



The Wayne County Board of Developmental Disabilities

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. **Please review it carefully.** Protected Health Information (PHI) is regulated by HIPAA.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records.

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. Request must be made in writing.
- We will provide a copy or summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost based fee.

Ask us to correct health and claims records.

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. Requests must be made in writing.
- We may say “No” to your request, but we’ll tell you within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “Yes” if you tell us you would be in danger if we do not accept your request.

Ask us to limit what we use or share.

- You can ask us **not** to use or share certain health information for treatment, payment or our operations.
- We are not required to agree to your request and we may say “No” if it would affect your care. Request must be made in writing.

Get a list of those with whom we've shared information.

- You can ask us for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year free but will charge a reasonable cost based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting the WCBDD Privacy Officer.
- You can file a complaint 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/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or other involved in payment for your care.
- Share information in a disaster relief situation.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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

- Marketing purposes.
- Sale of your information.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive.

- We can use your health information and share it with professionals who are treating you. For example, a doctor sends us information about your diagnosis and treatment so we can arrange additional services.

Run our organization.

- We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the prices of that coverage. For example, we use health information to develop better services for you.

Pay for your health services.

- We can use and disclose your health information as we pay for your health services. For example, we share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan.

- We may disclose your health information to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research.

- We can use or share your information for health research.

Comply with the law.

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Your health information may be shared or used by the WCBDD for the following purposes:

- Determining your eligibility for services from the Wayne County Board of DD
- Recommending other service alternatives or benefits
- Reminding you of an appointment unless you have indicated that you do not wish to be reminded
- Reviewing your direct service contracts
- Allowing local, state or federal agencies to monitor your services
- Investigate or report incidents affecting health and safety; take steps to protect your health and safety
- To allow preparation of required reports for the Ohio DoDD and ODJFS
- To contact you for assistance in passing a levy, unless you have indicated to the WCBDD that you do not wish to be contacted regarding passing a levy

Respond to organ and tissue donation requests and work with a medical examiner or funeral director.

- We can share health information about you with organ procurement organizations
- We can share health information with a coroner, medical examiner or funeral director when an individual dies

Address worker's compensation, law enforcement and other government requests. We can use or share health information about you:

- For worker's compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Privacy & Confidentiality Considerations

The WCBDD understands that your personal protected health information needs to be kept private. Protecting your PHI is important to us and we follow strict federal and state laws that require us to keep your personal information confidential.

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 or federal law.

When you receive services from the WCBDD, 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 the Developmental Disabilities staff wants to share your personal information with anyone who is not employed by the WCBDD, you must first give them permission.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notice.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice of Privacy Practices applies to the following organizations:

- **The WCBDD and all of its employees**
- **Volunteers at our facilities**
- The Ida Sue School**
- Business associates of the WCBDD**

To learn about the privacy practices of service providers not employed by or business associates of the WCBDD, you must contract them directly. Contact us if you would like additional information about your privacy rights, or are concerned that your privacy rights may have been violated, or if you disagree with a decision that we made about access to your personal protected health information.

WCBDD HIPAA Privacy Officer 266 Oldman Road Wooster, OH, 44691 330.345.6016 x 244

ACKNOWLEDGMENT OF RECEIPT

I, _____ acknowledge that I have received the Wayne County Board of DD Notice of Privacy Practices.

I, _____ authorize the Wayne County Board of DD to discuss my health information with the following persons:

Date Click here to enter a date.

Choose an item. _____

Choose an item. _____

Choose an item. _____

Choose an item. _____