



Stark County Board of Developmental Disabilities
NOTICE OF PRIVACY PRACTICES

HIPAA PN

Effective Date: April 14, 2003

Revised: February 2017

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.”

FOR YOUR PROTECTION

This notice describes the privacy practices of the Stark County Board of DD (SCBDD). This notice also describes the privacy practices of persons or entities which have signed a contract with SCBDD and which are acting as “business associates” and have promised to follow the same rules of confidentiality.

YOUR HEALTH INFORMATION IS PRIVATE

SCBDD understands that your personal information needs to be kept private. Keeping your health information private is one of our most important responsibilities. SCBDD follows federal and state laws that require us to keep your personal information confidential. We are committed to protecting your health information and following all laws regarding the use of your health information. The law requires us to inform you about how we protect your protected health information.

WHO SEES AND SHARES MY HEALTH INFORMATION?

We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that the individuals we serve receive quality care and for management purposes. For example, we may use Health Information to check how well our staff cared for you. We also may disclose information to students for educational purposes. The entities and individuals covered by this Notice also may share information with each other for their joint health care operations.

If you have any questions about this Privacy Notice, please contact: Stark County Board of Developmental Disabilities, c/o Privacy Officer, 2950 Whipple Avenue, N.W., Canton, Ohio 44708, or by calling 330-477-5200 and ask for the Privacy Officer.

HOW IS PAYMENT MADE?

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 protected health information about the services provided to you to confirm your eligibility for Medicaid and to obtain payment from Medicaid. SCBDD may use your protected health information to determine the amount and type of Medicaid services you need and send this information to the proper state department.

MAY I SEE MY HEALTH INFORMATION?

You may see your health information, unless it is the private notes taken by a mental health provider or it is part of a legal case. Most of the time you can receive a copy if you ask. You may be charged a small amount for the copying costs. If you think some of the information is wrong, you may ask in writing that it be changed or new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where health information may have been sent, unless it was sent for treatment, for payment, for checking to make sure you receive quality care, or to make sure the laws are being followed.

WHAT IF MY HEALTH INFORMATION NEEDS TO GO SOMEWHERE ELSE?

You may be asked to sign a separate form, called an authorization form, allowing your health care information to go somewhere else if:

1. Your health care provider needs to send it to other places
2. You want us to send it to another health care provider; or,
3. You want it sent to another person for you.

The authorization form tells us what, where and to whom the information must be sent. Your authorization is good for sixty (60) days. You can cancel or limit the amount of information sent at any time by letting us know in writing.

NOTE: If you are less than 18 years old, your parents or guardians will receive your private health information, **unless by law you are able to consent for your own health care treatment.** If you are, then your private health information will not be shared with parents or guardians unless you sign an authorization form. You may also ask to have your health information sent to a different person that is helping you with your health care.

COULD MY HEALTH INFORMATION BE RELEASED WITHOUT MY AUTHORIZATION?

When Health Information is released without Authorization, it is normally used to support **Treatment** or **Payment** of medical situations or it may be released for the use of Medicaid **Operations** (or for the "operation" of any of our other programs such as Title XX, Waivers, PAWS, Help Me Grow). The release of Health Information for this purpose is not tracked or accountable to you, the patient/recipient (HIPAA rule 164.506). Any other release made without your authorization is tracked and is accountable.

Appointment Reminders/Health Related Benefits and Services We may use and disclose Health Information to contact you with appointment reminders, describe service alternatives, provide information about health related benefits and services or request assistance with levy related activities or functions.

Business Associates We may disclose Health Information to third parties so that they can perform a job we have asked them to do. For example: we may use another company to perform billing services on our behalf. Any of these third parties are required to protect the privacy and security of your Health Information.

Health Oversight Activities We may disclose Health Information to a health oversight agency for authorized government review of the health care system, civil rights and privacy laws, and compliance with government programs.

Research We may use or disclose your Health Information for research activities, but such use is subject to numerous governmental requirements intended to protect the privacy of your medical information.

Public Health Purposes We may disclose Health Information for public health purposes. Some examples are: deaths; reportable communicable diseases to health officials; reporting abuse nor neglect; or reaction and problems with medicine.

To Avert a Serious Threat to Health and Safety We may use and disclose Health Information when necessary, in our professional judgment, to prevent a serious threat to your health and safety, the health and safety of the public or another person.

Worker's Compensation We may disclose Health Information for worker's compensation or similar programs that provide benefits for work related injuries or illness.

Coroners, Medical Examiners and Funeral Directors We may disclose Health Information to coroners, medical examiners and funeral directors so they can do their jobs.

As Required by Law We will disclose your Health Information when required to do so by international, federal, state or local law.

Law Enforcement We may disclose Health Information to law enforcement officials. Some examples of these types of disclosure are: in response to a valid court order, subpoena or search warrant; to identify or locate a suspect, fugitive or missing person; or to report a crime committed.

National Security and Intelligence Activities and Protective Services We may disclose Health Information to authorized federal officials for intelligence and other national security activities permitted by law such as an investigation to protect our country, the President and/or other government workers or for individuals who are Armed Forces personnel as required by the military command authorities including for the purposes of determining eligibility for benefits by the Department of Veterans Affairs.

ADDENDUM TO NOTICE OF PRIVACY PRACTICES 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.

For further information on the lawsuit or the Protective Order, contact OACBDD.

HOW CAN I FIND OUT IF MY HEALTH INFORMATION HAS BEEN RELEASED WITHOUT MY AUTHORIZATION?

To find out if your health information has been released without your authorization for purposes other than Treatment, Payment or Operations, you may call the Stark County Board of DD Privacy Officer at 330-477-5200 and ask for a “Request for Accounting Disclosure” form. The first list you request in a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

MAY I REQUEST A CHANGE TO MY HEALTH INFORMATION?

If you feel that Health Information we have about you is incorrect or incomplete, you may ask us to amend the information or to make an addition to your record. You have a right to request this for as long as we have the information. To request an amendment, please submit your written request, along with a reason that supports it, to our Privacy Officer. If we accept your request we will tell you and will amend your records. We cannot take out what is in the record, but we will supplement the information. If we deny your request for amendment, you may submit a statement of disagreement, to which SCBDD may choose to respond in writing. In addition, you have the right to request that SCBDD send a copy of your amendment request and your statement of disagreement (if any) with any future disclosures of your Health Information.

MAY I RESTRICT THE DISCLOSURE OF MY MEDICAL INFORMATION?

You have the right to request a restriction or limitation on the Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request that we disclose a limited amount of Health Information to someone involved in your care or involved in payment for your care. We are not required to agree to your request. If we do agree, we will notify you in writing and will honor our agreement unless we need to use or disclose the information to provide emergency treatment to you or if the law requires us to disclose it.

MAY I REQUEST PRIVATE

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact

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you at work or by e-mail. We will honor all reasonable requests. However, if we are unable to contact you using your requested methods or locations, we may contact you using information we have.

WILL I BE NOTIFIED IF A BREACH OF MY MEDICAL INFORMATION?

We are required to notify you by first class mail or e-mail (if you have told us you prefer to receive information by e-mail), of any unauthorized acquisition, access, use or disclosure of certain categories of medical information if we determined that the breach could pose a significant risk of financial or reputational harm.

MAY I HAVE A COPY OF THIS NOTICE?

This notice is yours. If we change anything in this notice, you will get a new notice. You can obtain additional copies of this notice by calling The Stark County Board of DD Privacy Officer at 330-477-5200. You can also view and print this notice by visiting our web site at: <http://www.starkdd.org> . If you have other medical insurance, you may receive other privacy notices.

QUESTIONS OR COMPLAINTS?

If you have any questions about this notice, or you think that we have not protected your private health information and you wish to file a complaint about it, contact SCBDD Privacy Officer at 330-477-5200.

You can also complain to the Federal Government by writing to the:

- Office for Civil Rights, U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F, HHH Building
Washington, D.C. 20201-0004 or by calling the Office for Civil Rights hotline at: 1-800-368-1019, or email at ocrmail@hhs.gov or
 - The Secretary of the US Department of Health and Human Services
200 Independence Avenue SW,
Washington, D.C., 20201 or call 1-877-696-6775.
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WHAT WILL HAPPEN TO MY BENEFITS IF I DO FILE A COMPLAINT?

Absolutely nothing. We will investigate all complaints and will not retaliate against you for filing a complaint. It is against the law for us to take any retaliatory or other negative action against you if you file a complaint.