



Blanchard Valley Center

Hancock County Board of Developmental Disabilities

HEALTH INFORMATION & PRIVACY NOTICE OF PRIVACY PRACTICES

FOR YOUR PROTECTION	THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IT ALSO DESCRIBES OUR PRACTICES REGARDING BLANCHARD VALLEY SCHOOL AND BLANCHARD VALLEY CENTER RECORDS.
YOUR RECORDS ARE PRIVATE	<p>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 Board must follow many laws to protect your privacy.</p> <p>For the Blanchard Valley School records, we follow the federal FERPA laws. For adults and certain services for children, we follow the federal HIPAA laws. In addition, we follow many laws specific to Ohio Developmental Disability Boards.</p> <p>For this notice, we will use the term “records” to mean the paper or electronic records we maintain about you.</p>
OUR DUTIES	<p>We are obligated by law to maintain the privacy of your information and to provide this notice. In case of a breach, that is an improper disclosure of your information, we must 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 when we do, your records will be protected by our new, changed policies. Our current notice will always be available on our website.</p>
WHO USES AND DISCLOSES MY RECORDS?	<p>Your records may be used and disclosed by the employees and volunteers at the Board who support you, as well as persons or agencies who work for us and sign strict confidentiality contracts.</p> <p>Our organization includes Administration, Service & Support Administrators, Early Intervention, Blanchard Valley School, Quality Services and Operations.</p> <p>At Blanchard Valley School, 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, diet, health, or safety. “School officials” include teachers, paraprofessionals, aides, and administrators at Hancock County Board of Developmental Disabilities.</p> <p>In general, we use and disclose your information for teaching, behavioral and medical support, and school administration.</p> <p>We may also use your medical information to:</p> <ul style="list-style-type: none"> • Determine whether you are eligible for services; • Recommend to you service alternatives and other possible benefits; • Tell you about other service providers who may be able to help you; • Remind you or a guardian of an appointment; • Conduct research; • To allow us to review direct service contracts; • Allow local, state, and federal agencies to monitor your services; • To allow us to prepare reports required by the Ohio Department of Developmental Disabilities and the Ohio Department of Job and Family Services; • The Board or an affiliated foundation may contact you to raise funds. You have the right to opt-out of any fundraising communications; or • Prepare a school directory. You have the right to opt-out of a school directory.
COULD MY RECORDS BE RELEASED WITHOUT MY PERMISSION?	<p>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:</p> <ul style="list-style-type: none"> • 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, Ohio Department of Education, and federal agencies; • When a court order, subpoena, or other legal process compels us to release information;



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	<ul style="list-style-type: none"> • 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 a serious threat to public health and safety, or the safety of an individual; • To coroners, medical examiners, and funeral directors; • To victims of alleged violence or sex offenses; • For worker's 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; or • When required by law. <p>All other uses not described above require that we obtain signed permission.</p>	
WHAT IF MY RECORDS NEED TO GO SOMEWHERE ELSE?	<p>For any purpose not described above, we will release your information only with your explicit written authorization. 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.</p> <p>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: psychotherapy notes, marketing purposes, or to sell information about you.</p> <p>It has never been the Board's practice to release information for marketing purposes or to sell your information.</p>	
WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS, AND THE ACCURACY OF MY RECORDS?	<p>You have legal rights concerning your privacy, access to your records, and the accuracy of your records. You have the following rights:</p> <ul style="list-style-type: none"> • To see your records, or to get a copy, including an electronic copy; • To request a correction to your records if you believe they are incorrect; • To receive all communications at a confidential address or phone number • To receive an "accounting of disclosures", a list of any place we sent your record without your authorization; • To request additional limits on how we use or disclose your information, 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; • You may receive a paper copy of this notice; and • To choose someone to act for you. <p>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 Jenny Ferguson, HIPAA Privacy Officer at the contact information below. Ask any employee if you need help in putting your request in writing.</p>	
QUESTIONS OR COMPLAINTS?	<p>If you have any questions or complaints about our privacy practices, please contact:</p> <p>Attn: Denise DeVault, HIPAA Privacy Officer Hancock County Board of DD 1700 E Sandusky St Findlay, OH 45840 (419) 422-6387 ddevault@blanchardvalley.org</p> <p>We will never retaliate against you for filing a complaint. Further, if you are not satisfied with the results, you may also complain to the federal government.</p>	
FEDERAL COMPLAINTS	<p>For School Issues: Family Policy Compliance Office U.S. Department of Education 400 Maryland Ave, SW Washington, D.C. 20202</p>	<p>For any other issues: Secretary of Health & Human Services 200 Independence Ave, SW Washington, D.C. 20201 www.hhs.gov/ocr/privacy/hipaa/complaints/index.html</p>

I have received a copy of the privacy notice from the Hancock County Board of DD. ☐ Yes ☐ No

Individual Served by HCBDD

Signature of Individual Receiving Notice (Parent/Legal Guardian)

Date