

KNOX COUNTY BOARD OF DD HIPAA NOTICE OF PRIVACY PRACTICES

The Knox County Board of DD (KCBDD) understands that information about you and your family is confidential. We are committed to protecting your privacy and sharing information only with those persons who need to know and are allowed to see the information. This notice tells you how KCBDD uses and discloses information about you. It describes your rights and what our responsibilities are concerning information about you.

WHAT IS KCBDD'S PRIVACY POLICY?

KCBDD shall ensure that they safeguard the confidentiality of individuals served, pursuant to applicable state or federal regulations, including Ohio Department of Human Services rule 5101:1-03 of the Administrative Code and the Ohio Department of Education Model Policies and Procedures and Health Insurance Portability and Accountability Act (HIPAA).

All information contained in an individual's records, including information contained in an automated data bank, shall be considered confidential. The content of these records is never the subject for discussion, except as an official member of an individual's team and shall be used or disclosed only for purposes related to the function being performed.

These provisions apply to all KCBDD members, employees, volunteers, interns and contract services employees of all divisions of the KCBDD including business associates.

WHO WILL FOLLOW THIS POLICY?

- All staff and business associates who work for KCBDD will follow this policy. This includes employees and contractors who are authorized to enter information in your record or need to review your record in order to provide services to you.

WHAT INFORMATION IS PROTECTED?

- All information that we create or keep that relates to you, including your name, address, birth date, social security number, medical information, individualized service plan and other information about your enrollment in our programs.

YOUR INFORMATION RIGHTS

- You have the following rights concerning your information. When we use the word "you" in this notice we mean also your Service Support Administrator. Depending on your circumstances and in accordance with state law, this also may mean your guardian, health care proxy, or your involved parent, spouse or adult child.
- You have a right to see or inspect your information and obtain a copy. Some exceptions apply, such as records regarding incident reports and investigations, and information compiled for use in court of administration proceedings. NOTE: KCBDD requires you make your request for records in writing.
- If we deny your request to see your information, you have the right to request a review of that denial. Professionals chosen by KCBDD, who were not involved in denying your request will review the record and decide if you may have access to the record.

- You have the right to ask KCBDD to change or amend information that you believe is incorrect or incomplete. We may deny your request in some cases, for example, if the record was not created by KCBDD or if after reviewing your request, we believe the record is accurate and complete.
- You have the right to request a list of disclosures that KCBDD has made to your information. The list, however, does not include certain disclosures such as those made to you or made to others with your permission.
- You have the right to request restriction on uses or disclosure of your information related to services and disclosures to involved family members. KCBDD is not required to agree to your request.
- You have the right to request that KCBDD communicate with you in a way that will help keep your information confidential.
- You have the right to receive a paper copy of this notice. You may ask KCBDD staff to give you another copy or you may obtain one from our website at www.knoxdd.com

RESPONSIBILITIES FOR YOUR INFORMATION

KCBDD is required to:

- Maintain the privacy of your information in accordance with federal and state laws.
- Give you this notice of our legal duties and practices concerning information we have about you.
- Follow the rules in this notice. KCBDD will use or share information about you only with your permission except for the reasons explained in this notice.
- Tell you if we make changes to our policy in the future. If changes are made that affect the use and disclosure of your protected information, your rights, our duties, or our privacy practices, KCBDD will notify you and post a new notice on our website at www.knoxdd.com.

HOW KCBDD USES AND DISCLOSES INFORMATION

KCBDD may use and disclose information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use of disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- **Determining Eligibility:** KCBDD will use your information to determine your eligibility for services. We may disclose information to doctors, nurses, psychologists, social workers, qualified professionals, developmental specialist, and other KCBDD personnel who are involved in coordinating your services.
- **Payment:** KCBDD will use your information so that we can bill and/or collect payment from you, a third party, an insurance company, Medicare or Medicaid or other government agencies. For example, we may need to provide the Ohio Department of Developmental Disabilities, Job and Family Services with information about the services you receive from Service and Support Administrators, Adult Day Services or Supported Living. Also, we may disclose your information to the US Social Security Administration to determine your eligibility for coverage or your ability to receive other services.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR PERMISSION

KCBDD may use your information without your permission for the following reasons:

- To **tell you directly** about possible alternative services that may be of interest to you.
- When we are required to do so by **federal or state laws**.
- For **public health reasons**, including prevention and control of disease, injury or disability, reporting births and deaths, reporting child abuse or neglect, reporting reactions to medication

or problems with medical devices or products, and to notify people who may have been exposed to a disease or are at risk of spreading the disease.

- To report **domestic violence and adult abuse** or neglect to government authorities if you agree or if necessary to prevent serious harm in accordance with the law.
- For health **oversight activities**, including audits, investigations, surveys and inspections, and licensure. These activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws.
- For **judicial and administrative proceedings**, including hearings and disputes. If you are involved in a court or administrative proceeding we will disclose information if the judge or presiding officer order us to share the information.
- For **law enforcement** purposes, in response to a court order or subpoena, to report a possible crime, to identify a suspect or witness or missing person, to provide identifying data in connection with a criminal investigation and to the district attorney in furtherance of a criminal investigation of abuse.
- In the event of your death, to **coroners or medical examiners** for identification purposes or to determine cause of death, and to funeral directors to allow them to carry out their duties.
- For **research purposes** when you have agreed to participate in the research an Institutional Review Board or Privacy Committee has approved the use of the service information for the research purposes.
- To prevent or lessen a **serious imminent threat** to your health and safety or someone else's where permitted by law.
- To authorize federal officials for intelligence and other **national security** activities authorized by law or to provide protective services to the president and other officials.
- To **correctional institutions or law enforcement officials**. If you are an inmate and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To **government agencies** that administer public benefits if necessary to coordinate the covered functions of the program.
- Fundraising. We may use your name and address, or the name of your involved family members, in order to make contact as part of a fund-raising effort. If you do not want to be contacted for these fundraising efforts, please write to: The Knox County Board of Developmental Disabilities

Superintendent, 11700 Upper Gilchrist Rd., Mount Vernon, OH, or you may call (740) 397-4656.

USES AND DISCLOSURES THAT REQUIRES YOUR AGREEMENT:

- To family members and Service and Support Administrators who are involved in your services if the information is relevant to their involvement and to notify them of your condition and location; or
- To disaster relief organizations that need to notify your family about your condition and location should a disaster occur.

AUTHORIZATION REQUIRED FOR ALL OTHER USES AND DISCLOSURES:

For all other types of uses and disclosures not described in this notice, KCBDD will use or disclose information only with a written authorization signed by you that states who may receive the information, what information is to be shared, the purpose of the use or disclosure and an expiration for the Authorization. Written authorizations are always required for use and disclosure of psychotherapy notes and for certain marketing purposes.

NOTE: If you cannot give permission due to an emergency, KCBDD may release service information in your best interest. We must tell you as soon as possible after releasing the information.

You may revoke your authorization at any time. If you revoke your authorization in writing, we will no longer use or disclose your service information for the reasons stated in your authorization. We cannot, however take back disclosures we made before you revoked and we must retain service information that indicates the services we have provided to you.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make changes to terms described in this notice and to make the new notice terms effective to all service information the KCBDD maintains. We will post the new notice with the effective date on our website at www.knoxdd.com and will also have a copy on our program site immediately available. In addition, we will offer you a copy of the revised notice at your next scheduled service planning meeting.

COMPLAINTS:

If you believe your privacy rights have been violated:

- You may file a complaint with our agency's Privacy Officer at 11700 Upper Gilchrist Road, Mount Vernon, OH 43050 OR,
- You may contact the Secretary of the Department of Health and Human Services. You may call them at (877) 696-6775 or write them at 200 Independence Ave. S.W., HHH Building, Room 509H, Washington DC 20201.
- You may file a grievance with the Office of Civil Rights by calling 866-627-7748, or (TTY) (886) 788-4989, or by e-mail at www.hhs.gov.ocr
- All complaints must be submitted in writing. You will not be penalized for filing a complaint.