

## FRANKLIN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES NOTICE OF PRIVACY PRACTICES

	THIS NOTICE DESC	RIBES HOW MEDICAL INFORMATION AROUT V	OU MAY BE USED AND DISCLOSED
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. IT ALSO DESCRIBES OUR PRACTICES ABOUT EARLY CHILDHOOD EDUCATION & FAMILY CENTER, EARLY CHILDHOOD LEARNING CENTER, AND WEST CENTRAL SCHOOL RECORDS.		
YOUR RECORDS ARE PRIVATE	We understand that information we collect about you or your child 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. For the Early Childhood Education & Family Center, Early Childhood Learning Center, and West Central School records, we follow the federal FERPA and IDEA laws. For adult enrollees, and for certain services for children, we follow the federal HIPAA laws. In addition, we follow many 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 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 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.		
	Your records may be used and disclosed by the employees and volunteers at the Board who serve you, as well as persons or agencies who work for us and sign strict confidentiality contracts.  Our organization includes: Administration Services, Service Coordination, Early Childhood Education & Family Center, Early Childhood Learning Community, West Central School, and Transportation.  At West Central School, for example, records may be shared with "school officials" who have a "legitimate educational interest" in your child. "Educational interest" means any matter related to your child's instruction, developmental or behavioral support, dietary, health or safety. "School officials" include teachers, paraprofessionals, aides, bus drivers and administrators at Franklin County Board of Developmental Disabilities. In general, we use and disclose your information in the following ways:		
WHO USES AND DISCLOSES MY RECORDS?	School related	We can use your information for teaching, behavioral and medical support, transportation and school administration.	Example: A school administrator will review progress data created by teachers.
	Treat you	We can use you information to provide the full range of services we provide: early intervention, habilitation, supported employment, and other services.	Example: Your service coordinator will review your records to create an ISP, which may be shared with you, your guardian, and other members on your treatment team.
	Run our organization	We can use your information to operate and manage the Board: these include improving quality of care, training staff, managing costs, and conducting other business duties.	Example: A supervisor may audit your records to determine whether appropriate services were provided.
	Bill for your services	We may use your information to get payment for services provided.	Example, the billing clerk uses service records of services provided to submit bills to the Ohio Department of Medicaid.
	<ul> <li>We may also use your medical information to:</li> <li>Determine whether you are eligible for services;</li> <li>Recommend to you service alternatives and other possible benefits;</li> <li>Tell you about other service providers who may be able to help you;</li> <li>Remind you or a guardian of an appointment;</li> <li>Conduct research</li> <li>To allow us to review direct service contracts;</li> <li>Allow local, state, and federal agencies to monitor your services;</li> <li>To allow us to prepare reports required by the Ohio Department of Developmental Disabilities and the Ohio Department of Job and Family Services.</li> </ul>		
	The Board or an affiliated foundation may contact you to raise funds. You have the right to opt out of any fundraising communications.  Propers a school directory. You have the right to opt out of a school directory.		

Prepare a school directory. You have the right to opt out of a school directory.

## 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: Record transfers to other schools your child enrolls in, 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, Ohio Department of Education and federal agencies, When a court order, subpoena or other legal process compels us to release information, **COULD MY** Reports to law enforcement agencies when reporting suspected crimes, when responding to an emergency, **RECORDS BE** or in other situations when we are legally required to cooperate, **RELEASED** In connection with an emergency, or to reduce or prevent serious threat to public health and safety, or the WITHOUT MY safety of an individual, PERMISSION? 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, protecting the president, operating government benefit programs, and caring for prisoners, In connection with "whistleblowing" by an employee of the Board, When required by law. 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 WHAT IF MY authorization is good until the expiration date you specify. You can cancel your permission at any time by letting **RECORDS NEED** us know in writing. TO GO **SOMEWHERE** Federal law requires that we notify you that any healthcare provider must obtain your explicit permission to release **ELSE** your information for any of the following: Psychotherapy Notes, for marketing purposes; to sell information about you. It has never been the Board's practice to release information for marketing purposes or to sell your information. You have legal rights concerning your privacy, access to your records, and the accuracy of your records. You have the following rights: 1. To see your records, or to get a copy, including an electronic copy; WHAT ARE MY 2. To request a correction to your records if you believe they are incorrect; **RIGHTS** 3. To receive all communications at a confidential address or phone number; REGARDING To receive an "accounting of disclosures", a list of any place we sent your record without your authorization; 4. PRIVACY, To request additional limits on how we use or disclose your information, although we are not obliged to honor **ACCESS TO MY** these requests except that if you choose to personally pay for services delivered, we will not bill Medicaid; **RECORDS, AND** You may receive a paper copy of this notice: THE ACCURACY Choose someone to act for you. OF MY RECORDS? To exercise any of these rights, or if you have any questions or complaints regarding our privacy practices, call, deliver, mail or email your request to: Gwynn Kinsel, HIPAA Privacy Officer at the contact information below. Ask any employee if you need help in putting your request in writing. If you have any questions or complaints about our privacy practices, please contact us: Attn: Gwynn Kinsel, HIPAA Privacy Officer Franklin County Board of DD 2879 Johnstown Rd. **QUESTIONS OR** Columbus, OH 4219 **COMPLAINTS?** (614) 475-6440 gwynn.kinsel@fcbdd.org We will never retaliate against you for filing a complaint. Further, if you are not satisfied with the results, you may also complain to the federal government: For School issues: For any other issues: Family Policy Compliance Office Secretary of Health and Human Services **FEDERAL** U.S. Department of Education 200 Independence Avenue, SW **COMPLAINTS** 400 Maryland Avenue, SW Washington, D.C. 20201 www.hhs.gov/ocr/privacy/hipaa/complaints/index.html Washington, D.C. 20202