



Welcome to Jackson County Mental Health (JCMH). We are here to help you identify your mental health needs and achieve your treatment goals. We provide a range of community based mental health services to Jackson County residents including:

- Mental Health Assessment
- Crisis Resolution
- Limited, brief psychotherapy
- Psychiatric Assessment for medication services
- Support in accessing resources and developing skills for independent living
- Referral and Coordination

JCMH does not currently offer the following:

- Psychological Testing
- Mandated Treatment
- Emergency Psychiatric Medications
- Evaluations for Surgical Procedures or Hormone Replacement Therapy
- Relational Counseling
- Counseling for life situations where there is no mental illness
- Grief Counseling
- Court or Custody Evaluations

As a client of Jackson County you can expect certain rights and responsibilities. They clearly establish what you can expect from Jackson County Mental Health and what we expect from you.

Client Rights

- Choose from services and supports that are consistent with the assessment and service plan, culturally competent, provided in the most integrated setting in the community and under conditions that are least restrictive to the individual's liberty, that are least intrusive to the individual, and that provide for the greatest degree of independence;
- Be treated with dignity and respect;
- Participate in the development of a written service plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of the plan, and receive a copy of the written service plan;
- Have all services explained, including expected outcomes and possible risks;
- Confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 2 and 45 CFR Part 205.50;
- Give informed consent in writing prior to the start of services, except in a medical emergency or as otherwise permitted by law. Minor children may give informed consent to services in the following circumstances:
 - (A) Under age 18 and lawfully married;
 - (B) Age 16 or older and legally emancipated by the court; or

(C) Age 14 or older for outpatient services only. For purposes of informed consent, outpatient service does not include service provided in residential programs or in day or partial hospitalization programs.

- Inspect their service record in accordance with ORS 179.505;
- Refuse participation in experimentation;
- Receive medication specific to the individual's diagnosed clinical needs, including medications used to treat opioid dependence;
- Receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety;
- Be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation;
- Have religious freedom;
- Be free from seclusion and restraint;
- Be informed at the start of services and periodically thereafter of the rights guaranteed by this rule;
- Be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented;
- Have family and guardian involvement in service planning and delivery;
- Have an opportunity to make a declaration for mental health treatment, when legally an adult;
- File grievances, including appealing decisions resulting from the grievance;
- Exercise all rights set forth in ORS 109.610 through 109.697 if the individual is a child, as defined by these rules;
- Exercise all rights set forth in ORS 426.385 if the individual is committed to the Authority;
And exercise all rights described in this rule without any form of reprisal or punishment

Client Responsibilities

- To treat the providers and clinic's staff with respect;
- To be on time for appointments made with providers and to call in advance either to cancel if unable to keep the appointment or if he/she expects to be late;
- To seek periodic health exams and preventive services from his/her PCP or clinic;
- To use his/her PCP or clinic for diagnostic and other care except in an Emergency;
- To obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed;
- To use emergency services appropriately;
- To give accurate information for inclusion in the clinical record;
- To help the provider or clinic obtain clinical records from other providers which may include signing an authorization for release of information;
- To ask questions about conditions, treatments and other issues related to his/her care that is not understood;
- To use information to make informed decisions about treatment before it is given;
- To help in the creation of a treatment plan with the provider;
- To follow prescribed agreed upon treatment plans;
- To tell the provider that his or her health care is covered before services are received and, if requested, to show the provider the DMAP Medical Care Identification form;
- To tell JCMH provider(s) if there is any other insurance available, changes of insurance coverage including Private Health Insurance (PHI) according to OAR 410-120-1960, and to complete required periodic documentation of such insurance coverage in a timely manner;

Office Hours and Attendance Policy

Individual clinicians may have different hours, but the clinic's main office is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Whether the office is open or not, you can always reach a crisis worker at (541) 774-8201.

We encourage you to attend appointments regularly to get the most out of treatment. Missing appointments or arriving late is a significant obstacle to making progress. If you are finding it difficult to make it to your appointments please let us know if there is anything we can do to help. If you find you must cancel your appointment, we would appreciate that you inform us at least 24 hours before the scheduled appointment time. If you do not attend your appointments regularly or cooperate with treatment recommendations, your episode of care may be closed. However, crisis services will still be available at any time.

Crisis Services

Crisis Services are always available to you and can be accessed 24 hrs a day by calling 541-774-8201. You can also come to Jackson County Mental Health, Monday through Friday, from 8:00 a.m. to 5:00 p.m. to meet with a counselor. Please contact us immediately if you are concerned you may be at risk of harm.



JACKSON COUNTY

Health & Human Services

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

» **See page 2** for *more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

» **See page 3** for *more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

» **See pages 3 and 4** for *more information on these choices and how to exercise them*

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a court order.

- I. OHA may use or release protected health information (PHI) from enrollment forms to help determine what programs you are eligible for or what kind of coverage you should receive.
- II. OHA follows the requirements of federal and state privacy laws, including laws about drug and alcohol abuse and treatment and mental health conditions and treatment.
- III. OHA may use or release substance abuse records if the person or business receiving the records only has a specialized agreement with OHA.
- IV. If OHA releases information to someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone else without your approval.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Approved by Suzanne Hoffman, COO 2-14-2014

This Notice of Privacy Practices applies to the Oregon Health Authority and its business associates, including the Oregon Department of Human Services.

To use any of the privacy rights listed above you can contact your local OHA office.

To request this notice in another language, large print, Braille or other format call 503 -378-3486, Fax 503-373-7690 or TTY 503-378-3523. It is available in English and translated into Spanish, Russian, Vietnamese, Somali, Arabic, Burmese, Bosnian, Cambodian, Korean, Laotian, Portuguese, Chinese, large print, and Braille.

Jackson County Health & Human Services

Quality Assurance Manager

140 S. Holly St., Medford, OR 97501

Email: mh_quality@jacksoncounty.org

Phone: 541-774-8201

Jackson County Mental Health Grievance Process

Jackson County Mental Health (JCMH) is committed to ensuring that consumers are informed of their right to an effective and accessible process for resolution of their service grievances and appeals.

Complaint or Grievance Defined

A grievance means an individual, or the individual's authorized representative, expression (verbally or in writing) of dissatisfaction about any matter other than a reduction, suspension or termination of a requested service. Examples of grievances may include, but are not limited to:

- *Problems getting an appointment, or having to wait a long time for an appointment;*
- *Disrespectful or rude behavior by JCMH staff*
- *Dissatisfaction with any aspect of the operations or activities of providers.*

Inquiries are not considered a complaint/grievance. Examples may include, but are not limited to:

- *Questions regarding copays*
- *Switching providers*
- *Clarifying covered services*

** JCMH grievance/complaint forms are available in all waiting areas at the reception desks*

** JCMH providers will treat a verbal expression of dissatisfaction as a formal grievance and will write it up as such.*

** While individuals are encouraged to attempt to resolve complaints directly with their provider and JCMH, individuals may also complain directly to Disability Rights Oregon, their CCO (if an enrolled member) or to the Health Service Division of the Oregon Health Authority in seeking remedy to a complaint/grievance.*

** Individuals will be provided reasonable assistance in completing forms or taking other procedural steps related to filing and disposition of a grievance.*

All handling of complaints/grievance will comply with the requirements set forth in the current OAR 309-019-0215 and in accordance with any JCMH Grievances and Appeals Procedures.

For purposes of processing complaints and grievances, the representative of Jackson County Mental Health is the Mental Health Division Manager or his/her designee. Typically the JCMH Quality Assurance Manager.

In circumstances where the matter of the grievance is likely to cause harm to the individual before the grievance procedures are completed, the individual or guardian of the individual may request an expedited review. The program administrator shall review and respond in writing to the grievance within 48 hours of receipt of the grievance. The written response shall include information about the appeal process.

Jackson County Mental Health Grievance Process

JCMH will complete an investigation on any grievance within 30 calendar days of the receipt of the grievance.

Individuals will be provided reasonable assistance in completing forms or taking other procedural steps related to filing and disposition of a grievance.

Appeal Process

Individuals and their legal guardians may appeal entry, transfer, and grievance decisions as follows:

- a) If the individual or guardian is not satisfied with the decision, the individual or guardian may file an appeal in writing within ten working days of the date of the program administrator's response to the grievance or notification of denial for services.
- b) The appeal shall be submitted to the Health Systems Division of the Oregon Health Authority (OHA);
- c) If requested, program staff will be available to assist the individual;
- d) The OHA Health Systems Division shall provide a written response within ten working days of the receipt of the appeal.
- e) If the individual or guardian is not satisfied with the appeal decision, they may file a second appeal in writing within ten working days of the date of the written response to the OHA Health Systems Division Director.

Below are listed contact information for the agencies in which a grievance/complaint may be filed.

Jackson County Mental Health 140 S. Holly St. Medford 97501 (541)774-8201	The Health Systems Division at the Oregon Health Authority (503)945-5763	Disability Rights Oregon (503)243-2081 1-800-452-1694 toll-free TTY users: Dial 711
Allcare CCO (541)471-4106 1-800-442-5238 toll-free 711 TTY	Jackson Care Connect (855)722-8208 711 TTY	The Governor's Advocacy Office (503)945-6904 1-800-442-5238 toll-free 711 TTY