

Overview of Claims and Information System Notice of Enrollment Form

Ohio's Personal Information Systems Act "PISA" (Ohio Revised Code (ORC) Chapter 1347) requires every state and local agency that maintains a "personal information system", such as the claims and information systems used by Boards, to comply with certain requirements in regards to that system and the information it contains. Many of the requirements of the Act are duplicative of what is required by HIPAA such as breach reporting, protecting the information against unauthorized use or disclosure and providing individuals with access to their own information upon request. Boards comply with those requirements through their compliance with the HIPAA Privacy and Security Rules. There are some requirements of the Act, however, that are not duplicative of HIPAA's requirements.

PISA requires that when persons are asked to supply personal information to a governmental system, they are informed whether they are required to, or may refuse to, supply that information. ORC 1347.05(E). It also requires that when personal information is placed into a system that is connected to or combined with that of another organization, individuals must be provided with "information relevant to the system, including the identity of other agencies or organizations that have access to the information in the system". ORC 1347.071(C).

For Boards, this means that Boards must inform persons that if they wish to receive any publicly-funded services, their personal information is required to be entered into the system used by the Board. Other information relevant to the system must also be provided to the individual, including the names of other entities that have access to the information in the system.

The law does not require these notices to be signed by the individual, although it is a good practice to do so in order to show that the Board has complied with the Act. It also does not require any specific statements or information to be included in the notice beyond what is required by ORC 1347.071(C). The attached *Claims* and *Information System Notice of Enrollment* is a sample notice that can be used to comply with the Act.

Since the Act does not <u>require</u> the notice to be signed by the individual, it is acceptable to attempt to have a client experiencing a crisis or lacking capacity sign the form at a later date, such as when on-going services commence.

Some Boards have asked whether they can comply with the Personal Information Systems Act by including the required information in their HIPAA-required Privacy Notice. It is important to note that the Act requires that an individual receive information about the system <u>before</u> it is entered into that system. Since Boards typically do not provide their Notice of Privacy Practices to individuals until <u>after</u> they are entered into the system, a separate notice containing the information required by the Act must be provided to individuals at the time they are asked by the provider to supply the information.

Please note that this is not an authorization to disclose information under the confidentiality laws. Providers are responsible for ensuring that any required authorizations are obtained from the client prior to disclosing information to Boards. Boards are responsible for ensuring that individuals receive the information required by the Personal Information Systems Act prior to being entered into the billing management system used by Boards.



CLAIMS AND INFORMATION SYSTEM NOTICE OF ENROLLMENT

To be eligible to receive public funds to help pay for the cost of your mental health and/or addiction services, your personal information must be entered into the claims and information system used by Mental Health Recovery Board Serving Warren and Clinton Counties (MHRB). The billing system "SmartCare" is administered on behalf of MHRB by the Stark County Mental Health & Addiction Recovery Board.

This information will be used by the Board to:

- Enroll you in the Board's Benefit Plans
- Determine your eligibility for publicly-funded services
- Pay the provider for those services
- Fulfill the Board's legal responsibilities

If applicable law requires you to consent to the disclosure of this information to the Board, your information will not be entered into the system without your written consent. Once in the system, your information will only be used or disclosed by the Board as authorized by you or as permitted by applicable law.

Other County Behavioral Health Boards that pay for your services may utilize the same billing management information system as the Board but will only access your personal information as authorized by you or as permitted by applicable law.

Name of Client:	
Signature of Client:	Date
I have read and explained this information to	the above-named individual.
Provider Agency Staff	 Date
Client has refused or is unable to sign this form	n but has been informed of its contents
(Check if applicable)	if but has been finormed of its contents.
If Refusal, note reason:	

* This form must be completed for every client seeking publicly funded services. This form must be kept with the client's record.