



## Belmont- Harrison- Noble County Boards

# Notice of Privacy Practices

### 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 SCHOOL OF HOPE 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 Belmont-Harrison-Noble County Boards of Developmental Disabilities (County Boards) must follow many laws to protect your privacy. For the School of Hope School and Harrison County Board of Development Disabilities Preschool records, we follow the federal FERPA laws. For adult services, and 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.

Your records may be used and disclosed by the employees and volunteers at the County Board who serve you, as well as persons or agencies who work for us and sign strict confidentiality contracts.

At the School of Hope, 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 Belmont and Harrison County Boards of Developmental Disabilities.

In general, we use and disclose your information:

- For teaching, behavioral and medical support, transportation and school administration. For example, a school administrator will review progress data created by teachers.
- To provide the full range of services we provide: early intervention, habilitation, supported employment, and other services. For example, your service and support coordinator will review your records to create an individual service plan, which may be shared with you, your guardian, a vocational specialist, and other individuals involved with providing services and support to you.
- To get payment for services provided: for example, the billing clerk uses records of services provided to submit bills to the Ohio Department of Developmental Disabilities, and
- For other operations to operate and manage the board: these include improving quality of care, training staff, managing costs, and conducting other business duties. For example, a quality assurance reviewer may audit your records to determine whether appropriate services were provided,
- To remind you or a guardian of an appointment for services,

### WHO USES AND DISCLOSES MY RECORDS?

#### 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 available upon request, in our office, and on our web site.

This Notice of Privacy Practices is effective as of October 1, 2013.

The Notice of Privacy Practices was last revised on 01/19/2021.

- The board or an affiliated foundation may contact you to raise funds. You have the right to opt out of any fundraising communications.

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 and federal agencies,
- 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,
- In connection with an emergency, or to reduce or prevent serious threat to public health and safety,
- 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.

**COULD MY RECORDS BE RELEASED WITHOUT MY PERMISSION?**

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. Federal law requires that we notify you that any healthcare provider must obtain your explicit permission to release your information for any of the following:

1. Psychotherapy Notes will only be released with your signed authorization;
2. For marketing purposes
3. To sell information about you

**WHAT IF MY RECORDS NEED TO GO SOMEWHERE ELSE**

It has never been the board's practice to release information for marketing purposes or to sell your information. Your written authorization tells us what, where, why and to whom the information must be sent. Your signed authorization is good until the expiration date you specify. You can cancel your permission at any time by letting us know in writing.

**WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS, AND THE ACCURACY OF MY RECORDS?**

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
2. To request a correction to your records if you believe they are incorrect
3. To receive all communications at a confidential address or phone number
4. To receive an "accounting of disclosures", that is, a list of any place we sent your record without your authorization
5. To request additional limits on how we use or disclose your information,

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although we are not obliged to honor these requests except that if you choose to personally pay for services delivered, we will not bill Medicaid.

6. You may receive a paper copy of this notice.

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:

Privacy Officer  
BHN Alliance  
68421 Hammond Road  
St. Clairsville, OH 43950  
740.695.0407 Ext. 347  
[lestep@bcbdd.org](mailto:lestep@bcbdd.org)

Ask any employee if you need help in putting your request in writing.

## 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 each county board's website. Belmont–Harrison–Noble County Boards of DD comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

## QUESTIONS OR COMPLAINTS?

If you have any questions or complaints about our privacy practices, please contact our Privacy Officer

We will never retaliate against you for filing a complaint. Further, if you are not satisfied with the complaint resolution, you may also file a complaint with the federal government:

### **For School issues:**

Family Policy  
Compliance Office  
U.S. Department of  
Education  
400 Maryland Avenue,  
SW  
Washington, D.C. 20202

### **For civil rights, privacy and security issues:**

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F HHH Bldg.  
Washington, D.C. 20201

[https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf)

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## **ADDENDUM TO NOTICE OF PRIVACY PRACTICES**

This section of your Notice of Privacy Practices which addresses Sharing your Personal Information without authorization is amended to add the following language:

Disability Rights Ohio (DRO) filed a state-wide class action captioned Ball v. Kasich Case No. 2:16-cv-282 in the U.S. District Court for Southern District of Ohio. The suit was filed on March 31, 2016 against the Governor, Department of Developmental Disabilities, Department of Medicaid and Opportunities for Ohioans with Disabilities. The Ohio Association of County Boards serving People with Developmental Disabilities may become a defendant in the lawsuit. The Plaintiffs are represented by DRO and other lawyers from Massachusetts, Illinois, Michigan and Washington, D.C.

The action potentially affects all adults with DD. The parties to the lawsuit have sought and will continue to seek documentation, including Protected Health Information, on individuals who are or who may be a part of this lawsuit, or who may have information relevant to this lawsuit or who are simply receiving services from DD Boards. The DD Board will comply with requests for information and may provide Protected Health Information on any person served by the DD Board to the lawyers for any of the parties. All information provided in connection with this lawsuit is covered by the protective order issued by the court which complies with HIPPA and other privacy regulations and which ensures that the information about any individual cannot be disclosed outside of the lawsuit without their permission. At the conclusion of the lawsuit, all protected health information which was disclosed or retained by any party in the course of the lawsuit will be destroyed.

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