



Erie County Board of Developmental Disabilities

Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) describes how medical information about individual’s we serve may be used and disclosed and how you can get access to this information.

Please review it carefully.

Understanding Your Health Record/Information

The Erie 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.
- 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, where, when and why your health care providers and others access your health information, and
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although individual health records are the property of the healthcare practitioner or facility that compiled it, the information belongs to you. Under the federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Receive notice of the uses and disclosures we expect to make of your health information, including a paper copy of the notice if requested, even if you have agreed to receive the notice electronically.

- Request additional restrictions on the uses and disclosures of your health information (though we are not required to agree to any such request) or request that we send you confidential communications by alternative means or alternative locations.
- Inspect and obtain a copy of your health record.
- Request that your health record be amended.
- Obtain an accounting of disclosures of your health information for six years prior to the date you ask, for the purposes other than treatment, payment or health care operations.

Under the federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have the right to have this decision reviewed.

Please direct requests, in writing to: HIPAA Officer, Erie County Board of Developmental Disabilities, 4405 Galloway Rd, Sandusky, Ohio, 44870. Phone: 419-626-0208.

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

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

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

We will use health information for treatment.

For example: Protected health information will be recorded in individual's records and used to determine the course of treatment. Providers will record services they provide and their observations. Other board providers will be given copies of various reports that should assist him or her in providing coordinated services.

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

We will use health information for payment.

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

We will use health information for regular health operations.

For example: Members of the staff may use the information in individual's records to access the care and outcomes of the case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We will provide some information to our business associates.

For example: 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, transcription services and contracted therapy services. We may disclose individual's health information to our business associates so that they can perform the job we've asked them to do. 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

Directory: Unless you notify us that you object, we may use individual's names and location in the facility in our directory. This information may be provided to members of your family, friends or to other people who ask for the individual by name. (include if applicable)

Family or Friends involved in care: Unless you object, professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any person you identify, health information relevant to that person's involvement in individual care or payment related to the care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

Fundraising: We may use health information in connection with limited fund raising activities permitted under the Federal Privacy Rules. Periodically we will mail newsletters and/or other correspondence advocating DD causes. You may contact our HIPAA Officer at 419-626-0208 to request that these materials not be sent to you.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Required disclosures

The Federal Privacy Rules require us to disclose your personal health information in two instances: to you at your request, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Disclosure Permitted Without Consent for National Priority Purposes

In addition, law permits uses and disclosure of individual health information without your consent or authorization for certain "national priority" purposes, including:

- When required by state or federal law.
- To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing or controlling disease.
- To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect or domestic violence.

- To governmental health oversight agencies, such as the state and federal Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations (PRO's) and other licensing authorities.
- When required or court ordered in a judicial or administrative proceeding.
- To law enforcement officials for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena, or other legal process, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person, or victim, provided that the conditions in the rule are met.
- To coroners, medical examiners or funeral directors for the purpose of identifying a deceased person or carrying out their duties as required by law.
- When required to avert a serious threat to health and safety.
- When requested for certain specialized government functions authorized by law, including military and similar situations.
- As authorized by law in connection with workers compensation programs.

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 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.

For More Information or to Report a Problem

If you have questions you may contact any program administrator, the HIPAA Officer or the Superintendent, at 4405 Galloway Rd., Sandusky, Ohio, 44870. Phone: 419-626-0208.

If you believe your privacy rights have been violated, you can file a complaint with the HIPAA Officer at the above address, or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

There will be no retaliation for filing a complaint.

Changes to the Terms of this Notice

We reserve the right to change our health information practices and the terms of this notice, and to make the new provisions effective for all protected 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, the new notice will be available upon request, in our office, and on our website. We will not disclose your health information without your consent or authorization, except as described in this notice.

This Notice of Privacy Practices is effective as of:

April 14th, 2003

The Notice of Privacy Practices was last revised on 6/24/15