Signature HEALTH

Patient Handbook

Revised August 2026

Table of Contents

1. Signature Health Locations 4
2. Welcome 5
   - History 5
   - Mission Statement 5
   - Values Statement 5
   - Respect & Rights 6
3. Services 6
   - Medical Home Model of Care 6
   - Counseling 7
   - Awareness Program 8
   - Specialized Children / Adolescent Counseling 8
   - Community Support Program 8
   - Care Coordinator 8
   - Groups 8
   - DBT Group 9
   - Family Preservation 9
   - Ryan White Part A Program 9
     - Medical Case Management 9
     - Early Intervention 9
     - Medical Nutrition Therapy 9
     - Outreach 10
     - Psychosocial Support 10
     - Medical Transportation 10
     - Mental Health Services 10
     - Substance Use Disorder Outpatient Care 11
     - Outpatient / Ambulatory Health Services 11
     - Emergency Financial Assistance 11
   - Partial Hospitalization Program (PHP) 11
   - Intensive Outpatient Services (IOP) 12
   - Aftercare 12
   - Medically Assisted Treatment (MAT) Program 12
   - Ambulatory Detoxification 13
   - Residential Treatment Facilities 13
   - Sexual and Reproductive Health Services 13
   - Psychiatric & Medication Services 13
   - Pharmacy 14
   - Access Clinic 14
   - Integrated Behavioral Health / Primary Care (IBHPC) 14
   - Clinical Laboratory Screening Services (including Urine Screens) 14
   - Women's Mental Health and Perinatal Clinic 15
   - Crisis Services 16
   - Transportation Services 17
   - Peer Recovery Services 17
   - Consumer Activities 17
   - Advance Directives 17
   - Patient Services Advance Directives 17
     - Durable Power of Attorney for Healthcare 18
     - Living Will 18
     - Do Not Resuscitate (DNR) Order 18
4. General Activities for Signature Health 18
5. Ways to Give Your Input 18

6. Safety 19
7. Program Expectations 20
No Show / Late Cancel Policies 20
8. Fees 21
Sliding Scale 21
Private Insurance 21
9. Patient Rights 21
Ohio Mental Health & Addiction Services (OhioMHAS) Patient Rights 21
Confidentiality of Alcohol & Drug Abuse Patient Records 23
10. Grievance Policy 23
Grievance Procedures 23
State & Local Governmental Organizations 25
Patient Rights Officer 26
11. Notice of Privacy Practices 26
Our Duty to Safeguard Your Protected Health Information (PHI) 26
How We May Use & Disclose Your Protected Health Information (PHI) 27
Uses & Disclosures Relating to Treatment, Payment or Health Care Operations 27
Uses & Disclosures of PHI Requiring Authorization 27
Uses & Disclosures of PHI Not Requiring Consent or Authorization 28
Your Rights Regarding Your PHI 28
Organized Health Care Arrangement 29
Amendments to This Notice of Privacy Practices 30
You Have the Right to Receive This Notice 30
How to Complain About Our Privacy Practices 31
Contact Person for Information or To Submit a Complaint 31

1 Signature Health Locations

Signature Health, Inc. provides services in Ashtabula, Lake, Cuyahoga and Geauga Counties. Office hours vary by location. All locations are closed on: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day.

Ashtabula County	Lake County	Cuyahoga County
Signature Health 4726 Main Ave. Ashtabula, OH 44004 Phone: (440) 992-8552 Fax: (440) 992-6631	Signature Health 38876 Mentor Ave. Willoughby, OH 44094 Phone: (440) 953-9999 Fax: (440) 918-3839	Signature Health 24200 Chagrin Blvd. Beachwood, OH 44122 Phone: (216) 831-6466 Fax: (216) 766-6086
Bridgeview Manor 4428 Collins Blvd. Ashtabula, OH 44004 Phone: (440) 992-6600 Fax: (440) 992-6604	Signature Health 54 S. State St. Painesville, OH 44077 Phone: (440) 853-1501 Fax: (440) 853-1487	Signature Health 14701 Detroit Ave., 6th Floor Lakewood, OH 44107 Phone: (216) 766-6080 Fax: (216) 737-0440
	C.H. Everett Clinic 7621 Mentor Ave. Mentor, OH 44060 Phone: (216) 417-2068	Signature Health 21100 Southgate Park Blvd. Maple Heights, OH 44137 Phone: (216) 663-6100 Fax: (216) 663-7113
		ORCA House 3001 Prospect Ave. E Cleveland, OH 44115 Phone: (216) 231-3772

2 Welcome

History

Signature Health, Inc. founded in 1993 became:

1. Ohio Department of Alcohol and Drug Addiction Services (ODADAS) certified in 1995
2. Ohio Department of Mental Health (ODMH) certified in 1999
3. Commission on Accreditation of Rehabilitation Facilities (CARF) accredited in 2003
4. A non-profit organization as of June 1, 2016
5. A Federally Qualified Health Center (FQHC) as of December 15, 2016
6. Signature Health, Inc. was awarded 501c(3) status on December 28, 2016

Signature Health, Inc. is currently funded by Lake, Ashtabula, Cuyahoga, and Geauga County Alcohol and Drug Addiction and Mental Health Services (ADAMHS) Boards.

This organization is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,372,037 with 98.1% financed with non-governmental sources. The contents of this handbook are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

As an FQHC, we are dedicated to serving medically underserved populations / areas. As an FQHC, we must demonstrate and document the healthcare needs and barriers to care of our community and update our service area, when appropriate. We currently provide all required primary, preventive, enabling health services including a wide range of services to adults, children, adolescents and families who are experiencing mental health and / or substance use problems.

In 2017, Signature Health, Inc. integrated with Connections, Family Planning Association of Northeast Ohio and ORCA House. The combination of these four agencies enables us to reach a broader service area, provide a more extensive clinical range, provide more comprehensive services, and remove more barriers to care.

Mission Statement

To become the most respected integrated behavioral health organization in the country.

Values Statement

- **People First**: We honor our patients and colleagues by seeking to know them as individuals and treating them with kindness, dignity, and respect
- **Striving for Excellence:** We take full ownership and pride in our work by approaching it thoughtfully, executing with diligence, and continuously improving our skills.
- **Can Do:** We roll up our sleeves, persist, and innovate together in response to opportunities and challenges.

Respect & Rights

Signature Health's services are available to all individuals considered for admission without regard to discrimination on the grounds of race, ethnicity, age, color, religion, sex, national origin, sexual orientation, physical or mental handicap, inability to pay or developmental disability according to Title VII of the Civil Rights Act of 1964, or any person with HIV infection, AIDS-related complex or AIDS.

Signature Health, Inc. promotes and protects the rights of patients. This commitment guides the delivery of services and ongoing interactions with patients.

Overview of your rights includes: the right to confidentiality of information and privacy and freedom from abuse, neglect, humiliation, retaliation, financial or other exploitation. For more information see the Patient Rights and Privacy Practices Sections in this handbook.

3 Services

Signature Health, Inc. provides a comprehensive range of mental health and substance use disorder outpatient services including individual, group, family and couples therapy. We are staffed by highly credentialed psychiatry providers, social workers, counselors and chemical dependency specialists.

Signature Health also provides evidence-based Primary Care, Infectious Disease, and Reproductive Healthcare services. Signature Health is transforming into a Patient Centered Medical Home, in which patients have a direct relationship with a Primary Care provider who leads a cooperative team of caregivers, who will take responsibility for each patient's health, and will provide consistent, coordinated care and communication.

All employees / contractors / Board Members are expected to understand and comply with all laws, government regulations, codes of ethics and county and agency policies and procedures. If you would like more information, please speak with your care coordinator.

All services at Signature Health, Inc. rely on patient and family / significant other participation and collaboration. Such collaboration and participation can help make treatment a positive and rewarding experience.

Many services are available in-person, or through telehealth.

Medical Home Model of Care

A Medical Home is a medical office or clinic where a team of healthcare professionals works together to provide care to their patients. A Medical Home is also known as a Patient Centered Medical Home (PCMH). When patients receive their care in a medical home, they can expect to receive evidence-based care from the staff on their Medical Team. Some of the evidence-based guidelines Signature Health uses are:

- US Preventive Service Task Force for adult and pediatric health
- American Diabetes Association
- American Heart Association
- Substance Abuse and Mental Health Service Administration (SAMHSA)
- Other guidelines

The Medical Home model of care is a team-based approach to Primary Care, which means care is coordinated across multiple settings such hospitals, emergency departments and other facilities as well as referrals to specialists and behavioral health providers.

Signature Health values our patients' health and provides our patients with education and self-management tools to manage their care at home. Some of the tools we provide are:

- Blood pressure home monitoring equipment
- Weight management logs
- Smoking cessation counseling and support

Signature Health operates as a medical home, and we can do it effectively when patients and families provide a complete medical history and information about care obtained outside our practice. If you get care from other health professionals please notify your Medical Home Team. We will assist you in selecting or changing your Primary Care provider at any time.

Counseling

Our professional staff offers individualized treatment for adults, children, adolescents and families. Among the problems we address are: behavioral disorders, anxiety, depression, bipolar, ADHD, addiction, dual diagnosis, divorce, grief, sexual abuse and others. Our counselors are trained in state-of-the-art counseling approaches such as cognitive behavior therapy and dialectical behavior therapy.

- The first step in getting treatment is meeting with a counselor for a diagnostic assessment. The assessment is a tool to help gather information in order to recommend a treatment approach that meets your individual needs.
- The second step in the process is working with a counselor to develop an individualized service plan (ISP). The purpose of an individualized service plan is to determine the goal of treatment and the concrete steps to take in order to achieve that goal.

Awareness Program

Signature Health, Inc. is dedicated to preventing sexual violence and keeping children and adults safe in the community. Signature Health, Inc.'s Awareness Program provides children, adolescents and their families consultation, education, specialized assessments, treatment, supervision and support services to stop the use of problematic sexual behavior, sexually reactive behavior, and sexually abusive behavior and learn healthy ways of living. Through collaboration with a multi-disciplinary team (MDT) each youth and his / her family is empowered to make appropriate decisions and build healthy lives while maintaining safety at home and in the community.

Specialized Children / Adolescent Counseling

Children do not process their thoughts and feelings in the same way as adults. Our child counselors can help children learn to express their feelings by engaging them in activities that are comfortable and natural through these specialized therapies:

Play Therapy – is a child's natural way of relating to the world and expressing his or her needs and experiences. Just as adults "talk out" their problems in therapy, children "play out" their problems. The goal of play therapy is to allow children to express themselves and learn ways to resolve problems through the context of play. Counselors meet regularly with the parents to collaborate, educate and involve the family in the

individualized service planning.

Art Therapy – helps children and adolescents express themselves in ways that are non-threatening, using tools that are designed for the child's specific developmental needs. Art counselors utilize art media, images, the creative process, and responses to the created art as reflections of a child's unique personality and concerns. Art therapy can help children solve problems, increase self-esteem and awareness, develop social skills, and resolve conflict.

Community Support Program

Community support workers for adults, children and adolescents collaborate with the patient and family to identify, develop and coordinate the formal and informal resources within the community and assist in accessing and coordinating a wide range of services. They work with patients and families in the home and community and focus on patient and family strengths. Community support workers are part of the multidisciplinary team that helps to develop creative, individualized service plans. Community support services are provided on an individual and group basis.

Care Coordinator

Signature Health, Inc. understands and respects that navigating internal and external social services can be complex and often frustrating. Each patient has a care coordinator to assist the patient to navigate services to increase recovery functioning. This individual serves as your contact person at the agency. Your care coordinator provides coordination of care between providers and other agencies, assists in linking to community resources, education, and assisting with accessing services. Your care coordinator will also assist in making referrals, discharge and transition planning for services.

Transition / Discharge planning are important parts of ongoing recovery. The transition / discharged process is planned with your input and active participation. Such planning activities may include planned discharge, movement to a different level of service or intensity of contact, and referrals to services that may not be available within the agency.

Your care coordinator is identified through the individualized service planning processes and is indicated on the individualized service plan.

Groups

Signature Health, Inc. also offers group therapy for mental health, substance abuse, and dual diagnosis. Groups may include DBT, WRAP, Recovery, Dual Diagnosis, Art Therapy, Wellness and more. Check with your counselor or your medical provider to determine the appropriateness and availability of groups that support your individual service plan (ISP).

DBT Group

Dialectics refer to the conflicts and struggles individuals constantly face in everyday life. Behavioral therapy refers to having specific behavioral skills that are used to help achieve "The Middle Path" dialectic balance (the balance between two extremes).

DBT is a process to use your feelings to obtain your goals in spite of severe obstacles. DBT will

assist the patient to develop skills for mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. This in turn will help the participants to better regulate emotions to serve their goals, face their feelings without terror, increase the sense of personal identity, improve judgment, sharpen observational skills and reduce the sense of crisis.

Family Preservation

Family preservation services are for families with children who are at risk for out-of-home placement. These risk factors can be for a variety of reasons including (but not limited to): Job and Family Services involvement; family history of abuse and / or neglect; detrimental family discord; child with behaviors unmanageable for the family; chemical dependency issues and legal involvement. Services are provided in the home, school and community.

Ryan White Part A Program

The Ryan White HIV / AIDS Program provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Ryan White Program at Signature Health consists of the following services.

Medical Case Management

Medical Case Management (MCM) services are patient-centered activities focused on the goal of improving health outcomes in support of the HIV continuum of care by providing timely and coordinated care by a multi- disciplinary team of providers (including specialty care) and the necessary medical follow-up services. The Medical Case Manager will: assess service needs, conduct individualized care planning, coordinate timely access to medically appropriate levels of health and support services, and engage treatment adherence and specific patient-centered advocacy efforts. The Medical Case Manager will also provide benefits counseling to assist patients in accessing other public and private programs where appropriate and eligible.

Early Intervention

This service will target those who are newly diagnosed, those receiving other HIV services but not engaged in Primary Care, formerly in care, never in care and those unaware of HIV status. Patients that are tested at affiliated testing sites are given coordinated and immediate referrals, linkages and access to Medical Case Management, Medical Services and Health Education and Outreach. HIV testing is also done on-site. The focus is on the engagement and retention through linkage to care and adherence to care.

Medical Nutrition Therapy

Patients are served by a registered dietitian in nutritional therapy services pursuant to a physician recommendation. The dietitian provides nutritional counseling to improve the level of nutrition and health for persons with HIV / AIDS. An individualized nutritional plan and goals are developed with the patient to encourage appropriate weight management, improve dietary habits and assist in nutritional needs being met. Ongoing education is provided according to the nutritional plan and includes food choices and healthy options, meal preparation, shopping guide and resources.

Nutrition counseling services are provided according to the professional standards developed by the Commission on Dietetic Registration and the Ohio Board of Dietetics.

All nutritional interventions will be based on best practices and include linkages to community resources and ongoing educational opportunities.

Outreach

Outreach services target those who are unaware of their HIV status with the goal of linkage to services, those who are out of care or in jeopardy of being out of care. A focus of this service is re-engagement of those persons with outpatient ambulatory health services through health education and information on healthcare coverage options. Signature Health, Inc. will continue network efforts and community linkages to expand outreach efforts to reach those persons who are inactive or out of contact in the service area.

Psychosocial Support

Signature Health, Inc. provides support and counseling activities to individuals or groups of individuals that include monthly health and mental health education and literacy support sessions. The goal is to build community and peer supports. The focus is on empowerment, reducing social isolation, improving adherence to treatment and prevention of transmission. In addition to improving the quality of life of those with HIV / AIDS, it also improves community efforts at reducing unnecessary hospitalizations and burden to public and nonprofit hospital systems for the medically indigent. Groups are offered in a number of locations to reduce patient travel and to assist patients with access to these services.

Medical Transportation

Medical transportation services are delivered via gas cards, taxi, ridesharing (Uber and Lyft), LakeTran bus passes and medical transit for medical appointments as a payer of last resort. The goal is to provide those individuals for whom transportation is a barrier for accessing medical and support services.

Mental Health Services

Mental Health Services assist those patients who are in need of behavioral health interventions through psychiatry and counseling services. The goal is to improve overall health outcomes by managing mental health needs. Unmanaged mental health needs is a significant contributor to overutilization of hospital systems and emergency rooms.

Services are provided to individuals and / or groups of individuals based on individualized treatment planning by a team of multi-disciplinary staff members. Ongoing services are coordinated with the providers and the MCM to ensure transportation arrangements are made in advance and to engage patients throughout the continuum of care. We encourage family members to become engaged when appropriate and urge the patients to utilize local community supports such as NAMI.

All Signature Health, Inc. locations have open access to psychiatry and counseling services on a daily basis. These practices reduce barriers to treatment in a significant way and meet patient needs.

Substance Use Disorder Outpatient Care

Substance use disorder services are designed to assist those patients who are in need of a comprehensive array of substance use disorder treatment interventions that may include: assessment, individual counseling, group sessions, medication and non-

medication assisted interventions, and relapse prevention. Services are based on individualized plans and patient readiness levels. The goal of services is to improve the overall health outcomes by managing substance abuse. Services are scheduled and coordinated with the MCM to ensure transportation and engagement. Same-day access is available to all persons receiving care. Dual diagnosis and chronic disease management require intense coordination and integrated practices to achieve optimal health and prevention of unnecessary hospitalization and emergency room utilization.

Outpatient / Ambulatory Health Services

Ambulatory health services are designed to serve those Ryan White-eligible patients who are not engaged or linked with general medical healthcare services. Services occur in Signature Health, Inc.'s five (5) outpatient primary health centers and include: physical health exams, diagnostic testing, laboratory services, prevention and management of health conditions, medication management, treatment adherence and referral to specialty care. The goal is to improve and increase overall health outcomes through comprehensive health interventions, referrals and education where no other coverage is available.

Engagement and retention in primary care is essential. Signature Health, Inc. is successful at retaining persons in care due to reduction of stigma, a non-judgmental / compassionate environment and patient familiarity with the agency. Access is made easier for patients because all services are "in-house." This reduces burden on the patient to keep multiple appointments at different locations.

Emergency Financial Assistance

This service provides limited, one-time or short-term payments to assist the Ryan White Part A Program patient with an emergent need for essential medications or prescription eye wear. Use of emergency financial assistance is for persons for whom there is no other payer option. Such funds are essential to prevent gaps in ongoing treatment, medications, protocols and adherence to specific individualized plans of care. Services are coordinated by support staff, the Medical Case manager and monitored monthly by the fiscal department. Patients can be linked with a comprehensive array of services in the region that include: The Free Clinic, AIDS Task Force; University Hospital, Immunology Department, Metro Health Medical Center, Department of Job and Family Services, Social Security Administration, Veterans Affairs, Ohio Benefit Bank, local food pantries and other local services.

Partial Hospitalization Program (PHP)

Signature Health Inc. provides partial hospitalization services. This is a voluntary, short-term intensive mental health treatment program that provides extra daily support to help men and women ages 18 and older. The goal is to provide therapeutic interventions so that patients can continue to function in their homes and communities. Participation in this service can help some individuals avoid hospitalization. PHP can also serve as a transition from inpatient to outpatient care. PHP can be helpful for patients experiencing: multiple psychiatric hospitalizations, recurring serious psychiatric symptoms, severe or long-standing depression, suicidal thoughts or attempts, serious reactions to traumatic events or other unmanageable symptoms.

Intensive Outpatient Services (IOP)

Signature Health, Inc. offers intensive outpatient services to adults with mental health and substance abuse or dependency problems. Mental Health IOP and Substance Use Disorder IOP

are dual diagnosis programs that are holistically based. These programs are offered three to five days per week, three hours per day. Substance Use Disorder IOP offers a variety of options to meet the patient's needs including evening program hours.

These programs are offered in a group setting and provide both informational and group counseling approaches. The group addresses alcohol and drug education, disease concepts, harmful consequences, dual diagnosis education, relapse prevention, developing support networks, family roles and more. Counseling approaches may include cognitive behavioral, dialectical behavioral therapy and others.

The focus is achieving a chemical-free lifestyle. To support the intensive outpatient group interventions, patients are also required to attend self-help recovery groups and participate in random urine screening.

Family involvement is very much a part of recovery. Family involvement is encouraged and supported, wherever appropriate. Family members are encouraged to attend a group session that focuses on educating the family on disease and recovery processes and increasing effective communication and self-care.

Aftercare

The aftercare program focuses on relapse prevention for adults with substance problems and consists of one group session per week for 90 minutes. The group is designed to provide support to patients as they progress toward longer-term recovery, or have difficulty maintaining a chemical-free lifestyle. The group is goal-directed and strengths-based.

Medically Assisted Treatment (MAT) Program

Signature Health, Inc. has outpatient services available for those persons who are diagnosed with opiate use disorder dependence. Suboxone and Vivitrol are the MAT treatment methods for long-term opiate addiction. The use of these medications in combination with comprehensive treatment services allows individuals to function effectively without intoxication, impairment or fear of withdrawal symptoms. Both Suboxone and Vivitrol MAT treatment methods are provided in conjunction with a full array of outpatient and / or residential services.

Treatment is collaborative and individualized and includes continual observations for co-occurring disorders that can increase the risk for relapse if left undetected and untreated. Involvement of family or other support persons is essential and strongly encouraged as a way to achieve successful outcomes. The goal of these treatments is for harm reduction and to assist patients to reach and maintain the best possible level of functioning while working toward a drug and alcohol- free lifestyle in a holistic approach.

Participants in the MAT Program will work with a team of professionals who will coordinate medical and recovery services. Patients will also work with a number of treatment team providers including counselors, nurses, physicians and case workers who will coordinate care for any medical, psychological, addictions, vocational, legal and social concerns. All of the treatment services offered by Signature Health, Inc., including ambulatory detox, group, individual and family counseling will be coordinated through the treatment team.

Ambulatory Detoxification

Ambulatory Detoxification is defined as an organized outpatient service delivered to patients at Signature Health, Inc. by trained clinicians who provide face-to-face medically supervised evaluation, detoxification and referral services according to a pre-determined schedule. These

services are provided in regularly scheduled sessions and are delivered under a defined set of policies and procedures and medical protocols. This outpatient detoxification service is designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs and to effectively facilitate the patient's transition into ongoing treatment and recovery.

Signature Health, Inc.'s objective is to evaluate the nature and extent of the patient's mental health symptoms, substance use and presenting problems including abuse, misuse and / or addiction to alcohol and / or other drugs. Signature Health, Inc. staff will gather information during the session(s), use the current ICD format to diagnose mental health disorders and develop initial treatment recommendations that will be used to formulate the individualized service plan (ISP).

Residential Treatment Facilities

- **Bridgeview Manor** in Ashtabula County for Medicaid-eligible men, ages 21 and older who may currently reside in any Ohio county. The facility has 16 beds and is furnished with family-style furniture and seeks to create a "home" rather than a "treatment" like atmosphere. Participants must have a mental health diagnosis and a history of drug / alcohol use.
- **C.H. Everett Clinic** in Mentor is a 16-bed Class 1 Residential Facility and Adam & Amanda Center serving adults age 18 and older. The program offers both step-down care for individuals transitioning from psychiatric inpatient or crisis stabilization services and step-up care for those who need a higher level of support than outpatient mental health treatment alone can provide.
- **ORCA House** is a Class 1 residential treatment facility in Cleveland, Ohio, offering mental health and dual diagnosis residential treatment programs for adults age 18 and older.

Sexual and Reproductive Health Services

Signature Health, Inc. provides essential reproductive services to women, men and young people and dedicates itself to reproductive healthcare services. Our family planning services promote informed decision-making and personal choice about parenthood and sexuality in a confidential and compassionate manner. In addition, we provide education for the prevention of pregnancy, sexually transmitted infections and HIV as well as education regarding healthy relationships particularly as they relate to the prevention of rape and other sexual violence.

Psychiatric & Medication Services

Signature Health's psychiatric and nursing staff specializes in services to adults, children and families and provides psychiatric evaluations, consultation and medication management. Psychiatric services are coordinated by a team of professionals: the psychiatrist, nurse and care coordinator. The nurse or care coordinator can also provide information regarding advance directives, if appropriate.

The nursing staff provides education on medication and monitors responses to medication through evaluating vital signs and symptoms. Families / significant others are involved and are encouraged to be involved in all education and collaboration opportunities.

Pharmacy

Patients can save time and money by filling all their prescriptions through the Signature Health

Pharmacy. There is a pharmacy at our Willoughby, Maple Heights, Ashtabula, Beachwood, Painesville and Lakewood locations. Most major medical insurance plans are accepted. Co-pays are usually the same or lower than other network pharmacies. Prescriptions will be ready the same day or next day and can be delivered to your location or to your home. Additional services include:

- Automatic refills
- Innovative multi-dose packaging system is available and makes everything simpler
- Transfer prescriptions and pick up all medications at the Signature Health Pharmacy location of your choice

Access Clinic

Signature Health, Inc. knows that sometimes patients need help now. Our Access Clinic provides same-day and next-day psychiatric evaluation appointments for hospitals and healthcare providers who want to transition patients from inpatient to outpatient care at Signature Health, Inc. This is a relief not only to our patients but also for the hospitals and healthcare providers who want continuation of services for their patients. Counselors conduct thorough assessments and make recommendations for care. Psychiatric evaluations may also be completed during the same appointment so that medication treatment can begin immediately.

Integrated Behavioral Health / Primary Care (IBHPC)

The integrated approach at Signature Health, Inc. addresses not only the needs that fall within the larger domains of care—mental illness, substance use (including tobacco), and other medical conditions—but addresses how each of these conditions and their treatment impacts the other conditions and treatment. The integrated approach materializes when all clinicians are well-trained in mental health, substance use, and other health conditions and the interactions among the conditions and their treatments. In addition to training, their individual interventions are based on the knowledge of the whole person, his / her goals and readiness to address behavior change, what conditions and treatments are present, and address the interaction of each of these domains on the others.

Signature Health, Inc.'s intent is to provide both primary medicine and behavioral health services in one location which increases patient access to needed treatment, improves coordination of care for mental and physical health, and helps patients to achieve improved overall health and wellness. Medical and mental health providers partner to coordinate the evaluation, treatment and necessary follow-up of both physical and mental health conditions. These face-to-face sessions can include family members, legal guardians and significant others when the intended outcome is to improve the function of the patient and the family in their family and home setting. All interventions are goal-directed and congruent with the goals and objectives stated on the patient's individualized service plan.

Clinical Laboratory Screening Services (including Urine Screens)

Signature Health, Inc. has laboratory services for the purpose of doing blood draws to support integrated behavioral and primary healthcare services. Routine blood draws to monitor liver functioning and / or potential side effects of medications can be conveniently done at our agency and results communicated to providers in a timely manner.

In addition, it is a policy to collect samples of urine for laboratory testing / screening as an adjunct to the MAT Program, Intensive Outpatient Treatment for substance use disorder and

obtaining collateral information at the time of substance use disorder assessments.

Women's Mental Health and Perinatal Clinic

Signature Health, Inc. provides care to both pregnant and postpartum women who struggle with depression, anxiety, substance use and other mental health issues. This program also specializes in general women's mental health and perimenopausal mood disorders.

The Perinatal Clinic provides specialized services that focus on the needs of the patient for integration with nutrition, health education, psychosocial and behavioral health services to support prenatal, delivery and postpartum care. This care includes assistance by professionals who specialize in postpartum mood disorders with patients who struggle with depression, anxiety, substance use and other mental health issues. These services are offered throughout the pregnancy cycle as well as after delivery.

Treatment is provided collaboratively with each patient's existing OB / GYN, family practitioner or pediatric provider

Crisis Services

The crisis service is a 24 hours a day, 7 days a week program. The service is available to anyone experiencing a crisis due to an acute or chronic psychiatric condition. Service may include:

- Phone-based information and referral
- Phone support
- Risk assessments
- Prescreening for hospitalization (Ashtabula location only)

In the event you are experiencing a life-threatening emergency, call 9-1-1 immediately or go to your nearest emergency room.

Ashtabula County Emergency Numbers

Signature Health After Hours: (440) 992-8552 (follow prompts on recorded message)

Signature Health Family Planning After Hours: (440) 992-5953 (follow prompts on recorded message)

Crisis Hopeline: (800) 577-7849

Cuyahoga County Emergency Numbers

Signature Health Maple Heights After Hours: (216) 663-6100 (follow prompts on recorded message)

Signature Health Beachwood After Hours: (216) 831-6466 (follow prompts on recorded message)

Signature Health Lakewood After Hours: (216) 766-6080 (follow prompts on recorded message)

Frontline Crisis Services: (216) 623-6888

Lake County Emergency Numbers

Signature Health Willoughby After Hours: (440) 953-9999 (follow prompts on recorded message)

Signature Health Painesville After Hours: (440) 853-1501 (follow prompts on recorded message)

Crisis Hotline: (440) 953-8255

Transportation Services

To minimize patient barriers, Signature Health provides transportation services to patients who qualify. If you are unable to get your appointment at any of our facilities, please let us know.

Peer Recovery Services

Signature Health, Inc. offers Peer Recovery Services which is an adjunct to mental health services intended to complement and expand mental health services in a holistic manner and help patients in their recovery process. Peer Recovery bridges the gap between traditional mental health services and areas critical to recovery. Peer Recovery provides a multitude of services depending on a patient's need. These services include: facilitating self-help groups, CPST treatment aids, providing socialization opportunities, helping to build a peer support system, and engaging patients in agency sponsored activities and committees. The agency also provides oversight by clinical staff of peer mentors and peer advocates.

Consumer Activities

Consumer Activities are defined as providing our Signature Health consumers with opportunities to explore new interests, share their opinions, meet new friends and stay connected to old friends. Consumer Activities help to increase self-sufficiency and improve quality of life which are important steps along the journey of recovery.

Advance Directives

Today, advances in medicine and medical technology save many lives that only 60 years ago might have been lost. Unfortunately, sometimes this same technology also artificially prolongs life for people who have no reasonable hope of recovery. No one likes to think about death and dying, but they are inescapable realities of life. Advance directives are a way you can take control of choices regarding your medical future.

A Healthcare Proxy, Durable Power of Attorney for Healthcare, Living Will and Do Not Resuscitate Order (DNR) are the legal documents that allow you to give direction to medical personnel, family and friends concerning your future care when you cannot speak for yourself. This may happen if you become unconscious, are terminally ill or are confused and cannot make informed choices. You do not need a lawyer in order to complete advance directives.

Patient Services Advance Directives

You have the right to make decisions about your own medical treatment. By putting your wishes for your health care in writing, you tell your doctor, attending emergency medical personnel and your loved ones what you want. It may be hard for you to think about what you might want to have done if you were near death, but it is often easier than making these choices when you or your family have to face a major health crisis.

Whether you have advance directives or not, you will still be cared for in the hospital or by emergency medical personnel.

We are providing this basic information to help you better understand what advance directives are so you can decide whether you want to have one or more of these documents. In the State of Ohio, there are three forms of advance directives.

Durable Power of Attorney for Healthcare

This document lets you choose someone as your agent to make all healthcare decisions for you when you are unable to speak for yourself. If you choose, you can fill out a Durable Power of Attorney for Health Care form by yourself. You are not required to use a lawyer. However, since this is an important legal document, you may wish to consult a lawyer for advice.

Living Will

This document lets you give written directions about your care when you are terminally ill or in a permanently unconscious state and unable to speak for yourself. If you choose, you can fill out a Living Will form by yourself. You are not required to use a lawyer. However, since this is an important legal document, you may wish to consult a lawyer for advice.

Do Not Resuscitate (DNR) Order

This document says that you do not want to have cardiopulmonary resuscitation (CPR) performed if your heart should stop beating. A DNR Order can only be completed by a physician, certified nurse practitioner or clinical nurse specialist. If you would like to indicate that you do not wish to have CPR, you will need to have a discussion with your physician.

If you want more information or the forms needed for any of these advance directives, talk with your Signature Health, Inc. care coordinator, your Signature Health, Inc. nurse or your primary care physician.

4 General Activities for Signature Health

The clinical staff at Signature Health, Inc. maintains working relationships with other professionals who refer patients into treatment. Where appropriate and / or necessary, the staff maintains written and phone contact with referral sources upon written consent of the patient.

Staff may also need to reschedule appointments when ordered to appear in court. Every effort will be made to quickly reschedule your appointment at a time convenient to you.

5 Ways to Give Your Input

Signature Health, Inc. is dedicated to continuous quality improvement. Your feedback is important to us and is used to monitor our services, develop services, and improve the agency. Our goal is to assist you in achieving your treatment goals for recovery. We want to measure our progress. Your input guides this process.

Our tools for obtaining and using your input include: satisfaction surveys, suggestion boxes, staff education, outcomes management, and post-discharge follow-up surveys. Our staff is also available to hear any suggestions, comments, or ideas you have on how we can continue to strive for excellence. We also extend an invitation to any patients and family members to participate in our “Patient Advisory Committees”. These groups consist of staff members, administrators, patients and family members who come together to share ideas and efforts.

If you are interested in joining the committee, please speak with the Patient Services Manager at your Signature Health, Inc. location about meeting dates and times.

6 Safety

Signature Health, Inc. is committed to providing a safe and healthful environment. The staff is trained in first aid, CPR, workplace safety, non-violent crisis intervention and emergency procedures. Signature Health, Inc. does not employ seclusion or restraint practices. We work closely with the local authorities to promote the care, welfare, safety and security of all persons.

Signature Health, Inc. asks our patients to participate in safety consciousness by observing the following:

- Evacuation routes are posted in all offices and common areas
- Emergency procedures for fire and tornado scenarios are posted in the lobby

A first aid kit is available in the event of emergency. Our goal is to prevent unsafe situations from occurring. Signature Health, Inc. asks for your assistance in maintaining a safe environment.

Program Rules

- Signature Health has eliminated all smoking, vaping or use of tobacco products at our outpatient and administrative campuses, both indoors and outdoors, including our sidewalks, driveways and parking lots.
- Possession of weapons on person or within Signature Health offices is prohibited, grounds for discharge, and subject to the local authorities.
- Possession of illicit drugs on person or premises is prohibited, grounds for discharge, and subject to the local authorities.
- Threats, acts of violence, provocation or fighting with patients, staff, and visitors is prohibited, grounds for discharge, and subject to the local authorities.
- Theft of agency property or the property of patients, staff or visitors is prohibited, grounds for discharge, and subject to the local authorities.
- Willful destruction or damage to agency property or the property of patients, staff or visitors is prohibited, grounds for discharge, and subject to local authorities.

7 Program Expectations

- To abide by the program rules and expectations.
- To actively participate in all aspects of the treatment process.
- To maintain the confidentiality of other patients / group members.
- Children are to be accompanied by a parent / guardian at all times.
- Parent / guardian is required to remain on the premises while the child is receiving services.
- Exception may include adolescents, ages 16 and over, who have permission to drive themselves to appointments.
- Signature Health, Inc. reserves the right to cancel any child's appointment when the parent / guardian is unable to remain on the premises. Cancelled appointments will be rescheduled for a time when the parent / guardian is available to remain on the premises.
- To call 24 hours in advance if you are unable to keep your scheduled appointment time.

No Show / Late Cancel Policies

A No Show is when a patient does not call or show for a previously scheduled appointment with a staff member. A Late Cancel is when a patient cancels an appointment less than 24 hours before their scheduled appointment.

Our No Show and Late Cancellation Policies are as follows:

- The first No Show / Late Cancel will result in a either a phone call, a text message or a letter sent to the patient requesting contact with the agency encouraging them to continue services and asking if they intend to do so.

- The second No Show / Late Cancel will result in a letter sent to the patient requesting contact with the agency with their intention to continue services. In addition, all future appointments will be removed from the scheduler.

  If the patient wishes to continue services, staff and patient will jointly develop a plan to reduce barriers in maintaining appointments. Future appointments will be scheduled one at a time until the patient and their care coordinator determine barriers to maintaining consecutive appointments have been reduced.

- The third No Show / Late Cancel will result in the patient only being seen for acute services and being required to use our walk in services.

Patients who are administratively placed on "walk in services only" for any reason are not eligible for re-instatement for six (6) months unless authorized by the Office Director.

Patients who are administratively discharged for any reason are not eligible for re-admission for one (1) year unless authorized by the Office Director.

8 Fees

Each patient or their parent / guardian is responsible to pay their fees, file insurance claims and obtain any pre-authorizations necessary. Signature Health, Inc. will bill on your behalf and accept payments (full or partial) from Medicare and/or Medicaid. Signature Health, Inc. will also file insurance claims to any private insurance companies on your behalf for those insurance plans that Signature Health is an in-network provider. However, each patient or their parent / guardian is responsible for obtaining any pre-authorizations necessary. Please contact your insurance company to ensure you receive your maximum benefits.

If applicable, co-pays and deductible amounts are due prior to receiving services. Failure to pay your fees in full prior to receiving services will result in your appointment being rescheduled. If you cannot afford to pay our full fee, you are welcome to apply for our sliding scale. Please ask the Office Manager or a Finance Specialist for assistance.

A fee schedule for Signature Health's most common services is available on our website or by request at your care location.

Sliding Scale

A sliding fee scale is offered for uninsured patients seeking services at Signature Health, Inc. A completed sliding scale application and proof of income may be required depending on what services you will be accessing at Signature Health. Please see the Office Manager or a Finance Specialist who will assist you in this process.

Private Insurance

Signature Health, Inc. will bill private insurance companies for reimbursement if participating in that company's network.

If you have private insurance we are unable to bill and wish to receive services at Signature Health, Inc. you may:

- Apply for the sliding fee scale
- Pay for the service and obtain a receipt to submit to your insurance company for reimbursement. Please be sure to contact your insurance company about your out-of-network benefits.

9 Patient Rights

All patients have the same rights to freedom from abuse, financial or other exploitation, retaliation, humiliation and neglect. It is your right to have the following: informed consent, refusal or expression of choice regarding composition of the service delivery team and access to self-help and advocacy support services. Every patient receives an explanation of their client rights and is provided a written copy if requested.

In a crisis or emergency situation, or when the client does not present for certifiable services or supports in person such as through a hotline, the provider may verbally advise the client of at least the immediately pertinent rights only, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy is to be provided at the first subsequent meeting.

Explanations of rights are to be in a manner appropriate for the individual's understanding.

Ohio Department of Behavioral Health (Ohio DBH) Patient Rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;

2. The right to protection from physical, sexual or emotional abuse, neglect, and inhumane treatment and sexual or financial exploitation;

3. The right to receive services or supports in the least restrictive, feasible environment;

4. The right to participate in any appropriate and available service that is consistent with an individualized treatment plan, regardless of the refusal of any other certified service or support, unless that service or support is a necessity for clear treatment reasons and requires the individual's participation;

5. The right to give informed consent to or to refuse any certifiable service or support;

6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;

7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;

8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;

9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not exclude a provider from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;

10. The right to confidentiality of communications and personal identifying information within the limitations and constraints for disclosure of client information under state and federal laws and regulations.

    With respect to an adult client receiving residential and withdrawal management substance use disorder services as described in rule 5122-29 09 of the Administrative Code, the right to confidentiality of communications includes the right to write or receive uncensored, unopened correspondence subject to the provider's rules regarding contraband when such rules do not conflict with federal postal regulations.

    With respect to an unemancipated minor client receiving residential and withdrawal management substance use disorder services as described in rule 5122-29-09 of the Administrative Code, the right to confidentiality of communications includes the right to write or receive mail subject to the provider's policy regarding contraband and directives from the parent or legal guardian, when such rules and directives do not conflict with federal postal regulations.

11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan is to include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;

12. The right to be informed in advance of the reason for terminating participation in a certifiable service or support, and to be provided a referral, unless the certifiable service or support is unavailable or not necessary;

13. The right to be informed of the reason for denial of a certifiable service or support;

14. The right not to be discriminated against for receiving certifiable services or supports on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;

15. The right to know the cost of certifiable services or supports;

16. The right to be verbally informed of all client rights, and to receive a written copy upon request;

17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;

18. The right to file a grievance;

19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;

20. The right to be informed of one's own condition;

21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

Confidentiality of Alcohol & Drug Abuse Patient Records

Confidentiality of alcohol and drug abuse patient records maintained by Signature Health, Inc. is protected by Federal Law and Regulations. Generally, the program may not say to a person outside the program that a person attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing.
2. The disclosure is allowed by court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violators may be reported to appropriate authorities in accordance with Federal Regulations. 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 about any threat to commit such a crime.

Federal Law and Regulations do not protect any information about suspected child abuse or

neglect from being reported under state law to appropriate state or local authorities (see 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3, for Federal Laws and 42 CFR Part 2 for Federal Regulations).

10 Grievance Policy

It is the policy of Signature Health that patients can file grievances without fear of reprisal.

Grievance Procedures

Every patient has the right at Signature Health, Inc. to follow the grievance procedure without reprisal. Patients with questions about their treatment or those who feel they are being treated unfairly are encouraged to discuss their concerns with their provider, the provider's supervisor or the location's Behavioral Health Manager.

Each patient has the right to file a written grievance with Signature Health, Inc. The Behavioral Health Manager (or RN Site Manager in their absence) will assist the patient in filing a grievance. One of these individuals is present on site at each location during main business hours. An agency Client Rights Officer is available M-F 8:00a.m. to 4:00 p.m., and may be reached by telephone or videoconferencing.

The information which will be needed includes:

1. The name of the patient
2. Reliable contact information for the patient or person filing the grievance on behalf of the patient
3. The date and approximate time of the incident, persons involved, description of the incident being grieved
4. Date of grievance

Upon receipt of a grievance by the Client Rights Officer (CRO), the patient filing the grievance shall be contact by the CRO within three business days.

The sequence of activities which will occur as a part of the grievance process are as follows:

1. Patient or authorized designees presents grievance to the Behavioral Health Manager.
2. Client Rights Officer will initiate contact with the grievant within three working days of receipt of the grievance, and will provide the grievant a written acknowledgement of receipt of the grievance, the date the grievance was received, summary of the grievance, overview of the grievance investigation process, timeline and notification of resolution, CRO contact information.
3. Client Rights Officer will investigate the grievance and attempt to resolve the grievance within 20 business days from the date of the filing of the grievance. If a resolution cannot be reached within 20 business days, the extenuating circumstances requiring an extension of this timeline must be documented and provided to the patient.

The patient will be provided a copy of all activity regarding the grievance including:

1. The copy of the grievance, if requested;
2. The documentation of the resolution of the grievance, and
3. The copy of the letter to the patient reflecting the resolution of the grievance will be kept by the Client Rights Officer for two full calendar years following the resolution

Patients also have the option to file a grievance with outside organizations that include, but are not limited to:

Lake County Alcohol Drug Addiction and Mental Health Services Board (ADAMHS) 9237 Mentor Ave., Unit B Mentor, Ohio 44060 (440) 350-3117	Ashtabula County Mental Health and Recovery Services Board 4817 State Road, Suite 203 Ashtabula, Ohio 44004 (440) 992-3121
Alcohol Drug Addiction and Mental Health Services of Cuyahoga County (ADAMHS) 2012 West 25th Street, 6th Floor Cleveland, Ohio 44113 (216) 241-3400	Ohio Department of Behavioral Health (Ohio DBH) 30 E Broad Street, 36th Floor Columbus, Ohio 43215-3430 (614) 466-2596
Disability Rights Ohio 200 Civic Center Dr., Suite 300 Columbus, OH 43215 Phone: (614) 466-7264 Toll Free: (800) 282-9181	The U.S. Dept of Health and Human Services Civil Rights Regional Office 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 Toll Free: (800) 368-1019 TDD: (800) 537-7697

Client Rights Officer

Signature Health has a Client Rights Officer who will make certain that patient rights are protected and will help in listening to and resolving patient grievances. A second person has also been appointed as a Client Rights Officer to help if the primary Client Rights Officer is not available.

The Clients Rights Officer is:
Heather Harrington
4242 State Rte. 306
Kirtland, OH 44094

The secondary Client Rights Officer is:
Celeste Britton
4242 State Rte. 306
Kirtland, OH 44094

Hours available for these Client Rights Officers are generally 8AM to 4PM Monday through Friday (holidays excluded). The Client Rights Officers and other staff are here to help you. If you have any questions about client rights, which are listed in this handbook, please speak with your care provider, the Behavioral Health Manager, or the Client Rights Officer.

11 Notice of Privacy Practices

Our Duty to Safeguard Your Protected Health Information (PHI)

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you or payment for health care is considered “Protected Health Information” (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may disclose your PHI. Except in a specific circumstance, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice though we reserve the right to change our privacy practices and the terms of this Notice at any time

How We May Use & Disclose Your Protected Health Information (PHI)

We use and disclose Protected Health information for a variety of reasons. We have a limited right to use and / or disclose your PHI for purposes of treatment, payment, and for our healthcare operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses or disclosures without your consent or authorization. The following describes and offers examples of our potential uses or disclosures of your PHI.

Uses & Disclosures Relating to Treatment, Payment or Health Care Operations

Generally, we may use or disclose your PHI as follows:

For Treatment: We may disclose your PHI to doctors, nurses, and other healthcare personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with central pharmacy staff. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work, for consultation purposes, or ADAMH Boards and / or community mental health agencies involved in the provision or coordination of your care.

To Obtain Payment: We may use or disclose your PHI in order to bill and collect payment for your healthcare services. For example, we may contact your employer to verify your employment status, and / or release portions of your PHI to the Medicaid program, collection agencies, the ODMH central office, the local ADAMH / CMH Board through the Multi-Agency Community Information Services Information System (MACSIS), and / or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes.

For Health Care Operations: We may use / disclose your PHI in the course of operating our agency. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our other facilities or departments. Release of your PHI to MACSIS and / or other state agencies might also be necessary to determine your eligibility for publicly funded services.

Appointment Reminders: Unless you provide us with alternative instructions, we may send or phone appointment reminders or other similar materials to your home or cell phone.

Fundraising. We may use or disclose certain health information about you to contact you in an effort to raise funds to support Signature Health and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

Uses & Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization unless the use or disclosure falls within one of the exceptions described below. As an example, most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require your written authorization.

Special privacy protections also apply to HIV-related information, alcohol and substance abuse

treatment information, and mental health information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. Signature Health will only disclose this information as permitted by applicable state and federal laws. If your treatment involves this information, you may contact our Privacy Officer to ask about the special protections.

Authorizations to use or disclose PHI can be revoked at any time to stop future uses or disclosures. We are unable to take back any uses or disclosures of your PHI we have already made with your authorization.

Uses & Disclosures of PHI Not Requiring Consent or Authorization

The law provides that we may use / disclose your PHI without consent or authorization in the following circumstances:

When Required by Law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For Public Health Activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

For Health Oversight Activities: We may disclose PHI to our central office, the protection and advocacy agency, or other agency responsible for monitoring the healthcare system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.

To Avert Threat to Health or Safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm to your health and safety or to the health and safety of the public or of another person.

For Specific Government Functions: We may disclose PHI to Government benefit programs relating to eligibility and enrollment, and for national security reasons.

For Research, Audit or Evaluation Purposes: In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

For Deceased Individuals: We may discuss PHI relating to an individual's death if state or federal law requires information for collection of vital statistics or inquiryinto cause of death or to coroners, medical examiners, or funeral directors so they may do their jobs.

For Law Enforcement Purposes: We may disclose PHI to law enforcement officials. For example we may make these types of disclosures in response to a valid court order, subpoena or search warrant; to identify or locate a suspect, fugitive or missing person; or to report a crime committed on our premises.

Your Rights Regarding Your PHI

You have the following rights relating to your Protected Health Information:

To Request Restrictions on Uses / Disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.

To Choose How We Contact You: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To Inspect and Request a Copy of Your PHI: Unless your access to your records is restricted for clear and documented reasons, you have the right to see your protected health information upon your written request. You may not see or get a copy of information gathered or prepared for a legal proceeding or if your requests cover psychotherapy notes. We will respond to your written request within 30 days. If we deny your access, we will give you written reasons for the denial and explain how to request a determination review. If you want copies of your PHI, a charge for copying may be imposed, depending on the circumstances. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To Request Amendment of Your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. Your request should be submitted to our Privacy Officer. We will respond within 60 days of receiving your request. If we accept your request, we will tell you and will amend your records by supplementing the information in the records. We will also tell others that need to know about the change in PHI. We may deny the request. Any denial will state our reasons for the denial and explain your rights to have the request and denial, along with any statement in response to the denial that you provide, appended to your PHI.

To Find Out What Disclosures Have Been Made: You have a right to get a list of when, to whom, for what purposes, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations; to you, your family, or the facility directory; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests. We will notify you of any such costs prior to efforts to comply with your request.

Organized Health Care Arrangement

We are a part of an organized health care arrangement called OCHIN. A current list of OCHIN members is available at www.ochin.org. As a business associate of ours, OCHIN supplies information technology and related services to us and other OCHIN members. OCHIN also engages in quality assessment and improvement activities on behalf of its members. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Signature Health with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If

requested, you will be provided a list of entities to which your information has been disclosed.

We may participate in one or more health information exchanges (HIEs). HIEs may electronically share medical information for treatment, payment and health care operation purposes with other participants in the HIEs. HIEs allow your health care providers to quickly access and use medical information necessary for your treatment and other lawful purposes. The addition of your medical information in a HIE is voluntary and subject to your right to opt-out. If you would like to opt-out contact our Chief Compliance Officer listed below.

Amendments to This Notice of Privacy Practices

We may amend our Privacy Policy and this Notice from time to time. In accordance with applicable laws, we will post a notice at Signature Health, Inc. describing any changes to the policy and will provide the current policy to all active patients as required by law.

You Have the Right to Receive This Notice

You have the right to receive a paper copy of this Notice and / or an electronic copy upon request.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with person listed below. You may also file a complaint with:

The Secretary of the U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington D.C. 20201
Toll Free: (800) 368-1019
TDD Toll Free: (800) 537-7697

We will take no retaliatory action against you if you make such complaints.

Contact Person for Information or To Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact Signature Health, Inc.'s Privacy Officer:

Chief Compliance Officer
4242 State Route 306
Kirtland, OH 44094
(440) 953-9999
Sh-privacy@shinc.org

This handbook is yours to keep. Please sign the form provided in your intake paperwork to indicate that you have received this information.