Miami County Board of Developmental Disabilities
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 that information we collect about you, your child, or your ward and records of the services and supports we provide are personal. Keeping these records private is one of our most important responsibilities. The agency must follow many laws to protect your privacy. For services for adults, and certain services for children, we follow federal HIPAA laws. In addition, we follow laws specific to Ohio Developmental Disability Boards. For this notice, we will use the term "records" to mean the paper or electronic records we maintain on your behalf.
WHO USES AND DISCLOSES MY RECORDS?	Your records may be used and disclosed by the employees and volunteers at the agency who serve you, as well as people or agencies who work with the agency. All employees, volunteers, and affiliated people and agencies sign strict confidentiality contracts. In general, we use and disclose your information: • For behavioral and medical support. For example, a behavior support coordinator may review progress data. • To provide the full range of services we provide, like early intervention, service and support administration, and other services. For example, your service and support administrator will review your records to create a person-centered plan to be shared with your team and agencies involved with providing services outlined in the plan. • To get payment for services provided: for example, service records are used to submit bills to the Ohio Department of Developmental Disabilities and the Ohio Department of Medicaid. • For other operations to manage the agency: these include improving quality of care, training staff, managing costs, and conducting other business duties. For example, a compliance reviewer or the Ohio Department of Developmental Disabilities may review your records to determine whether appropriate services are provided. • To remind you or a guardian of an appointment. The agency or an affiliated foundation may contact you to raise funds. You have the right to opt out of any fundraising communications.
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: • 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, that are required by the Ohio Department of Developmental Disabilities, Ohio Department of Children and Youth Services, The Ohio Department of Medicaid, and other state 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, responding to emergencies, or in other situations when 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 a person. • To coroners, medical examiners and funeral directors. • To victims of alleged violence or sex offense. • To workers' compensation programs. • To specialized government programs, including national security, protecting the president, benefit programs, and caring for prisoners. • In connection with "whistleblowing" by an employee of the agency. All other uses not described above require that we obtain your signed permission.

WHAT IF MY RECORDS NEED TO GO SOMEWHERE ELSE	For any purpose not described above, we will release your information only with your explicit written authorization. Federal law requires that we notify you that any healthcare provider must obtain your explicit permission to release your information for any of the following: • Psychotherapy Notes will only be released with your signed authorization • For marketing purposes • To sell information about you It has never been the agency's practice to release information for marketing purposes or to sell your information. Written authorization tells us what, where, why and to whom the information must be sent. Signed authorization is good until the expiration date you specify. Permission can be stopped at any time by submitting request in writing. Redisclosure Possibility: this notice describes many situations where your information may be sent to someone else. When records are sent somewhere else, they might not be protected by HIPAA. For example, if a court requires us to send them your records for a criminal case, your records might be disclosed publicly in court.
RECORDS RELATING TO SUBSTANCE USE DISORDER TREATMENT	Facilities that advertise as treatment centers for drug or alcohol abuse, and are federally funded, must provide additional protection for your records over and above the HIPAA regulations. These additional protections are in a regulation known as 42 CFR Part 2. If you receive substance use abuse treatment at such a treatment center, and those records are sent to us, we will not release them to any civil, criminal, administrative, or legislative proceeding against you unless 1) you either provide us your written consent, or 2) a court first provides either you or the holder of the records the opportunity to challenge the release, and after your due process issues us an order compelling us to release your records.
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. Those rights are as follows: • 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 receive an "accounting of disclosures", that is, a list of any place we sent your record without your authorization • To request additional limits on how your information is disclosed – although we are not obliged to honor these requests except that if you choose to personally pay for services delivered, we will not bill Medicaid. You may request to receive a paper copy of this notice. To exercise any of these rights, or with questions or complaints regarding our privacy practices, call, deliver, mail or email your request to: • HIPAA Privacy Officer, Miami County Board of DD, 1625 Troy Sidney Road, Troy, OH 45373 • (937) 440-3000 • HIPAA@miamicountydd.org Ask any employee if you need help in putting your request in writing.
OUR DUTIES	We are obligated by law to maintain the privacy of your information and to provide this notice. In the event of a breach, that is, 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 and when we do, your records will be protected by our new, changed policies. Our current notice will always be available on our website.
QUESTIONS OR COMPLAINTS?	If you have any questions or complaints about our privacy practices, please contact us: • HIPAA Privacy Officer, Miami County Board of DD, 1625 Troy Sidney Road, Troy, OH 45373 • (937) 440-3000 • HIPAA@miamicountydd.org We will never retaliate against you for filing a complaint.

If you are not satisfied with the results, you may also complain to the federal government:

For issues with Minors: Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202	For any other issues: Secretary of Health and Human Services 200 Independence Avenue, SW Washington, D.C. 20201 www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

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