



## **Lake County Board of DD/Deepwood**

# **Notice of Privacy Practices**

Updated: May, 2021

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 Lake County Board of DD/Deepwood 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.

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## HOW WE USE YOUR PERSONAL INFORMATION

When you receive services from the LCBDD, 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 that representative. If you have a guardian, we will provide the personal 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 LCBDD. 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 LCBDD, the nurse will keep records of any care you receive. LCBDD Staff may share your personal information while helping to develop your service plan.

If LCBDD staff wants to share your personal information with anyone who is not employed by the LCBDD, you must give them written permission first. However, we may disclose your identity without your permission if necessary for your treatment or to obtain payment for services.

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 LCBDD 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 LCBDD. 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 LCBDD
- Recommend to you service alternatives and other possible benefits
- Tell you about other service providers who may be able to help you
- Remind you of an appointment unless you tell the LCBDD staff that you do not wish to be reminded
- Allow the LCBDD to review direct service contracts

- Allow local, state and federal agencies to monitor your services
- Investigate incidents affecting health and safety, report these kind of incidents and take steps to protect your health and safety
- Determine whether the waiting lists are being kept in accordance with Ohio law.
- Allow the LCBDD to prepare reports required by the Ohio Department of Developmental Disabilities and the Ohio Department of Job and Family Services
- Contact you for assistance in passing levies, or other fundraising events, unless you notify the LCBDD that you do not wish to be contacted for these purposes

## **WHEN YOU MUST PROVIDE WRITTEN AUTHORIZATION**

You must sign a written authorization for all of the following:

- Any disclosure not listed as an exception in this notice.
- Most uses and disclosures of psychotherapy notes, which are notes of private conversations between you and your counselor or in a group counseling session.
- All uses and disclosures for marketing purposes.
- Disclosures that constitute a sale of your personal information.

## **SHARING YOUR PERSONAL INFORMATION**

There are limited situations when we are permitted or required to disclose personal information without your signed authorizations. These situations are:

- We may disclose your identity, if necessary, for your treatment or to obtain payment for services.
- To protect victims of alleged 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 disease, 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, or as required by a 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 function such as intelligence and national security
- For children attending school, proof of immunization will be provided to your school district without the need for a signed authorization, but the school must obtain your consent in some form, including oral consent.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

## OUR PRIVACY RESPONSIBILITIES

The LCBDD 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.**

Currently notices will be posted in the LCBDD Facilities and on our website [www.lakebdd.org](http://www.lakebdd.org)  
You may also request a copy of any notice from the LCBDD Privacy Officer.

## YOUR INDIVIDUAL RIGHTS

You have the right to:

- Receive notifications of breaches of your unsecured protected health information. You will receive such notifications if any occur.
- 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 communicate with you.
- Inspect and copy your personal information, including service, medical and billing records. Fees may apply.\*
- Request correction or additions to your personal information. You must give the reasons for wanting the change.\*
- Require restrictions on certain disclosures of protected health information to a health plan when you have paid out of pocket in full for the health care item or service.\*
- 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 requests. 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 LCBDD Privacy Officer for the appropriate form for your request.

## MEDIA COVERAGE

The LCBDD conducts activities for eligible individuals on LCBDD property which are, at times, covered by the media, which may take pictures of participants. The LCBDD makes reasonable efforts to let you know about such events in advance. You can request to be excluded from this kind of media coverage by asking any manager.

## OUR ORGANIZATION

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

### **The LCBDD includes:**

#### Children Services

Broadmoor School  
Early Intervention Services

#### Adult Services

Broadening Abilities  
Vocational Guidance Center  
Willoughby Branch

#### Residential Services

Adult Residential Center  
Jacklitz Continuing Development Center  
Respite

#### Recreation

#### Service and Support Administration

#### Investigative Agents

## 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 Lake County Board of DD/Deepwood:

Jodi Travers, HIPAA Privacy Officer  
8121 Deepwood Blvd.  
Mentor, Ohio 44060

Or email: [jodi.travers@lakebdd.org](mailto:jodi.travers@lakebdd.org)

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

You may also file a written complaint with one of the following:

- 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 509 F, HHH Building , Washington D.C., 20201 or call OCR's hotline- voice at 1-800-368-1019 or email at [ocrmail.hhs.gov](mailto:ocrmail.hhs.gov).
- Attorney General for the State of Ohio, at 30 East Broad St., 17<sup>th</sup> Floor, Columbus, Ohio 43215, or by e-mail at [ohioattorneygeneral.gov/contact](http://ohioattorneygeneral.gov/contact)

# Lake County Board of DD/Deepwood

## Notice of Privacy Practices

### *Addendum*

February, 2017

#### **HOW WE USE YOUR PERSONAL INFORMATION**

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 the 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, through their lawyers, 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 a protective order issued by the court which complies with HIPAA 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.

For further information on the lawsuit or the Protective Order, contact OACBDD.

**Acknowledgement of Receipt of**  
**Lake County Board of DD Notice of Privacy Practices and**  
**Addendum**

By signing below, I acknowledge receipt of the Notice of Privacy Practices and Addendum from the Lake County Board of DD.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Guardian for: \_\_\_\_\_