



What does “HIPAA” stand for?

“HIPAA” is the acronym for the federal legislation titled Health Insurance Portability and Accountability Act of 1996.

Who must comply with HIPAA?

HIPAA is applicable to:

- Health Care Providers
- Health Plans
- Health Care Clearinghouses

Those who must comply with HIPAA are considered “covered entities.” The Medina County Board of DD is a covered entity.

What does HIPAA do?

Without question, HIPAA is complex and has many components, but basically it addresses 3 major areas:

Privacy - provides rules in regard to how an individual’s health information may be used and disclosed by covered entities.

Transaction and Code Sets - requires the use of standard transaction formats and code sets when an individual’s financial health information is transmitted electronically by a covered entity for purposes of payment, coverage determinations, eligibility determinations, and similar business matters.

Security - requires covered entities to have specific security measures in place to protect an individual’s health information that is sent or stored electronically.

Understanding Your Personal Record/ Health Information

The Medina County Board of Developmental Disabilities collects and maintains a record of information about individuals, some of which is “protected health information” under federal law. Typically, “protected health information (PHI)” may contain information about an individual’s diagnoses, testing and treatment, and a plan for future care or services, but also may include demographic information that may identify the individual and relates to past, present, or future physical or mental health conditions.

Protected health information is essential to the care we provide for individuals. It serves as a:

- Basis for planning care and services
- Means of communication among numerous professionals and service providers
- Legal document describing the services 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 services we provide and the outcomes we achieve.

Individual 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 service providers and others may access your health information
- Make more informed decisions when authorizing disclosure to others.

Record Retention

The MCBDD shall retain individual records according to the approved Agency Retention Schedule. The MCBDD is required to notify an eligible individual, the individual’s guardian, or if a minor, the individual’s parent/guardian, prior to destroying any record or report regarding the eligible individual. The MCBDD shall make reasonable efforts to make the required notification prior to destruction of an individual’s record.



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OUR MISSION

The mission of the MCBDD is to promote and empower individuals with developmental disabilities to live, learn, work and socialize as citizens in the community.

To Report a Problem

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



Medina County Board of Developmental Disabilities

PRIVACY PRACTICES

HIPAA

Your Health Information Rights

Although an individual's record is the physical property of the service provider or facility that compiled it, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Request that we send you confidential communications by alternative means or at alternative locations
- Inspect and/or obtain a copy of your personal record
- Request restrictions on disclosures of your health information (though we are not required to agree to any such request)
- Request that your personal record be amended
- Request an accounting of disclosure of personal health information
- Obtain an accounting of disclosures of your health information made after April 15, 2003, for purposes other than treatment, payment or healthcare 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; information that is subject to law that prohibits access. 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
- Make available the administrative procedures concerning the disclosure and release of PHI
- 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.

Uses and Disclosures for Treatment, Payment and Health Operations

We will use health information for treatment/ services

For example: Protected health information will be recorded in an individual's record and used to determine plans for services and supports. Providers will record services they provide and their observations. Other Board providers will be given copies of various reports that assist him or her in providing coordinated services.

We may use and disclose health information about individuals (for example, by calling or sending a letter) to discuss ongoing services, to recommend they obtain services through outside provider(s), or to provide information about alternative service delivery.

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 items that identifies the individual, as well as the diagnosis, procedures, and services we provided.

We will use health information for regular healthcare operations

For example: Members of the staff may use information in an individual's record to assess the services and outcomes of programs for the individual and others receiving similar services. This information will then be used in an effort to continually improve the quality and effectiveness of the services and supports 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 services. Examples include residential service providers, transportation services, and contracted therapy services. We may disclose an 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

Directory

Prior to using the individual's name and location in the facility in a directory, you will have the opportunity to agree with or object to this disclosure. This information may be provided to members of your family, friends, or to other people who ask for the individual by name.

Family or Friends Involved in Care

Professionals, using their best judgment, may disclose to a family member, other relative, close personal friends or any other persons you identify, health information relevant to that person's involvement in providing services or payment related to those services. However, you will be informed in advance and you will have the opportunity to agree with or object to such disclosures.

Emergencies

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

Fundraising and Marketing

We may use healthcare information for limited fund-raising activities permitted under the Federal Privacy Rules. Periodically we will mail newsletters and/or other correspondence advocating DD causes.

Required Disclosures

The Federal Privacy Rules require us to disclose your personal healthcare information in two instances:

- 1) To you at your request
- 2) To the Secretary of Health and Human Services when requested as part of an investigation or compliance review

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.

Disclosures Permitted Without Consent

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), and other licensing authorities
- When required or 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.

Security & Surveillance

MCBDD strongly believes in creating and maintaining a safe environment for anyone who visits our facilities. For security reasons, we have surveillance cameras installed throughout each building. These cameras are used only to monitor the property and to help in official investigations should there be any unauthorized activities detected.