NOTICE OF PRIVACY PRACTICES



FOR YOUR PROTECTION	THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.			
YOUR RECORDS ARE PRIVATE	We understand the information we collect and records of the services and supports we provide are personal. Keeping these records private is one of our most important responsibilities. The Board must follow many laws to protect your privacy, including federal HIPAA laws. In addition, we follow many laws specific to Ohio Boards of Developmental Disabilities. For this notice, we will use the term "records" to mean the paper or electronic records we maintain about you.			
OUR DUTIES	We are obligated by law to maintain the privacy of your information and to provide this notice. In the event of an improper disclosure of your information, we are required to notify you. We are required by law to abide by the terms of this notice. From time to time, we may make changes to our policies, and if/ when we do, your records will be protected by our new, changed policies. Our current notice will always be available on our website.			
WHO USES AND DISLOSES MY RECORDS?	Your records may be used and disclosed by the employees and volunteers at the Board who serve you, as well as people or agencies who work for us and sign strict confidentiality contracts.			
	In general, we use and disclose your information in the following ways:			
	To provide supports	We can use your information to provide the full range of services and supports we provide, including but not limited to early intervention, service and support administration, and other services.	Example: Your Individual Support Coordinator will review your records to create an ISP, which may be shared with you, your guardian, and other members of your team.	
	To operate our agency	We can use your information to operate and manage the Board, including improving quality of care, training staff, managing costs, and conducting other business duties.	Example: A supervisor may review your records to determine whether appropriate services were authorized.	
	To bill for services	We may use your information to get payment for services provided.	Example: Service records are used to submit bills to the Ohio Department of Medicaid.	
	We may also use your medical information to:			
	 Recommend to you see Tell you about other see Remind you or a guare To allow us to review Allow local, state, and To allow us to prepare 	ou are eligible for services ervice alternatives and other possible bene- ervice providers who may be able to help dian of an appointment direct service contracts federal agencies to monitor your services e reports required by the Ohio Department d Family Services, and the Ohio Department	you of Developmental Disabilities, the Ohio	

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COULD MY RECORDS BE RELEASED WITHOUT MY PERMISSION?	There are limited situations when we are permitted or required to disclose your records, or parts of them, without your signed permission. These situations include: Reports to public health authorities to prevent or control disease or other public health activities To protect victims of abuse, neglect, or domestic violence For oversight including investigations, audits, accreditation, and inspections, such as are conducted by the Ohio Department of Developmental Disabilities and federal agencies When a court order, subpoena, or other legal process compels us to release information Reports to law enforcement agencies when reporting suspected crimes, when responding to an emergency; or in other situations when we are legally required to cooperate In connection with an emergency, or to reduce or prevent serious threat to public health and safety, or the safety of an individual To coroners, medical examiners, and funeral directors To victims of alleged violence or sex offenses For workers' compensation programs For specialized government functions including national security, and operating government benefit programs In connection with "whistleblowing" by an employee of the Board When otherwise required by law.		
WHAT IF MY RECORDS NEED TO GO SOMEWHERE ELSE?	All other uses not described above require that we obtain your signed permission. For any purpose not described above, we will release your information only with your explicit written authorization. Your written authorization tells us what, where, why, and to whom the information must be sent. Your signed authorization is good until the expiration date you specify. You can cancel your permission at any time by letting us know in writing.		
WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS, AND THE ACCURACY OF MY RECORDS?	You have legal rights concerning your privacy, access to your records, and the accuracy of your records. You have the following rights: • To see your records, or to get a copy, including an electronic copy • To request a correction to your records if you believe they are incorrect • To receive all communications at a confidential address or phone number • To request additional limits on how we use or disclose your information, although we are not obligated to honor these requests except that if you choose to personally pay for services delivered, we will not bill Medicaid • You may receive a paper copy of this notice • Choose someone to act for you.		
QUESTIONS OR COMPLAINTS?	If you have any questions or complaints about our privacy practices, please contact us: Fairfield County Board of Developmental Disabilities Attn: HIPAA Privacy Officer 795 College Ave Lancaster, OH 43130 740-652-7220 communications@fairfielddd.com		
FEDERAL COMPLAINTS	Secretary of Health and Human Services 200 Independence Avenue, SW Washington, D.C. 20201 www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html		