

**Your Information.**

**Your Rights.**

**Our Responsibilities.**

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.**

**Your Rights**

**You have the right to:**

- See and get a copy of your paper or electronic medical record
- Request correction to your records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

▶ **See page 2** for more information on these rights and how to exercise them

**Our Uses and Disclosures**

**We may use and share your information as we:**

- Provide services for you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

▶ **See page 2 and 3** for more information regarding the uses and disclosures

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

<b>Get an electronic or paper copy of your health record</b>	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of your health record and other information we have about you. Ask us how to do this.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a street address, and/or email.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> to use or share certain health information for services, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your services.</li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways:

#### Provide services to you

- We can use your health information and share it with other professionals who are providing services to you.

*Example: Your Support Coordinator may share your records with you, your guardian or your team.*

#### Run our organization

- We can use your information to operate and manage the Board: this includes training staff, improving your services and other Board business

*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 to you.

*Example: Our business office uses records of services to submit bills to the Ohio Department of Medicaid.*

**How else can we use or share your health information?** There are limited situations when we are permitted or required to disclose your records without your signed permission. These situations include:

- Determine whether you are eligible for services
- To protect victims of abuse, neglect, or domestic violence
- Allow local, state, federal agencies to monitor the services we provide to you
- When a court order, subpoena or other legal process compels us to release information
- Reports to law enforcement agencies when reporting suspected crimes, when responding to an emergency, or in other situations when we are legally required to cooperate
- Reports to public health authorities to prevent or control disease, to reduce or prevent serious threat to public health and safety, or for the safety of an individual
- 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
- We may contact you for marketing or fundraising efforts, but you can tell us not to contact you again.
- In connection with "whistleblowing" by an employee of the Board
- When required by law

#### **Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will contact you if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us permission in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

This notice applies to the Butler County Board of Developmental Disabilities (Board) and includes the Janet Clemmons Center, Liberty Fairfield Office as well as all Board employees and volunteers working on behalf of the Board. This notice also describes the privacy practices of persons or entities which have signed a contract with the Board and who are acting as business associates and have promised to follow the same rules of confidentiality.

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be posted and available upon request, in our office, and on our website

**If you have any questions about our privacy practices, or feel that your rights have been violated, please contact:**

Butler County Board of DD Privacy Officer  
 282 North Fair Avenue  
 Hamilton Ohio 45011  
 (513) 785-2872  
[privacyofficer@butlerdd.org](mailto:privacyofficer@butlerdd.org)

We will investigate all concerns and will not retaliate against you for filing a complaint.  
If you feel that your concerns have not been resolved, you may file a complaint at:

- Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201  
OCR's hotline – voice at 1-800-368-1019  
e-mail at [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

- Attorney General for State of Ohio  
30 E. Broad St., 14<sup>th</sup> Floor  
Columbus OH 43215  
800-282-0515