

OUR PRIVACY RESPONSIBILITIES

The MR/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 in the MR/DD Board facilities and on our website, <http://butlermrdd.org>.

You may also request a copy of any notice from the MR/DD Board Privacy Office.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your personal information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.*
- Request that we use a specific telephone number or address to contact you.
- Inspect and copy your personal information, including service, medical and billing records.*
- 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. Your request must state the period of time desired for the accounting, which must be within the six 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.*
- Request a paper copy of this notice even if you agree to receive it electronically.

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

OUR ORGANIZATION

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

The MR/DD Board includes

Administration Building, Enrichment Center, Hamilton Center and senior programs, Janet Clemmons Center and satellites, Lewis Street office, Liberty Center, Middletown Center, Patterson Drive office, as well as the MR/DD Board employees and volunteers at those facilities.

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 the MR/DD Board Karen Whalen
Director of Quality Assurance and Medicaid
Services

282 N. Fair Ave, Hamilton, Ohio 45011
513.867.5671

or E-mail: karenw@butlermrdd.org

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

You also may file a written complaint with either

- The Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue 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 Avenue SW, Room 509F, HHH Building, Washington D.C., 20201 or call OCR's hotline – voice at 1-800-368-1019, or e-mail at ocrmail@hhs.gov.

BUTLER COUNTY BOARD OF MR/DD

NOTICE OF PRIVACY PRACTICES

EFFECTIVE: APRIL 14, 2003

REVISED: FEBRUARY 18, 2004

This notice describes how personal information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

PRIVACY PROMISE

The MR/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 PERSONAL INFORMATION

When you receive services from the MR/DD Board, we may use your personal 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 the 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 MR/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 MR/DD Board, the nurse will keep records of any care you receive. MR/DD Board staff may share your personal information while helping to develop your service plan.

If MR/DD Board staff want to share your personal information with anyone who is not employed by the MR/DD Board, you must give them written permission first.

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 MR/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 MR/DD Board. For example, we may use your personal information to evaluate the quality of treatment and services provided by our service staff.

OTHER SERVICES WE PROVIDE

We may also use your personal information to:

- Determine whether you are eligible for services from the MR/DD Board
- Recommend to you service alternatives and other possible benefits
- Tell you about other service providers who may be able to help you
- To allow the MR/DD Board to review direct service contracts
- Allow local, state, federal agencies to monitor your services
- To investigate incidents affecting health and safety, to report these kind of incidents and to take steps to protect your health and safety
- To allow the MR/DD Board to prepare reports required by the Ohio Department of Mental Retardation and Developmental Disabilities and the Ohio Department of Job and Family Services
- Remind you of an appointment *
- Contact you for assistance in passing levies*
- Request parent groups to send flowers when hospitalized *
- Share your information with the Butler County Dental Program*
- Mail you information on MR/DD Board leisure and self-advocacy activities*

Services marked with a star (*) will not occur if you tell the MR/DD Board staff you do not want it.

MORE INFORMATION

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

- Visit our website at <http://butlermrdd.org>
- Contact the MR/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, require you to sign an authorization. You may revoke your authorization at any time with a written statement.



Acknowledgment of Receipt of Notice

I have received a copy of the privacy notice from the Butler County Board of MR/DD.

Yes _____ No _____

Signature of Individual Receiving Notice	Name of Person Enrolled	Date

I do not want my personal information shared for the "other services we provide" which have an "S" (please specify which services)

