

New Horizons Mental Health Services
CLAIMS AND INFORMATION SYSTEM NOTICE OF ENROLLMENT
And Confirmation of ADAMH Privacy Notice

To be eligible to receive public funds to help pay for the cost of your mental health, substance use and/or supportive services, your personal information must be entered into the claims and information system used by **Fairfield County Alcohol, Drug Addiction & Mental Health 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.

ALL INFORMATION COLLECTED WILL BE CONFIDENTIAL, 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. Information may be shared with the **Ohio Department of Mental Health and Addiction Services; the Ohio Department of Job and Family Services; The Ohio Department of Medicaid, and GOSH (Great Office Solution Helper, the claims system)** only in order to process claims and always in compliance with state requirements.

If you do not agree to sign this disclosure and authorization form, the Board may not be able to use public funds to pay for your services.

Agency Name: New Horizons Mental Health Services

I have read and understand the above and authorize the disclosure of name identifying billing information to the Fairfield County Alcohol, Drug Addiction & Mental Health Board; Ohio Department of Mental Health and Addiction Services; the Ohio Department of Job and Family Services; The Ohio Department of Medicaid, and GOSH (Great Office Solution Helper, the claims system).

I received or have been offered the Fairfield County ADAMH Privacy Notice and understand if I have questions or concerns, I can reach out to the ADAMH Board at 740-654-0829 or Fairfield County ADAMH Board (fairfielddamh.org)

Name of Client: _____ Client ID # _____

Signature of Client/Guardian Date

NOTICE OF ENROLLMENT – GREAT OFFICE SOLUTION HELPER (GOSH)

To receive mental health services paid for by public funds, you must provide information so that the Fairfield County Alcohol, Drug Addiction & Mental Health Board and/or the Mental Health Board of your home county can:

- Enroll you in the county behavioral health care plan
- Determine if you are eligible for publicly funded services, and
- Pay the provider for your services through the GOSH computer system, which connects the Board to the Public-Private Solutions hub, the Ohio Department of Mental Health, and the Ohio Department of Human Services.

All information will be kept confidential, consistent with state and federal law. Name identifying information will be used only to pay for services provided to you. Demographic information will be kept without your name attached, and reported to the State Department and the Ohio Health Care Data Center. This information will not be available to other sources or used for other purposes. Billing information will only be kept for up to seven (7) years after you have received services, and only demographic information will be kept after that time.

I have read and explained this information to the above-named individual:

Agency Staff Signature Date