

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

The Board includes the Board employees, interns, contractors and volunteers at those facilities.

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

Privacy Promise

The Board understands that your personal information needs to be kept private. Protecting your personal information is important. We follow strict federal and state laws that require us to keep your personal information confidential.

How We Use Your Personal Information

When you receive services from the Board, we may use your personal information for such activities as providing you with services, billing for services, and conducting our normal board business known as health care operations.

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.

Examples of how we use your information include:

Treatment - We keep records of the care and services provided to you within the Board. For example, your service and support associate (SSA) keeps notes on all contacts made in coordinating and arranging for services. If you see a nurse, the nurse will keep records of any care you receive. Board staff may share your personal information while helping to develop your service plan with other Board staff.

If Board staff want to share your personal information with anyone who is not employed by the 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.

Payment – We keep records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment for your services from Medicaid, insurance or other sources. For example, we may disclose personal information about the services provided to you to confirm your eligibility for Medicaid and to obtain payment from Medicaid. The Board may use your personal information to determine the amount and type of Medicaid services you need and send this information to the proper state department.

Health Care Operations – We use personal information to improve the quality of care, train staff, manage costs, conduct required business duties, and make plans to better serve you and other individuals enrolled in the Board. For example, we may use your personal information to evaluate the quality of treatment and services provided by our service staff.

Other Services We Provide

We may also use your personal information to:

- Determine whether you are eligible for services from the Board;
- Recommend to you service alternatives and other possible benefits;
- Tell you about other service providers who may be able to help you;
- To allow the 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 kinds of incidents and to take steps to protect your health and safety;
- To allow the Board to prepare reports required by the Ohio Department of Developmental Disabilities, the Ohio Department of Job and Family Services and the Ohio Department of Health;
- Contact you for assistance in passing levies, unless you notify the Board that you do not wish to be contacted for these purposes;
- Contact you for assistance for other fund raising activities, unless you notify the Board that you do not wish to be contacted for these purposes.

More Information

For more information about the practices and rights described in this notice:

- Visit our website at www.acbdd.org.
- Contact the Board at the phone number and address listed at the end of this notice.

When You Must Provide Written Authorization

You sign a written authorization for all of the following:

- Any disclosure not listed as an exception in this notice;
- Most uses and disclosures of psychotherapy notes, which are notes of private conversations between you and your counselor or in a group counseling session;
- All uses and disclosures for marketing purposes;
- Disclosures that constitute a sale of your Personal Information.

Sharing Your Personal Information

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

- 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;
- All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

Our Privacy Responsibilities

The 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 Board facilities and on our website, www.acbdd.org.

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

Your Individual Rights

You have the right to:

- Receive notifications of breaches of your unsecured protected health information. You will receive such notifications if any occur;
- Request restrictions on how we use and share your personal information. We will consider all requests for restrictions carefully but are not required to agree to any restriction;
- Require restrictions on certain disclosures of protected health information to a health plan when you have paid out of pocket in full for the health care item or service. *
- 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. You may request your personal information in electronic format. 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. *
- Request 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 Board Privacy Officer for the appropriate form for your request.

Contact Us

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 Privacy Officer at the Allen County Board of Developmental Disabilities at 419-221-1385 or e-mail privacyofficer@acbdd.org.

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

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

- the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, 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 e-mail at ocrmail@hhs.gov
- Attorney General for State of Ohio 30 E. Broad St., 17th Floor
Columbus, OH 43215 or by e-mail at ohioattorneygeneral.gov/Contact

END OF PAGE IS BLANK

Acknowledgment of Receipt of Notice

I have received a copy of the privacy notice from the Allen County Board of Developmental Disabilities.

_____ Yes _____ No

Individual Name

Signature of Individual Receiving Notice

Date Received Notice

