment, our health care operations, and certain other purposes, such as if the information is the subject of a lawsuit or legal claim or if release of the information may present a danger to you or someone else. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period.
- Right to a Paper Copy of Notice. You have the right to receive a paper copy of this Notice. This Notice is also available on our web site: www.mhrbeo.org but you may contact us to obtain a paper copy.

To exercise any of your rights described in this paragraph, please contact the Board Privacy Officer at the address or phone number listed below:

Privacy Officer:
Mental Health and Recovery Services Board of Erie and Ottawa Counties
1907 E. Perkins Ave.
Sandusky, OH 44870
(419) 627-1908

* To exercise rights marked with a star (*), your request must be made in writing. Please contact us if you need assistance with your request.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Board Office and on our website at: www.mhrbeo.org. Each Notice will contain an effective date on the first page in the top center. In addition, each time there is a change to our Notice, we will mail information to your last known address about the revised Notice and how you may obtain a copy to the last known address we have for you in our plan enrollment file.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address above. We will investigate all complaints and will not retaliate against you for filing a complaint. If you wish to file with the Secretary, you may send the complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 (Fax)
Online Complaint Process: www.hhs.gov/ocr/privacyhowtofile.htm

ERIE SHORE NETWORK, INC. CLIENT RIGHTS & GRIEVANCE POLICY – JANUARY 2020

CLIENT RIGHTS POLICY

PURPOSE: The purpose of this policy is to specify that the rights of the person receiving services from Erie Shore Network, Inc. are to be protected and enhanced by establishing the following client rights and implementing procedures for impartial resolution of customer grievances/complaints.

PROCEDURE:

CLIENTS RIGHTS:

- 1) Copies of the clients' rights policy are available to all clients upon entry as a member of E.S.N. and available at any other time upon request.
- 2) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
- 3) The right to service in a humane setting which is least restrictive feasible as defined in the treatment plan;
- 4) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- 5) The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a minor client;
- 6) The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the division of appropriate and adequate services, as available, either directly or by referral;
- 7) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- 8) The right to freedom from unnecessary or excessive medication;
- 9) The right to freedom from unnecessary restraint or seclusion;
- 10) The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and /or requires the client's participation in other services. This necessity shall be explained to the client and written in the client current service plan;

- 11) The right to be informed of and refuse any unusual or hazardous treatment procedures;
- 12) The right to be advised of and refuse any observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs;
- 13) The right to have the opportunity to consult with independent treatment specialist or legal counsel, at one's own expense;
- 14) The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the administrative code;
- 15) The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an eminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of the agency policies and procedures for viewing or obtaining personal records;
- 16) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in the planning for the consequences of that event;
- 17) The right to receive an explanation of the reasons for denial of service;
- 18) The right not to be discriminated against in the provision of services on the bases of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
- 19) The right to know the cost of services;
- 20) The right to be fully informed of all rights;
- 21) The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- 22) The right to file a grievance; and
- 23) The right to have oral and written instructions for filing grievance.

The Client Rights Officer is vested with the authority and responsibility to take all necessary steps to assure compliance with this policy and procedure. The Client Rights Officer for Erie Shore Network, Inc. is:

Brenda C. Baum – Executive Director of Erie Shore Network, Inc.
326 E. Market St.
Sandusky, Ohio 44870
(419) 626-2006
Email BrendaBaum@aol.com
(Available Monday – Thursday 10:00am-4:00pm)

CLIENT GRIEVANCE POLICY

PURPOSE: The purpose of the grievance procedure is to provide a means for assisting the client in filing a complaint, investigating the complaint on behalf of the client, and representing the client (if requested) at the agency hearing on the complaint.

PROCEDURE:

Notification:

A. Client will receive a copy of the “Client Rights & Grievance Procedure” at the time of their initial appointment. The “Client Rights & Grievance Procedure” will be posted at the agency. Upon request, all aspects of the “Clients Rights & Grievance Procedure” will be explained by staff. All staff will be familiar with the entire “Client Rights & Grievance Procedure”. Clients are encouraged to present grievances concerning mental health services provided by Erie Shore Network, Inc. as contracted by the Mental Health and Recovery Board of Erie and Ottawa Counties. Clients are assured that filing a grievance will in no way prejudice his/her status with or utilization of services provided by the agency. Erie Shore Network, Inc. is committed to serving our clients. The services of Erie Shoe Network Inc. are client focused. Each client of Erie Shore Network, Inc. retains the right to file a grievance. Andy Community Services Client or any other person wishing to file a grievance may contact Erie Shore Network, Inc. and will receive a copy of the procedure if requested. All grievances will be handled by the Client Rights Officer. The Client Rights Officer will assist the client in submitting the grievance as needed. There is no time limit as to when a grievance may be filed.

B. In the event the grievance filed is against the Client Rights Officer, the President of the Board of Erie Shore Network, Inc. will act as the Client Rights Officer and perform all duties and responsibilities thereof. The Client Rights Officer will be responsible for arranging a time and place for the client to meet with the Acting Client Rights Officer/President of the Board of Erie Shore Network, Inc. to file the grievance.

C. The grievance should be in writing, addressed to the “Client Rights Officer” and shall include:

- a) date the grievance is filed with the agency
- b) client's name, parent/legal guardian's name if applicable, address, and telephone number; and
- c) date the alleged client rights violation occurred, parties involved and specific circumstances of the alleged violation.

The grievance may also be filed verbally with the Client Rights Officer who would then place the grievance in writing.

Establishing Contact with the Complainant:

The Client Rights Officer will begin an investigation within two (2) working days of the grievance. Once contact has been made with the client, or when the client contacts the Client Rights Officer directly, an interview will be scheduled with the client within three (3) working days.

Initial Interview with the Complainant:

At this face-to-face interview with the complainant the Client Rights Officer will do the following:

1. The client/parent/guardian will be asked for permission to release any information if applicable. The Client Rights Officer will interview the client to obtain full and complete details of the complaint, specifically identifying which of the client rights have been violated.
2. Determine whether any alternative solution exists which are short of filing a formal complaint. If a solution is reached, the Client Rights Officer will provide a written follow-up letter and verbal explanation to the complainant restating the problem and its solution (a copy of this letter will be retained by the Client Rights Officer).
3. In the event a solution cannot be reached a formal, written grievance may be submitted. The Client Rights Officer will explain the formal grievance procedure to the complainant, offer to assist in preparing the grievance and will accept the formal complaint upon its completion. The client's reasons for not being satisfied with the Client Rights Officers response should also be listed in the grievance.

Investigation of the Complaint:

If the complaint remains unresolved after the first interview, the Client Rights Officer will undertake investigation of the complaint. This will include discussing the situation with all appropriate persons, reviewing written materials which may exist regarding the situation, identification of relevant agency policies, and any other activities which are necessary and appropriate to gather all relevant facts.

Report of the Investigation:

Within ten (10) working days from the date the formal grievance was made to the Client Rights Officer, Client Rights Officer will provide the complainant with a written summary of the investigations, findings,

and recommendations, and a verbal explanation for the resolution of the complaint. If the complainant is satisfied with the response, documentation of such will be added to the written report and a copy given to the complainant.

Hearing:

If the complainant is not satisfied with the report made, as listed in the previous paragraph, the complainant may request a hearing with the Board of Erie Shore Network, Inc. The President will hear the grievance, and all relevant information, within five (5) working days of the submission to the Board. The complainant may choose to be present at the hearing and/or may be represented by the Client Rights Office. The Board will provide written resolution to the complainant within three (3) working days of the Board hearing. The written resolution of the Board of Erie Shore Network, Inc. will be final. The timeline for resolving the grievance will not exceed 20 working days from the filing date.

Referral to Outside Entities:

If the complainant is dissatisfied with the resolution offered by the Board of Erie Shore Network, Inc., the Client Rights Officer will assist the complainant in filing a complaint with an outside entity, (in the event the Client Rights Officer is the subject of the complaint the President of the Board of Erie Shore Network, Inc. will assist the complainant). Upon request, information about the grievance will be provided to one or more outside entities.

Monitoring:

The Client Rights Officer of Erie Shore Network, Inc. will keep records of all grievances. The records are available for review by the Mental Health and Recovery Board of Erie and Ottawa Counties and the Ohio Mental Health and Addiction Services upon request.

Reporting:

Erie Shore Network, Inc. will submit an annual summary report to the Mental Health and Recovery Board of Erie and Ottawa Counties including: number of grievances received, type of grievances and resolution status of each grievance.

Client Rights Officer:

The Client Rights Officer is in full support of compliance and is vested with the authority and responsibility to take all necessary steps to assure compliance with this policy and grievance procedure.

To contact the Client Rights Officer:

Brenda C. Baum – Executive Director of Erie Shore Network, Inc.

326 E. Market St.

Sandusky Ohio 44870

(419) 626-2006

Email BrendaBaum@aol.com

(Available Monday from 1:00pm – 7:00pm & Tuesday - Thursday from 10:00am-4:00pm)

Grievances may also be filed with the following entities at any time before, during, or after the grievance procedure:

a) Mental Health and Recovery Board of Erie and Ottawa Counties

1907 E. Perkins Ave.

Sandusky, Ohio 44870

(419) 627-0769

b) Ohio Mental Health and Addiction Services

30 E. Broad St.

Columbus, Ohio 43215

(614) 466-2596

c) Ohio Legal Rights Service

8 E. Long St., 8th floor

Columbus, Ohio 43266-0568

d) Governor's Office of Advocacy for People with Disabilities

8 E. Long St., 7th floor

Columbus, Ohio 43266-0400

e) U.S. Dept. of Health & Human Services

Office for Civil Rights

Region V, 300 S. Wacker Dr.

Chicago, Illinois 60606