# Table of Contents

1. Signature Health Locations .................................................. 5
2. Welcome ........................................................................... 7
   - History ........................................................................... 7
   - Mission Statement .......................................................... 7
   - Values Statement ............................................................ 7
   - Respect & Rights .............................................................. 7
   - Standard of Professional Conduct .................................. 8
3. Services .............................................................................. 10
   - Counseling ...................................................................... 10
   - Specialized Children/Adolescent Counseling ...................... 10
   - Awareness Program ....................................................... 11
   - Family Preservation ....................................................... 11
   - Partial Hospitalization Program (PHP) .............................. 11
   - Community Support Program ........................................ 11
   - Care Coordinator ........................................................... 11
   - Psychiatric & Medication Services ..................................... 12
   - Access Clinic .................................................................. 12
   - Primary Medicine ............................................................ 12
   - Intensive Outpatient Services (IOP) ..................................... 12
   - Aftercare ......................................................................... 13
   - Suboxone Treatment Program ........................................ 13
   - Groups .......................................................................... 13
   - DBT Group ..................................................................... 13
   - Residential Treatment Facility ........................................ 14
   - Crisis Services .................................................................. 14
4. Advance Directives ................................................................. 14
   - Client Services Advance Directives ..................................... 15
   - Durable Power of Attorney for Health Care .......................... 15
   - Living Will ....................................................................... 15
   - Do Not Resuscitate (DNR) Order ....................................... 15
5. General Activities for Signature Health .................................. 15
6. Ways to Give Your Input ........................................................ 16
7. Safety .................................................................................. 16
Program Rules ................................................................. 16
Program Expectations ....................................................... 17
  Limiting Service and Restoration of Rights and Services ............... 17
  No Show / Late Cancel Policies ......................................... 17
Fees ........................................................................... 18
Sliding Scale .................................................................... 18
Private Insurance ............................................................. 18
Fee Schedule .................................................................... 19
3 Client Rights .................................................................... 19
  Ohio Department of Alcohol and Drug Addiction Services Clients Rights ........................................ 19
  Confidentiality of Alcohol & Drug Abuse Client Records .............................................................. 20
  Ohio Mental Health & Addiction Services Clients Rights .............................................................. 21
4 Grievance Policy ............................................................... 23
  Grievance Procedures ......................................................... 23
  State & Local Governmental Organizations .......................................................... 24
  Clients Rights Officer .......................................................... 24
5 Notice of Privacy Practices .................................................. 25
  Our Duty to Safeguard Your Protected Health Information (PHI) ........................................... 25
  How We May Use & Disclose Your Protected Health Information (PHI) ..................................... 25
  Uses & Disclosures Relating to Treatment, Payment or Health Care Operations ......................... 26
  Uses & Disclosures of PHI Requiring Authorization ................................................................. 26
  Uses & Disclosures of PHI from Mental Health Records 
  Not Requiring Consent or Authorization .................................................................................... 27
  Uses & Disclosures of PHI from Alcohol and Other Drug Records 
  Not Requiring Consent or Authorization .................................................................................... 27
  Your Rights Regarding Your PHI ...................................................... 28
  Amendments to This Notice of Privacy Practices ............................................................... 29
  You Have the Right to Receive This Notice ............................................................................. 29
  How to Complain About Our Privacy Practices ........................................................................ 29
  Contact Person for Information or To Submit a Complaint ...................................................... 29
1 Signature Health Locations

<table>
<thead>
<tr>
<th>Signature Health – Outpatient Services</th>
<th>Signature Health – Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake County</td>
<td>Cuyahoga County</td>
</tr>
<tr>
<td>38882 Mentor Avenue</td>
<td>5410 Transportation Blvd., Suite 4</td>
</tr>
<tr>
<td>Willoughby, OH 44094</td>
<td>Garfield Heights, OH 44125</td>
</tr>
<tr>
<td>Phone: (440) 953-9999</td>
<td>Phone: (216) 663-6100</td>
</tr>
<tr>
<td>Fax: (440) 918-3839</td>
<td>Fax: (216) 663-7113</td>
</tr>
</tbody>
</table>

Signature Health – Outpatient Services and Pharmacy
Ashtabula County
4726 Main Avenue
Ashtabula, OH 44004
Phone: (440) 992-8552
Fax: (440) 992-6631

Outpatient Locations
Hours of Operation

<table>
<thead>
<tr>
<th>Monday through Thursday</th>
<th>8AM-9PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>8AM-5PM</td>
</tr>
</tbody>
</table>

Closed Saturday, Sunday and selected holidays

<table>
<thead>
<tr>
<th>Ashtabula County - Pharmacy</th>
<th>Signature Health – Pharmacy</th>
<th>Signature Health – Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>4726 Main Avenue</td>
<td>5410 Transportation Blvd., Suite 4</td>
<td>38882 Mentor Avenue</td>
</tr>
<tr>
<td>Ashtabula, OH 44004</td>
<td>Garfield Heights, OH 44125</td>
<td>Willoughby, OH 44094</td>
</tr>
<tr>
<td>Phone: (440) 261-9200</td>
<td>Phone: (216) 395-1060</td>
<td>Phone: (440) 954-3333</td>
</tr>
<tr>
<td>Fax: (440) 261-9201</td>
<td>Fax: (216) 395-1070</td>
<td>Toll Free Phone: (866) 953-7300</td>
</tr>
</tbody>
</table>

Pharmacy
Hours of Operation

<table>
<thead>
<tr>
<th>Monday through Thursday</th>
<th>8:30AM-8PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>8:30AM-4:30PM</td>
</tr>
</tbody>
</table>

Closed Saturday, Sunday and selected holidays

Signature Health – Residential Services
Ashtabula County
Bridgeview Manor
4428 Collins Blvd.
Ashtabula, OH 44004
Phone: (440) 992-6600
Fax: (440) 992-6604
2 Welcome

History
Signature Health is a community based agency dedicated to providing a wide range of services to adults, children, adolescents and families who are experiencing mental health and/or substance abuse problems.

Signature Health was founded by Jonathan Lee in 1993 who was inspired to create the agency through experience and recognition of the individual needs specific to adolescents and families.

Signature Health has developed into a comprehensive, quality, outpatient counseling agency staffed by a multidisciplinary team of highly competent and caring professionals providing diverse and specialized services.

Mission Statement
To provide clients with innovative and comprehensive recovery services in a supportive and respectful environment.

Values Statement

- **Integrity** – Communicate openly and honestly and build relationships based on trust, respect, and compassion.
- **Service** – Satisfy our clients and referral sources every time through comprehensive, integrated services.
- **Teamwork** – Work together effectively to achieve our goals, while encouraging individual contribution and responsibility.
- **Innovation** – Nurture and support creativity and development of new ideas, services, and processes.
- **Excellence** – Improve our performance continuously and strive for excellence.
- **Community** – Promote health and wellness throughout the communities in which we operate.

Respect & Rights
Signature Health’s services are available with equal access to all persons regardless of race, color, disability, age, religion, sex, national or ethnic origin.

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

Overview of your rights include: the right to confidentiality of information and privacy and freedom from abuse, neglect, humiliation, retaliation, financial or other exploitation. For
more information about your client rights, go to **Section 3: Client Rights** in this handbook for a complete listing.

**Standard of Professional Conduct**

All employees/contractors/Board Members of Signature Health, Inc. will comply with the following standards of professional conduct in fulfilling the mission of Signature Health, Inc. While these standards summarize the principles that are to guide the actions of our employees/contractors/Board members, they do not address every situation that may occur. When situations not specifically covered by this code occur, employees/contractors/Board members should discuss these situations with their supervisors/Board members. Ultimately, each employee/contractor/Board member is accountable for his/her own behavior. Each person is responsible for representing the agency by demonstrating the behaviors contained in the Standard of Professional Conduct policy and procedures regarding workplace conduct listed below.

1. Employees/contractors/Board Members will not participate in or condone any form of discrimination or harassment against any person on the basis of race, color, gender, sexual orientation, age, ethnicity, religion or mental or physical disability.

2. All employees/contractors/Board Members must be committed to providing a safe and healthy work environment for employees/contractors and clients. All employees/contractors are expected to comply with the occupational health and safety laws that are applicable to their job, as well as the facility policies.

3. Employees/contractors/Board Members will abstain from unauthorized use or misappropriation of the property of clients’, their family members or guardians of the clients.

4. Information about offered services should be communicated in an honest and accurate manner.

5. All employees/contractors/Board Members are expected to demonstrate honesty, integrity and respectful behavior towards fellow employees/contractors and the clients we serve.

6. All employees/contractors/Board Members will carefully consider the public perception of their personal and professional actions, and the effect their actions could have positively or negatively, on Signature Health, Inc.’s reputation in the community and elsewhere.

7. All employees/contractors/Board Members will strive for personal and professional growth to improve their effectiveness as employees/contractors of Signature Health, Inc.

8. All employees/contractors/Board Members will be fair, consistent and respectful in carrying out their responsibilities.

9. All employees/contractors/Board Members will take responsibility for their actions and demonstrate positive collaboration and teamwork in carrying out their responsibilities.
10. All employees/contractors/Board Members will do their best to see that Signature Health, Inc. is operated in a manner that upholds the agency’s integrity and merits the trust and support of the public.

11. All employees/contractors/Board Members will strive to uphold all applicable laws and regulations, going beyond the letter of the law to protect and/or enhance Signature Health, Inc.’s ability to accomplish its mission.

12. All employees/contractors are required to retain and dispose of business documents and records in accordance with Record Retention Laws and the Signature Health, Inc. Record Retention/Disposal Policy.

13. All employees/contractors/Board Members are expected to follow Signature Health, Inc.’s policies and procedures when communicating through systems such as voice mail, e-mail, Internet and other methods of data transmission.

14. All financial practices of Signature Health, Inc. shall be handled in accordance with the applicable Federal, state and local laws.

15. All financial matters shall be conducted within the standards of commonly accepted, sound financial management practices.

16. All employees/contractors must strive to provide all of our clients and customers with timely bills and answers to any questions they may have regarding their bills.

17. All employees/contractors/Board Members must avoid personal and professional circumstances that may cause a conflict of interest and hinder their ability to make judgments in the best interest of the clients, their family members or guardians. Examples of this could be specializing with clients, family members or guardians, entering into dual relationships with clients, family members or guardians, etc.

18. All employees/contractors who have a service providing relationship with clients will not engage in romantic or sexual involvement with those clients, their family members or guardians.

19. Employees/contractors/Board Members will not exploit relationships for personal or professional gain by engaging in the following behaviors:

   ♦ Receiving gifts or favors from clients, their family members or guardians, vendors or referral sources (unless the items are of negligible value).

   ♦ Employees/contractors/Board Members should use sound judgment in giving gifts to clients, their family members, or guardians so as not to unduly influence their professional or clinical relationship. Any gifts (unless the items are of negligible value) to clients or family members from employees/contractors/Board Members should be made through the Board as a donation.

   ♦ Soliciting of personal business transactions with known clients, their family members or guardians as customers for any goods or services the employee may offer for sale on a private basis.

   ♦ Encouraging the transfer or referring of Signature Health, Inc. clients to a private practice in which the employee has a financial interest.
20. Marketing activities/efforts shall always respect the dignity and privacy rights of those served.

21. Marketing activities will never knowingly mislead/misinform the public or misrepresent Signature Health, Inc.

22. Marketing activities will uphold the integrity of Signature Health, Inc. so as to merit the continued support and trust of the public.

Services

Signature Health provides a comprehensive range of mental health and substance abuse outpatient services including individual, group, family and marital therapy. We are staffed by highly credentialed psychiatrists, social workers, counselors and chemical dependency specialists.

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 rely on client and family/significant other participation and collaboration. Such collaboration and participation can help make treatment a positive and rewarding experience.

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. Assessment begins the process of identifying treatment goals.

* The second step in the process is working with a counselor to develop an individualized service plan. 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.

Specialized Children/Adolescent Counseling

Children do not process their thoughts and feelings in the same way as adults. Our counselors who specialize in working with children can help them 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.

Awareness Program
Signature Health is dedicated to preventing sexual violence and keeping children and adults safe in the community. Signature Health’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.

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.

Partial Hospitalization Program (PHP)
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 clients 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 clients 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.

Community Support Program
Community support workers for adults, children and adolescents collaborate with the client 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 clients and families in the home and community and focus on client 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 basis and in groups.

Care Coordinator
Signature Health understands and respects that navigating internal and external social services can be complex and often frustrating. Each client has a care coordinator to assist each client 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 process and is indicated on the individualized service plan.

**Psychiatric & Medication Services**

Signature Health’s psychiatric and nursing staff specialize in services to adults, children and families and provide psychiatric evaluations, consultation and medication management. Psychiatric services are coordinated by 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, monitors responses to medication through evaluating vital signs and symptoms. Families/significant others can be involved and are encouraged to be involved in all education and collaboration opportunities.

**Access Clinic**

Signature Health knows that sometimes clients need help now. Our Access Clinic provides same-day and next-day psychiatric evaluation appointments. This is a relief not only to our clients but also for hospitals and healthcare providers who want to transition clients from inpatient to outpatient care at Signature Health. 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.

**Primary Medicine**

Signature Health strives to provide client care in a delivery system that is holistic, comprehensive, integrated and coordinated. Providing both Primary Medicine and Behavioral Health services in one location increases client access to needed treatment, improves coordination of care for mental and physical health and helps clients to achieve improved overall health and wellness. All Signature Health clients are eligible for a referral to primary medicine regardless of payer by their care coordinator.

**Intensive Outpatient Services (IOP)**

Signature Health offers intensive outpatient services to adults with mental health and substance use problems. Mental health IOP and substance use disorder IOP are dual diagnosis programs that are holistically-based. The program is offered three to five days per week, three hours per day and includes some evening program hours.

The program is offered in a group setting and provides 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 chemically free life-style. To support the intensive outpatient group interventions clients 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. The family members are encouraged to attend a group session that focuses on educating the family on disease and recovery processes, increasing effective communication and self care.

**Aftercare**
The aftercare program focuses on relapse prevention for adults with substance use problems and consists of one group session per week for two hours. The group is designed to provide support to clients as they progress toward longer-term recovery, or have difficulty maintaining a chemically free life-style. The group is goal-directed and strengths based.

**Suboxone Treatment Program**
Signature Health has both outpatient and residential services available for those persons who are diagnosed with opiate addiction. Suboxone is a treatment method for long-term opiate addiction. The use of this medication in combination with comprehensive treatment services allows individuals to function effectively without intoxication, impairment or fear of withdrawal symptoms. Suboxone treatment is provided conjunctively 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 this treatment is to reach and maintain the best possible level of functioning while working toward a drug-free and alcohol-free lifestyle in a holistic approach.

**Groups**
Signature Health also offers group therapy for mental health, substance use, and dual diagnosis. Groups may include DBT, WRAP, Recovery, Dual Diagnosis, Art Therapy and more. Check with your care coordinator to determine the availability of groups offered.

**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 inspite of severe obstacles. DBT can assist you to better regulate your emotions to serve your goals, help you to face your feelings without terror, increase your sense of personal identity, improve your judgment, sharpen your observational skills and reduce the sense of crisis in your life.
Residential Treatment Facility
Signature Health has an innovative mental health and chemical dependency treatment facility for men located in Ashtabula County. Bridgeview Manor has 16 beds and is open to Medicaid-eligible men, aged 21 and older who reside in any Ohio county. This facility is furnished with family style furniture and seeks to create a “home” rather than a “treatment” atmosphere. Participants must have a mental health diagnosis and a history of drug/alcohol abuse. Length of stay is from three to six months.

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 911 immediately or go to your nearest emergency room.

<table>
<thead>
<tr>
<th>Lake County Emergency Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Health After Hours: (440) 953-9999 (follow prompts on recorded message)</td>
</tr>
<tr>
<td>Crisis Hotline: (440) 953-8255.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ashtabula County Emergency Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Health After Hours: (440) 992-8552 (follow prompts on recorded message)</td>
</tr>
<tr>
<td>Hopeline: (800) 577-7849</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cuyahoga County Emergency Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Crisis: (216) 623-6888</td>
</tr>
</tbody>
</table>

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, living will and do not resuscitate order 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.

**Client 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 Health Care**

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 care coordinator, your Signature Health nurse or your primary care physician.

**General Activities for Signature Health**

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

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.

**Ways to Give Your Input**

Signature Health 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 clients and family members to participate in our “Consumer Advisory Committee”. This group consists of staff members, administrators, clients and family members who come together once every three months to share ideas and efforts.

If you are interested in joining the Consumer Advisory Committee, please speak with the Office Manager about meeting dates and times.

**Safety**

Signature Health 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 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 asks our clients 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. The agency asks for your assistance in maintaining a safe environment.

**Program Rules**

- Smoking is permitted only in designated areas outside the building.
- Possession of weapons on person or premises 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 clients, staff, and visitors is prohibited, grounds for discharge, and subject to the local authorities.

Theft of agency property or the property of clients, 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 clients, staff or visitors is prohibited, grounds for discharge, and subject to local authorities.

Clients are expected to follow these program rules for the protection of self and others. Clients who violate these rules that are prohibited will be discharged and subject to legal consequences. Clients who are terminated from services will be provided with linkage to other providers.

**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 clients/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, 16 and over, that have permission to drive themselves to and from appointments.
- Signature Health 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.

**Limiting Service and Restoration of Rights and Services**

Clients are expected to abide by the program expectations. Clients who need assistance to comply with program expectations will meet with their treatment team and/or care coordinator to review the appropriateness of the current individualized service plan interventions. It may be necessary to limit or restrict some activities or services while increasing participation in other, more recovery-supporting activities. The goal in making changes to the interventions listed in the ISP is to assist the individual in meeting the client at the pace and level where success can be achieved. Once the individual makes progress at meeting the intermediary goals, he/she can regain the privilege, rights and services without limitations.

**No Show / Late Cancel Policies**

Our no show and late cancellation procedures are as follows:

- The first No Show/Late Cancel will result in a letter sent to you requesting you contact the agency with your intention to continue services. If you do not respond with 10 days, we will close your case.
♦ The second No Show/Late Cancel will result in a letter sent to you requesting you contact the agency with your intention to continue services and all future appointments will be removed from the scheduler. If you do not respond, we will close your case.

If you do wish to continue services, your session length may be reduced for up to three sessions to establish reconnection and to develop a plan to reduce barriers in maintaining appointments. Future appointments will be scheduled one at a time until you and your care coordinator determine barriers to maintaining consecutive appointments have been reduced.

♦ The third No Show/Late Cancel will result in your case being closed. A letter will be sent to you indicating case closure and includes information on how to access alternate services.

Clients who are administratively discharged for any reason including No Show/Late Cancel closures are not eligible for re-admission for 1 year unless authorized by the Office Director.

Fees

Each client or their parent/guardian is responsible to pay his or her fees, file insurance claims and obtain any pre-authorizations necessary. As a courtesy, Signature Health will bill on your behalf and accept payments (full or partial) from Medicare, Medicaid, and Worker’s Compensation. If you have Medicare, Medicaid, and/or Worker’s Compensation, Signature Health will also file insurance claims to any private insurance companies on your behalf as an additional courtesy to you. However, each client or his/her 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 your care coordinator for assistance.

Sliding Scale

A sliding fee scale is offered for uninsured substance abuse program clients. A completed sliding scale application and proof of income is required. Please see the office manager who will assist you in this process.

Private Insurance

Signature Health does not bill private insurance companies for reimbursement unless it is in connection with Medicare, Medicaid, and/or Worker’s Compensation as outlined above.

If you have private insurance, you can receive services at our agency. You will:

♦ Pay for the service at the time of service;
♦ Receive a 20% discounted rate;
♦ Receive a receipt to submit to your insurance company for reimbursement.

Signature Health does not participate in any networks other than Medicaid, Medicare and Worker’s Compensation. Please be sure to contact your insurance company about your out-of-network benefits.

**Fee Schedule**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost / Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Assessment</td>
<td>$130 per hour</td>
</tr>
<tr>
<td>Alcohol / Drug Assessment</td>
<td>$195 per 90 minutes</td>
</tr>
<tr>
<td>Psychiatric Evaluation</td>
<td>$215 per hour</td>
</tr>
<tr>
<td>Psychiatric Follow-up (15 Min)</td>
<td>$64.50</td>
</tr>
<tr>
<td>Psychiatric Follow-up (30 Min)</td>
<td>$107.50</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>$100</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>$55 per hour</td>
</tr>
<tr>
<td>Intensive Outpatient Program (IOP)</td>
<td>$140 per session</td>
</tr>
<tr>
<td>Urine Screens (included in IOP fee for group members)</td>
<td>$60 per screen**</td>
</tr>
<tr>
<td>Partial Hospitalization Group (PHP)</td>
<td>$120 per session</td>
</tr>
<tr>
<td>Recovery and Skill Building Group</td>
<td>$55 per hour</td>
</tr>
<tr>
<td>Primary Medicine Services</td>
<td>TBD</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>TBD</td>
</tr>
<tr>
<td>Suboxone medication</td>
<td>$8 per film**</td>
</tr>
</tbody>
</table>

**Subject to change without notice**

**3 Client Rights**

All clients 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.

**Ohio Department of Alcohol and Drug Addiction Services Clients Rights**

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to receive services in the least restrictive, feasible environment.
3. The right to be informed of one’s own condition.
4. The right to be informed of available services.
5. The right to give consent or to refuse any service, treatment or therapy.
6. The right to participate in the development, review and revision of one’s individualized service plan and receive a copy of it.

7. The right or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.

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 mirror, tape recorders, video recorders, television, movies or photographs.

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

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

12. The right to have access to one’s own client record in accordance with program procedures.

13. The right to be informed of the reason(s) for terminating participation in a program.

14. The right to be informed of the reason(s) for denial of services.

15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or AIDS.

16. The right to know the cost of services.

17. The right to be informed of all client rights.

18. The right to exercise one’s own clients rights without reprisal.

19. The right to file a grievance in accordance with program procedures.

20. The right to have oral and written instructions concerning the procedures for filing a grievance.

**Confidentiality of Alcohol & Drug Abuse Client Records**

Confidentiality of alcohol and drug abuse client records maintained at Signature Health 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 client as an alcohol or drug abuser unless:

1. The client 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 client, 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.

This information is yours to keep. Please sign the form provided in your intake packet to indicate that you have received this information. Please return that signed form to the receptionist at the time of your first appointment.

Ohio Mental Health & Addiction Services Clients Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a humane setting which is the least restrictive feasible as defined in the individualized service plan;
3. The right to be informed of one’s own condition, of proposed or current services, treatment or therapies, and of the alternatives;
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client.
5. The right to a current, written, individualized service plan that addresses one’s own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral; (the right to receive a copy of one’s own individualized service plan: Administrative rule [5122:2-1-02])
6. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
7. The right to freedom from unnecessary or excessive medication;
8. The right to freedom from unnecessary or excessive restraint or seclusion;
9. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client’s participation in other services. This necessity shall be explained to the client and written in the client’s service plan;
10. The right to be informed of and refuse any unusual hazardous treatment procedures;
11. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;

12. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one’s own expense;

13. The right to confidentiality of communications and of all personally identifying information with the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of Administrative Code;

14. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client’s individualized service plan. “CLEAR TREATMENT REASONS” shall be understood to mean only severe emotional damage to the client such that dangerous of self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;

15. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;

16. The right to receive an explanation of the reasons for denial of service;

17. The right not to be discriminated against in the provision of service on the basis of religion, race, ethnicity, color, creed, sex, national origin, age, sexual orientation, lifestyle, physical or mental handicap, developmental disability, HIV infection, AIDS related complex, AIDS, or inability to pay;

18. The right to know the costs of services;

19. The right to be fully informed of all rights;

20. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;

21. The right to file a grievance; and

22. The right to have oral and written instructions for filing a grievance.
4 Grievance Policy

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

Grievance Procedures

Every client has the right at Signature Health to follow the grievance procedure without reprisal. Clients with questions about their treatment or those who feel they are being treated unfairly are encouraged to discuss their concerns with their counselor or the counselor’s supervisor.

Each client has the right to file a written grievance with Signature Health. The form to file the grievance may be obtained from the client’s counselor or the Director of Quality Assurance. Your counselor or the Director of Quality Assurance is available to assist you with the form if you need their help.

The form includes:

1. The name of the client;
2. The name of the client’s counselor;
3. The name of the program the client is in;
4. The date and time of the incident;
5. The persons involved (or physical description);
6. Incident or description being grieved;
7. Client’s signature;
8. Date of grievance;
9. Title and address of arbitrator of the grievance.

Should the client need assistance in filing a grievance, the client’s counselor or the Director of Quality Assurance will be available to help the client with this procedure. Upon receipt of a grievance, the client filing the grievance shall be notified of its receipt in writing within 3 three-business days.

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

1. Client or authorized designees presents complaint to the Clients Rights Officer or any other staff member.
2. The Clients Rights Officer or Clients Rights Back-up will initiate contact with the grievant within 3 working days of receipt of complaint in writing.
3. Clients Rights Officer will investigate the complaint and attempt to resolve the grievance within twenty-one days from the date of the filing of the grievance.
4. If the Clients Rights Officer or the Clients Rights Back-Up is unable to resolve the complaint, an agency grievance committee will be formed, hear the facts and issue a written statement to the client and other concerned parties within the twenty-one day time frame. If the client is not satisfied he/she may appeal
to an impartial decision-maker outside the agency. The Clients Rights Officer will assist the client with the appeal.

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

1. The copy of the grievance;
2. The documentation of the resolution of the grievance; and,
3. The copy of the letter to the client reflecting the resolution of the grievance will be kept by the Executive Director for two full calendar years following the resolution.

State & Local Governmental Organizations

Should you as a client still feel you have had your Clients Rights violated, or you are being treated unfairly, you also have the right to submit complaints at any time to the following:

<table>
<thead>
<tr>
<th>Lake County Alcohol Drug Addiction and Mental Health Services Board (ADAMHS)</th>
<th>Ashtabula County Mental Health and Recovery Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Victoria Place, Suite 205 Painesville, Ohio 44077 (440) 352-3117</td>
<td>4817 State Road, Suite 203 Ashtabula, Ohio 44004 (440) 992-3121</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol Drug Addiction and Mental Health Services of Cuyahoga County (ADAMHSCC)</th>
<th>Ohio Mental Health &amp; Addiction Services (OhioMHAS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 West 25th Street, 6th Floor Cleveland, Ohio 44113 (216) 241-3400</td>
<td>30 East Broad Street, 36th Floor Columbus, Ohio 43215-3430 (614) 466-2596</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ohio Legal Rights Services</th>
<th>The U.S. Dept of Health and Human Services Civil Rights Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 East Long Street Columbus, Ohio 43215-2999 (614) 466-7264</td>
<td>ATT: Regional Manager 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 (312) 886-2359</td>
</tr>
</tbody>
</table>

Clients Rights Officer

Signature Health has a Clients Rights Officer who will make certain that client rights are protected and will help in listening to and resolving client grievances. A person has also been appointed as a Clients Rights Back-Up, to help if the Clients Rights Officer is not available.
The Clients Rights Back-Up person is:

Ann Mason, MA, LICDC
Chief Operating Officer
Signature Health
38882 Mentor Avenue
Willoughby, OH 44094
(440) 953-9999

Hours available: 9AM to 5PM Monday through Friday (holidays excepted)

The Clients Rights Officers and other staff are here to help you. If you have any questions about the Clients Rights, which are listed in this handbook, you are asked to talk about them with your counselor, case manager, psychiatrist or a Clients Rights Officer.

5 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 Personal 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 health care 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/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/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 health care 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, 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/disclose your PHI in order to bill and collect payment for your health care 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 Generals 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. 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.

**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. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.
Uses & Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from mental health records 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 health care 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. For example, where you are in a life threatening situation and are unable to provide written authorization such as a medical emergency – heart attack, unconsciousness, suicidal, or threaten to harm another individual(s).

**When Written Authorization is Provided:** We may disclose your PHI with your written consent and authorization to release such information to third party entity.

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

Uses & Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Consent or Authorization

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When Required by Law:** We may disclose PHI when law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to Decedents:** We may discuss PHI relating to an individual’s death if state or federal law requires information for collection of vital statistics or inquiry into cause of death.

**For Research, Audit or Evaluation Purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.
To Avert Threat to Health or Safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against personnel.

Your Rights Regarding Your PHI

You have the following rights relating to your protected health information: however, this does not pertain to:

- psychotherapy notes, and
- information prepared in anticipation of a civil, criminal, or administrative action.

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/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/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. 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. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the 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.

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 describing any changes to the policy and will provide the current policy to all active clients 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 the contact 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

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's Compliance Privacy Officer,

Ann Mason
Signature Health
38882 Mentor Avenue
Willoughby, OH 44094
(440) 953-9999