



## Delaware County Board of Developmental Disabilities Notice of Privacy Practices

<b>FOR YOUR PROTECTION</b>	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.										
<b>YOUR RECORDS ARE PRIVATE</b>	We understand that information we collect and records of the services and supports we provide are personal. Keeping these records private is one of our most important responsibilities. The Board must follow many laws to protect your privacy, including federal HIPAA laws. In addition, we follow many laws specific to Ohio Boards of Developmental Disabilities. For this notice, we will use the term “records” to mean the paper or electronic records we maintain about you.										
<b>OUR DUTIES</b>	We are obligated by law to maintain the privacy of your information and to provide this notice. In the event of an improper disclosure of your information, we are required to notify you. We are required by law to abide by the terms of this notice. From time to time we may make changes to our policies, and if and when we do, your records will be protected by our new, changed policies. Our current notice will always be available on our website.										
<b>WHO USES AND DISCLOSES MY RECORDS?</b>	<p>Your records may be used and disclosed by the employees and volunteers at the Board who serve you, as well as persons or agencies who work for us and sign strict confidentiality contracts. In general, we use and disclose your information in the following ways:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center; vertical-align: top;">To provide supports</td> <td style="width: 35%;">We can use your information to provide the full range of services and supports we provide, including but not limited to early intervention, service and support administration, and other services.</td> <td style="width: 35%;">Example: Your Service and Support Administrator will review your records to create an ISP, which may be shared with you, your guardian, and other members of your team.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">To operate our agency</td> <td>We can use your information to operate and manage the Board, including improving quality of care, training staff, managing costs, and conducting other business duties.</td> <td>Example: A supervisor may review your records to determine whether appropriate services were authorized.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">To bill for services</td> <td>We may use your information to get payment for services provided.</td> <td>Example: Service records are used to submit bills to the Ohio Department of Medicaid.</td> </tr> </table> <p>We may also use your medical information to:</p> <ul style="list-style-type: none"> <li>• Determine whether you are eligible for services;</li> <li>• Recommend to you service alternatives and other possible benefits;</li> <li>• Tell you about other service providers who may be able to help you;</li> <li>• Remind you or a guardian of an appointment;</li> <li>• To allow us to review direct service contracts;</li> <li>• Allow local, state, and federal agencies to monitor your services;</li> <li>• To allow us to prepare reports required by the Ohio Department of Developmental Disabilities, the Ohio Department of Job and Family Services, and the Ohio Department of Medicaid.</li> </ul>		To provide supports	We can use your information to provide the full range of services and supports we provide, including but not limited to early intervention, service and support administration, and other services.	Example: Your Service and Support Administrator will review your records to create an ISP, which may be shared with you, your guardian, and other members of your team.	To operate our agency	We can use your information to operate and manage the Board, including improving quality of care, training staff, managing costs, and conducting other business duties.	Example: A supervisor may review your records to determine whether appropriate services were authorized.	To bill for services	We may use your information to get payment for services provided.	Example: Service records are used to submit bills to the Ohio Department of Medicaid.
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<p>COULD MY RECORDS BE RELEASED WITHOUT MY PERMISSION?</p>	<p>There are limited situations when we are permitted or required to disclose your records, or parts of them, without your signed permission. These situations include:</p> <ul style="list-style-type: none"> <li>• Reports to public health authorities to prevent or control disease or other public health activities;</li> <li>• To protect victims of abuse, neglect, or domestic violence;</li> <li>• For oversight including investigations, audits, accreditation, and inspections, such as are conducted by the Ohio Department of Developmental Disabilities and federal agencies;</li> <li>• When a court order, subpoena, or other legal process compels us to release information;</li> <li>• Reports to law enforcement agencies when reporting suspected crimes, when responding to an emergency; or in other situations when we are legally required to cooperate;</li> <li>• In connection with an emergency, or to reduce or prevent serious threat to public health and safety, or the safety of an individual;</li> <li>• To coroners, medical examiners, and funeral directors;</li> <li>• To victims of alleged violence or sex offenses;</li> <li>• For workers' compensation programs;</li> <li>• For specialized government functions including national security, and operating government benefit programs;</li> <li>• In connection with "whistleblowing" by an employee of the Board;</li> <li>• When otherwise required by law.</li> </ul> <p>All other uses not described above require that we obtain your signed permission.</p>
<p>WHAT IF MY RECORDS NEED TO GO SOMEWHERE ELSE?</p>	<p>For any purpose not described above, we will release your information only with your explicit written authorization. Your written authorization tells us what, where, why, and to whom the information must be sent. Your signed authorization is good until the expiration date you specify. You can cancel your permission at any time by letting us know in writing.</p>
<p>WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS, AND THE ACCURACY OF MY RECORDS?</p>	<p>You have legal rights concerning your privacy, access to your records, and the accuracy of your records. You have the following rights:</p> <ul style="list-style-type: none"> <li>• To see your records, or to get a copy, including an electronic copy;</li> <li>• To request a correction to your records if you believe they are incorrect;</li> <li>• To receive all communications at a confidential address or phone number;</li> <li>• To receive an "accounting of disclosures", a list of any place we sent your record without your authorization;</li> <li>• To request additional limits on how we use or disclose your information, although we are not obligated to honor these requests except that if you choose to personally pay for services delivered, we will not bill Medicaid;</li> <li>• You may receive a paper copy of this notice;</li> </ul>
<p>QUESTIONS OR COMPLAINTS?</p>	<p>If you have any questions or complaints about our privacy practices, please contact us:  Delaware County Board of Developmental Disabilities  Attn: HIPAA Privacy Officer  149 North Sandusky Street  Delaware, OH 43015  740.201.3600  Communications@dcbdd.org</p>
<p>FEDERAL COMPLAINTS</p>	<p>Secretary of Health and Human Services  200 Independence Avenue, SW  Washington, D.C. 20201  <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a></p>