### **Morrow County Board of Developmental Disabilities**

### **Notice of Privacy Practices**

This notice describes how personal information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **Our Organization**

This notice describes the privacy practices of the Morrow County Board of Developmental Disabilities (the DD Board). This notice also describes the privacy practices of persons or entities who have signed a contract with the DD Board and who are acting as business associates and have promised to follow the same rules of confidentiality.

The DD Board includes the Whetstone Center and Whetstone Industries, as well as DD Board employees and volunteers at both of these buildings.

If you want to know about the privacy practices of service providers who are not employed by the DD Board and who are not business associates, you should contact them directly.

# **Understanding Your Health Record/Information**

The Morrow County Board of Developmental Disabilities collects and maintains a record of information about individuals we serve, some of which is "protected health information" under federal law. Typically, "protected health information" may contain information about the individual's diagnoses, testing and treatment, and a plan for future care or treatment, but also may include demographic information that may identify the individual and that relates to past, present or future physical or mental health or condition. Protected health information is essential to the care we provide for individuals we serve. It serves as a:

Basis for planning care and treatment,

Means of communication among the many health professionals,

Legal document describing the care provided,

Means to verify that services billed were actually provided,

Tool in educating professionals, and

Tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve.

Individual health records contain personal health information, the confidentiality of which is protected under both state and federal law. Understanding that we expect to use and disclose this health information helps you to:

Ensure its accuracy,

Better understand who, what, when, where, and why your health care providers and others may access your health information, and

Make more informed decisions when authorizing disclosure to others.

# Your Health Information Rights

Although individual health records are the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request restrictions on how we use and share your personal information. We will consider all request for restrictions carefully but are not required to agree to any restriction\*.
- Request that we use a specific telephone number or address to communicate with you.
- Inspect and copy your personal information, including service, medical and billing records. Fees may apply\*.
- Request corrections or additions to your personal information. You must give the reasons for wanting the change\*.
- Request an accounting of certain disclosures of your personal information made by us or by Business Associates who are working for us. Your request must state the period of time desired for the accounting. You may ask for an accounting of disclosures made at least three years prior to your request, and in some cases disclosures made for six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period\*.
- Reguest a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star(\*) must be made in writing. Contact the DD Board Privacy Office for the appropriate form for your request.

If you have chosen a personal representative and have agreed to let your personal representative obtain your personal information, we will provide the information to your personal representative. If you have a guardian we will provide the information to your guardian,

## **Our Responsibilities**

We are required by the Federal Privacy Rules to:

Maintain the privacy of protected health information,

Provide you with notice as to our legal duties and privacy practices with respect to health information we collect and maintain about individuals, and

Abide by the terms of this notice, subject to the following reservation of rights.

We reserve the right to change our health information practices and the terms of this notice, and to make new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice. Should our health information practices change, we will post and/or provide a revised notice. We will not use or disclose your health information without your consent or authorization, except as described in this notice.

# Uses and Disclosures for Treatment, Payment and Health Operations, Based on Your Consent

If DD Board staff needs to share your personal information with anyone who is not employed by the DD Board, you must give them written permission first. However, we may disclose your identity without your permission if necessary for your treatment or to obtain payment for services. Some personal records, including confidential communications with a mental health professional and substance abuse records, may have additional restrictions for use and disclosure under state and federal law.

### We will use health information for treatment.

For example: Protected health information will be recorded in individual client records and used to determine the course of treatment. Your Service and Support Administrator keeps notes on all contacts made in coordinating and arranging services. Providers will record services they provide and their observations. DD Board staff may share your personal information while helping to develop your service plan. Other Morrow County Board of Developmental Disabilities providers will be given copies of various reports that should assist them in providing coordinated services.

We may use and disclose health information about individuals served (for example, by calling or sending a letter) to remind them of an appointment with us, to recommend they obtain medical treatment through an outside provider, or to provide information about treatment alternatives.

### We will use health information for payment.

For example: A bill may be sent to the individual's insurance company or health plan, or to Medicaid. The information on or accompanying the bill may include information that identifies the individual served, as well as the diagnosis, procedures, and treatments we provided.

# We will use health information for regular health operations.

For example: Members of the staff may use information in client records to assess the care, improve the quality of care, train staff, manage costs, conduct required business duties, and make plans to better serve you and other individuals who receive DD Board services. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

## Other Services We Provide

We may also use your personal information to:

- Determine whether you are eligible for services from the DD Board;
- Recommend to you service alternatives and other possible benefits;
- Tell you about other service providers who may be able to help you;
- Remind you of an appointment unless you tell the DD Board staff that you do not wish to be reminded;
- To all the DD Board to review direct service contracts:
- To determine whether the waiting lists are being kept in accordance with Ohio law;
- Allow local, state, federal agencies to monitor your services;
- To investigate incidents affecting health and safety, to report these kind of incidents and to take steps to protect your health and safety;
- To allow the DD Board to prepare reports required by the Ohio Department of Mental Retardation and Developmental Disabilities and the Ohio Department of Job and Family Services;
- Contact you for assistance in passing levies unless you notify the DD Board that you do not wish to be contacted for these purposes.

### We will provide some information to our Business associates:

We provide some services with business associates, who are independent professionals that use health information provided by us in order to perform these services. Examples include residential service providers, billing and transcription services, and contracted therapy services. We may disclose individuals' health information to our business associates so that they can perform the services we have requested. To protect your health information, however, we require the business associate to appropriately safeguard your information.

#### Uses and Disclosures that We May Make Unless You Object

There are limited situations when we are permitted or required to disclose personal information without your signed authorizations:

- We may disclose your identity, if necessary, for your treatment or to obtain payment for services;
- To protect victims of abuse, neglect, or domestic violence;
- To reduce or prevent a serious threat to public health and safety;
- For health oversight activities such as investigations, audits and inspections;
- For lawsuits and similar proceedings;
- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices;
- When required by law;
- When requested by law enforcement as required by law or court order;
- To coroners, medical examiners, and funeral directors;
- For organ and tissue donation;
- For workers' compensation or other similar programs if you are injured at work and are covered by workers' compensation or other similar programs;
- For specialized government functions such as intelligence and national security;

We will also abide by the Morrow County Board of Developmental Disabilities' Confidentiality Policy # 4.14, regarding disclosure of confidential information.

# Uses and Disclosures Specifically Authorized By You

We expect to make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you. You have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure.

### **Our Privacy Responsibilities**

The DD Board is required by law to:

- Maintain the privacy of your personal information
- Provide this notice that describes the ways we may use and share your personal information
- Follow the terms of the notice currently in effect

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain.

Current notices will be posted in the DD Board facilities and on our website, www.morrowdd.com.

You may also request a copy of any notice from the DD Board Privacy Office.

#### For More Information or to Report a Problem

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your personal information, contact the DD Board,

Privacy Officer, Morrow County Board of Developmental Disabilities, 406 Bank Street, Mt. Gilead, Ohio 43338. Phone: 419-947-1159, or email: <a href="mailto:board@morrowdd.com">board@morrowdd.com</a>.

We will investigate all complaints and will not retaliate against you for filing a complaint.

You may also file a written complaint with any of the following:

- the Secretary of the U.S. Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C., 20201 or call 1-877-696-6775; or
- The Office for Civil Rights, U.S. Department of Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C., 20201 or call OCR's hotline voice at 1-800-368-1019, or email at ocrmail@hhs.gov.
- Attorney General for State of Ohio, 30 E. Broad St., 17<sup>th</sup> Floor, Columbus, OH 43215 or by email at ohioattorneygeneral.gov/Contract.
- There will be no retaliation for filing a complaint.

### ADDENDUM TO NOTICE OF PRIVACY PRACTICES

The Section of your Notice of Privacy Practices which addresses Sharing your Personal Information without authorization is amended to add the following language:

Disability Rights Ohio (DRO) filed a state-wide class action captioned Ball v. Kasich Case No. 2:16-cv-282 in the U.S. District Court for the Southern District of Ohio. The suit was filed on March 31, 2016 against the Governor, Department of Developmental Disabilities, Department of Medicaid and Opportunities for Ohioans with Disabilities. The Ohio Association of County Boards Serving People with Developmental Disabilities may become a defendant in the lawsuit. The Plaintiffs are represented by DRO and other lawyers from Massachusetts, Illinois, Michigan and Washington D.C.

The action potentially affects all adults with DD. The parties to the lawsuit, through their lawyers, have sought and will continue to seek documentation, including Protected Health Information, on individuals who are or who may be a part of this lawsuit, or who may have information relevant to this lawsuit or who are simply receiving services from DD Boards. The DD Board will comply with requests for information and may provide Protected Health Information on any person served by the DD Board to the lawyers for any of the parties. All information provided in connection with this lawsuit is covered by a protective order issued by the court which complies with HIPAA and other privacy regulations and which ensures that the information about any individual cannot be disclosed outside of the lawsuit without their permission. At the conclusion of the lawsuit, all protected health information which was disclosed or retained by any party in the course of the lawsuit will be destroyed.