



NOTICE OF ELIGIBILITY

Client Name:

Date of Birth:

Case #:

Wayne or Holmes County Resident?

_____ Yes

_____ No

If no, in which county do you reside? _____

This is to let you know that you appear to qualify to have some, or all, of the cost of your services at The Counseling Center paid for with assistance from the Mental Health and Recovery Board of Wayne and Holmes Counties (MHRB).

With your consent, The Counseling Center will proceed to enroll you in the Wayne/Holmes County MHRB benefit plan, or the benefit plan of the county in which you reside, and will submit billing information for your specific services (including your name and social security number) to the MHRB. The MHRB will:

- * enroll you in the local MHRB benefit plan,
- * determine what public funds may be used to pay for your services, and
- * pay eligible bills for your care through the Partner Solutions connected with the Ohio Department of Mental Health, Ohio Department of Alcohol and Drug Addiction Services, and the Ohio Department of Job and Family Services.

If the Wayne/Holmes MHRB, or the MHRB of the county in which you reside, subsequently determines that you do not qualify for their assistance, you will be notified.

The MHRB also requires that we collect basic admission treatment, and discharge information about benefit plan enrollees for purposes of service planning and evaluation. This information

includes: treatment dates, health information, education, income, family size and living arrangements. All information is confidential. Your name will be associated only with information necessary for billing and processing claims on your behalf. All other information will be stored either under a unique identifying number or by using only the first three letters of your last name. Information will not be shared with other sources or used for other purposes.

In order to be enrolled in the Wayne/Holmes MHRB plan, or a similar plan from the county in which you reside, you will need to sign the following statement which requests your enrollment in the relevant plan; and authorizes the appropriate MHRB to use public funds to subsidize the cost of any eligible mental health services which you may receive. If you have questions please contact N. Elizabeth Tacina, Counseling Center Client Rights Officer, at 330-264-9029 or toll free at 877-264-9029.

AUTHORIZATION TO BILL

I, hereby, authorize my enrollment in the Mental Health and Recovery Board of Wayne and Holmes Counties (MHRB) benefit plan, or a similar benefit plan offered by my county of residence; and request that The Counseling Center bill the charges for any eligible services under that plan to the relevant MHRB. I authorize payment of benefits to The Counseling Center for services provided; and also authorize the release of any information necessary to process any qualifying claim or to determine benefits payable in connection with my claim to the relevant MHRB, the Ohio Department of Mental Health, the Ohio Department of Alcohol and Drug Addiction Services, and the Ohio Department of Job and Family Services.

Signature _____ Date _____