

Notice of Privacy Practices

Champaign County Board of Developmental Disabilities

FOR YOUR
PROTECTION

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.

YOUR RECORDS
ARE PRIVATE

We understand that information we collect about you or your child 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. For adult services, and certain services for children, we follow the federal HIPAA laws. In addition, we follow many laws specific to Ohio Developmental Disability Boards. For this notice, we will use the term "records" to mean the paper or electronic records we maintain about you.

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:

WHO USES AND
DISCLOSES MY
RECORDS?

- To provide the full range of services we provide: early intervention, habilitation, supported employment, and other services. For example, your service and support coordinator will review your records to create an individual service plan, which may be shared with you, your guardian, a vocational specialist, and other individuals involved with providing services and supports to you.
- To get payment for services provided: for example, the billing clerk uses service records of services provided to submit bills to the Ohio Department of Developmental Disabilities, and
- For other operations to operate and manage the board: these include improving quality of care, training staff, managing costs, and conducting other business duties. For example, a quality assurance reviewer may audit your records to determine whether appropriate services were provided,
- To remind you or a guardian of an appointment for services,
- The board or an affiliated foundation may contact you to raise funds. You have the right to opt out of any fundraising communications.

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:

COULD MY
RECORDS BE
RELEASED
WITHOUT MY
PERMISSION?

- Reports to public health authorities to prevent or control disease or other public health activities,
- To protect victims of abuse, neglect, or domestic violence,
- For oversight including investigations, audits, accreditation and inspections, such as are conducted by the Ohio Department of Developmental Disabilities and federal agencies,
- When a court order, subpoena or other legal process compels us to release information,
- 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,
- In connection with an emergency, or to reduce or prevent serious threat to public health and safety,
 - to coroners, medical examiners and funeral directors,
 - to victims of alleged violence or sex offenses,
- For workers' compensation programs,
- For specialized government functions including national security, protecting the president, operating government benefit programs, and caring for prisoners,
- In connection with "whistleblowing" by an employee of the Board.

All other uses not described above require that we obtain your signed permission.

WHAT IF MY
RECORDS NEED
TO GO
SOMEWHERE
ELSE

For any purpose not described above, we will release your information only with your explicit written authorization. Federal law requires that we notify you that any healthcare provider must obtain your explicit permission to release your information for any of the following:

1. Psychotherapy Notes will only be released with your signed authorization;
2. For marketing purposes;
3. To sell information about you.

It has never been the board's practice to release information for marketing purposes or to sell your information. 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.

WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS, AND THE ACCURACY OF MY RECORDS?

You have legal rights concerning your privacy, access to your records, and the accuracy of your records. You have the following rights:

1. To see your records, or to get a copy, including an electronic copy;
2. To request a correction to your records if you believe they are incorrect;
3. To receive all communications at a confidential address or phone number;
4. To receive an "accounting of disclosures", that is, a list of any place we sent your record without your authorization;
5. To request additional limits on how we use or disclose your information, although we are not obliged to honor these requests except that if you choose to personally pay for services delivered, we will not bill Medicaid.
6. You may receive a paper copy of this notice.

To exercise any of these rights, or if you have any questions or complaints regarding our privacy practices, call, deliver, mail or email your request to:

HIPAA Privacy Officer
Champaign County Board of DD
224 Patrick Avenue
P.O. Box 829.
Urbana, OH 43078
(937)653-5217
champaigncbdd.org

Ask any employee if you need help in putting your request in writing.

OUR DUTIES

We are obligated by law to maintain the privacy of your information and to provide this notice. In the event of a breach, that is, 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.

QUESTIONS OR COMPLAINTS?

If you have any questions or complaints about our privacy practices, please contact us:

Attn: HIPAA Privacy Officer
224 Patrick Avenue
P.O. Box 829
Urbana, OH 43078
(937)653-5217

We will never retaliate against you for filing a complaint. Further, if you are not satisfied with the results, you may also complain to the federal government:

For any issues:

Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints/index.html