

## HIPAA NOTICE:

This notice describes how medical information about individual's we serve may be used and disclosed and how you can get access to this information. Please review it carefully by clicking on each of the titles below to read more.

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## **Understanding Your Health Record/Information**

Understanding Your Health Record/Information The Wood County Board of Mental Retardation and Developmental Disabilities collects and maintains a record of information about individuals we serve, some of which is "protected health information" under federal law. Typically, "protected health information" may contain information about the individual's diagnoses, testing and treatment, and a plan for future care or treatment, but also may include demographic information that may identify the individual and that relates to past, present or future physical or mental health or condition. Protected health information is essential to the care we provide for individuals we serve. It serves as a:

- Basis for planning care and treatment
- Means of communication among the many health professionals
- Legal document describing the care provided Means to verify that services billed were actually provided
- Tool in educating professionals.
- Tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve

Individual health records contain personal health information, the confidentiality of which is protected under both state and federal law. Understanding that we expect to use and disclose this health information helps you to:

- Ensure its accuracy,
- Better understand who, what, when, where, and why your health care providers and others may access your health information, and
- Make more informed decisions when authorizing disclosure to others.

## **Your Health Information Rights**

Although individual health records are the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Receive notice of the uses and disclosures we expect to make of your health information, including a paper copy of the notice if requested, even if you have agreed to receive the notice electronically
- Request additional restrictions uses and disclosures of your health information (though we are not required to agree to any such request), or request that we send you confidential communications by alternative means or at alternative locations
- Inspect and obtain a copy of your health record
- Request that your health record be amended
- Obtain an accounting of disclosures of your health information made after April 15, 2003, for purposes other than treatment, payment, or health care operations.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or

administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed.

### Our Responsibilities

We are required by the Federal Privacy Rules to:

- Maintain the privacy of protected health information,
- Provide you with notice as to our legal duties and privacy practices with respect to health information we collect and maintain about individuals,
- Abide by the terms of this notice, subject to the following reservation of rights.

We reserve the right to change our health information practices and the terms of this notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice.

Should our health information practices change, we will post and/or provide a revised notice. We will not use or disclose your health information without your consent or authorization, except as described in this notice.

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### Uses and Disclosures for Treatment, Payment and Health Operations, Based on Your Consent

*We will use health information for treatment.*

For example: Protected health information will be recorded in individual consumer records and used to determine the course of treatment. Providers will record services they provide and their observations. Other board providers will be given copies of various reports that should assist him or her in providing coordinated services.

We may use and disclose health information about individual's served (for example, by calling you or sending you a letter) to remind them of an appointment with us, to recommend they attain medical treatment through outside provider, or to provide information about treatment alternatives.

*We will use health information for payment.*

For example: A bill may be sent to your insurance company or health plan, or to Medicaid. The information on or accompanying the bill may include information that identifies the individual served, as well as the diagnosis, procedures, and treatments we provided.

*We will use health information for regular health operations.*

For example: Members of the staff may use information in consumer records to assess the care and outcomes of the case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*We will provide some information to our Business associates.*

We provide some services with business associates, who are independent professionals that use health information provided by us in order to perform these services. Examples include residential service providers, transcription services, and contracted therapy services. We may disclose individual's health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### **Uses and Disclosures that We May Make Unless You Object**

Family or friends involved in care: Unless you object, professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in consumer care or payment related to that care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

### **Required Disclosures**

The Federal Privacy Rules require us to disclose your personal health information in two instances: to you at your request, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review.

### **Disclosures Permitted Without Consent for National Priority Purposes**

In addition, law permits uses and disclosure of individual health information without your consent or authorization for certain "national priority" purposes, including:

- When required by state or federal law.
- To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing or controlling disease.

- To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect, or domestic violence.
- To government health oversight agencies, such as the state and federal Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations (PRO's) and other licensing authorities.
- When required by court order in a judicial or administrative proceeding.
- To law enforcement officials for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena, or other legal process, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person, or victim, provided that the conditions in the rule are met.
- To coroners, medical examiners, or funeral directors for purposes of identifying a deceased person or carrying out their duties as required by law.
- When required to avert a serious threat to health or safety.
- When requested for certain specialized government functions authorized by law, including military and similar situations.
- As authorized by law in connection with workers compensation programs.

### **Uses and Disclosures Specifically Authorized By You**

We expect to make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you. You have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure.

### **For More Information or to Report a Problem**

If you have questions you may contact:

*Melinda Slusser*

Board Privacy Officer  
Wood County Board of MRDD  
11160 E. Gypsy Lane Road  
Bowling Green, Ohio 43402

Phone: 419-352-5115.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address, or with the Secretary of Health and Human Services, Washington, D.C. There will be no retaliation for filing a complaint.