

## Our Privacy Responsibilities

The DD Board is required by law to:

- Maintain the privacy of your personal information
- Provide this notice that describes the ways we may use and share your personal information
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain.

Current notices will be posted at DD Board facilities and on our website, [www.senecadd.org](http://www.senecadd.org).

You may also request a copy of this notice at any time by contacting the DD Board Privacy Officer, whose contact information is found on this brochure.

## Your Individual Rights

You have the right to:

- Request restrictions on how we use and share your personal information. We will consider all request for restrictions carefully but are not required to agree to any restrictions. \*
- Require restrictions on certain disclosures of protected health information to a health plan when you have paid for out of pocket in full for the health care item or service. \*
- Request that we use a specific telephone number or address to communicate with you. \*
- Inspect and copy your personal information, including service, medical and billing records. You may request your personal information in electronic format. Fees may apply. \*
- Request corrections or additions to your personal information. You must give the reasons for wanting the change. \*
- Request an accounting of certain disclosures of your personal information made by us or by Business Associates who are working for us. Your request must state the period of time desired for the accounting. You may ask for an accounting of disclosures made at least 3 years prior to your request, and in some cases disclosures made for 6 years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.\*
- Receive notification of breaches of your unsecured protected health information. You will receive such notifications if any occur.
- Request a paper copy of this notice. Individuals who have agreed to receive this notice electronically retain the right to request a paper copy of this notice.

Requests marked with a star (\*) must be made in writing. Contact the DD Board Privacy Office for the appropriate form for your request.

## Our Organization

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

The DD Board includes all DD Board employees and volunteers at DD Board facilities.

If you want to know about the privacy practices of service providers who are not employed by the DD Board and who are not business associates, you should contact them directly.

## Contact Us

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your personal information:

Contact: Seneca County DD Board  
Privacy Officer  
Seneca County Opportunity Center  
780 East County Road 20  
Tiffin, OH 44883  
Phone: 419-447-7521 ext. 107  
Or email: [privacyofficer@senecadd.org](mailto:privacyofficer@senecadd.org)

We will investigate all complaints and will not retaliate against you for filing a complaint.

You also may file a written complaint with any of the following:

- The Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. SW, Washington, D.C. 20201 or call 1-877-696-6775; or
- The Office for Civil Rights, U.S. Department of Health and Human Services at 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C., 20201 or OCR's hotline-voice at 1-800-368-1019, email at [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov); or
- Attorney General for State of Ohio, 30 E. Broad St., 17th Floor, Columbus, OH 43215 or by email at [ohioattorneygeneral.gov/contact](mailto:ohioattorneygeneral.gov/contact)

# SENECA COUNTY BOARD OF DD

## NOTICE OF PRIVACY PRACTICES

**EFFECTIVE April 14, 2003**

**THIS NOTICE DESCRIBES HOW  
PROTECTED HEALTH  
INFORMATION ABOUT YOU MAY  
BE USED AND DISCLOSED AND  
HOW  
YOU CAN GET ACCESS  
TO THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

**SENECA COUNTY BOARD  
OF DD**

**Opportunity Center  
780 East CR 20  
Tiffin, Ohio 44883  
419-447-7521**

## Privacy Promise

The DD board understands that your personal information needs to be kept private. Protecting your personal information is important. We follow strict federal and state laws that require us to keep your personal information confidential.

## How We Use Your Private Health Information

When you receive services from the DD Board, we may use your health information for such activities as providing you with services, billing for services, and conducting our normal board business known as health care operations.

If you have chosen a personal representative and have agreed to let your personal representative obtain your personal information, we will provide information to your personal representative. If you have a guardian we will provide the information to your guardian.

## Examples of how we use your information include:

**TREATMENT** - We keep records of the care and services provided to you within the DD Board. For example, your service and support administrator keeps notes on all contacts made in coordinating and arranging for services. If you see a nurse working for the DD Board, the nurse will keep records of any care you receive. DD staff may share your personal information while helping to develop your service plan.

If DD Board staff want to share your personal information with anyone who is not employed by the DD Board, you must give them written permission first. However, we may disclose your identity without your permission if necessary for your treatment or to obtain payment for services.

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 and federal law.

**PAYMENT** - 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 personal information about the services provided to you to confirm your eligibility for Medicaid and to obtain payment from Medicaid. The DD Board may use your personal information to determine the amount and type of Medicaid services you need and send this information to the proper state department.

**HEALTH CARE OPERATIONS** - We use personal information to improve the quality of care, train staff, manage costs, conduct required business duties, and make plans to better serve you and other individuals enrolled in the DD Board. For example, we may use your personal information to evaluate the quality of treatment and services provided by our service staff.

**SCHEDULING AND APPOINTMENT REMINDERS**—The DD Board may use and disclose private health information when scheduling medical or other healthcare services and when contacting you as a reminder of an appointment for services. The DD Board may also use and disclose private health information to tell you or others of information about treatment alternatives or other health-related benefits and services of possible interest to you.

## Other Services We Provide

We may also use your personal information to:

- Determine whether you are eligible for services from the DD Board
- Recommend to you service alternatives and other possible benefits
- Tell you about other services providers who may be able to help you
- Allow the DD Board to review direct service contracts
- Determine whether the waiting lists are being kept in accordance with Ohio law
- Allow local, state federal agencies to monitor your services
- Investigate incidents affecting health and safety, to report these to appropriate public health agencies, and to take steps to protect your health and safety
- Allow the DD Board to prepare reports required by the Ohio Department of Developmental Disabilities and the Ohio Department of Job and Family Services
- Contact you for assistance in passing levies, unless you notify the DD Board that you do not wish to be contacted for these purposes.
- Contact you for assistance for other fundraising activities, unless you notify the DD Board that you do not wish to be contacted for these purposes

## More Information

For more information about the practices and rights described in this notice

- Visit our website at [www.senecadd.org](http://www.senecadd.org)
- Contact the Seneca County DD Board at the phone number and address on the back of this notice

## Sharing Your Personal Information

There are limited situations when we are permitted or required to disclose personal information without your signed authorization. These situations are:

- To protect victims of abuse, neglect, or domestic violence
- To reduce or prevent a serious threat to public health and safety
- For health oversight activities such as investigations, audits, and inspections
- For lawsuits and similar proceedings
- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices.
- When required by law
- When requested by law enforcement as required by law or court order
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For workers' compensation or other similar programs if you are injured at work and are covered by workers' compensation or other similar programs
- For specialized government functions such as intelligence and national security

All other uses and disclosures not described in this notice, including those for marketing purposes or that constitute a sale of PHI, require your signed authorization. You may revoke your authorization at any time with a written statement.