



Notice of Privacy Practices

This notice describes how personal information about you may be disclosed and how you can get access to this information. Please review it carefully.

Summit DD and Your Information

Summit County Developmental Disabilities Board, or Summit DD, is committed to protecting your privacy. We use personal information to determine eligibility, coordinate and pay for services, as well as a variety of other instances that ultimately work to help you live your vision of a good life. This booklet outlines our commitment to your privacy and describes our privacy practices and those of our staff, volunteers, and contracted Summit DD business associates. At Summit DD, we follow strict federal and state laws to keep your personal information confidential.

How is my personal information used?

Summit DD uses personal information for activities related to your supports, such as providing you with services, billing related to your services, and other health care operations. Your information will only be shared with staff, providers and associates as necessary. If you have a guardian, we will provide the information to your guardian. For those who choose to have a personal representative, you can agree to let your designee have access to your personal information as well.

Examples of how we use your information include:

Treatment: We keep records of related care and services coordinated by Summit DD. For instance, your Service and Support Administrator (SSA) will keep notes on all the contacts made in coordinating and arranging services or if you are under the care of a nurse working for Summit DD, the nurse will keep records of any care you receive. Summit DD staff may share your personal information while helping to develop your Individualized Service Plan, or ISP.

Before a Summit DD staff member can share your personal information with anyone not employed by Summit DD, you must first give your permission. However, there are occasional instances for treatment or payment for services when it may be necessary to disclose your identity without your permission.

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 to obtain payment from Medicaid, or Summit DD 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 also use personal information to improve the quality of care, train staff, manage costs, conduct required business duties, and make plans to better support you and other individuals. For example, we may use your personal information to evaluate the quality of treatment and services provided by our service staff.

Additional Uses and Services: We may also use your personal information to:

- Determine whether or not you are eligible for services from Summit DD;
- Provide options about other service providers who may be able to help you;
- Remind you of an appointment (unless you tell the Summit DD staff that you do not wish to be reminded);
- Review direct service contracts;
- Allow local, state, and federal agencies to monitor your services;
- Investigate incidents affecting health and safety, report necessary incidents, and take steps to protect your health and safety;
- Allow Summit DD to prepare reports required by the Ohio Department of Developmental

- Disabilities, Area Agency on Aging and the Ohio Department of Jobs and Family Services;
- Contact you for assistance in other fund raising activities (unless you notify Summit DD that you don't want to be contacted for these purposes); or
 - Allow a committee member to contact you about a ballot issue (unless you notify Summit DD that you do not wish to be contacted for these purposes).

For more information about the practices and rights described in this notice, please visit SummitDD.org/Resources or contact us at 330-634-8000.

Sharing your Personal Information

There are limited situations when it may be necessary for us to disclose personal information without your signed authorization. We may disclose information, if necessary:

- For your treatment or to obtain payment of services;
- To protect victims of abuse, neglect or domestic violence;
- To reduce or prevent serious threat to public safety;
- For health oversight activities such as investigations, audits and inspections;
- For lawsuits and similar proceedings;
- For public health purposes such as reporting communicable diseases, work related illnesses, or other diseases and injuries permitted by law;
- To report births or deaths;
- To report reactions to drugs and problems with medical devices;
- When required by law;
- When requested by law enforcement, as required by 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; or
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. These include:

- 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; and
- Disclosures that constitute a sale of your personal information.

Please note that you may rescind your authorization at any time with a written statement.

Our Privacy Responsibilities

Summit DD 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; and
- 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.

Current notices will be posted in Summit DD facilities and on our website, SummitDD.org. You may also request a copy of any notice from the Summit DD Records Department.

Your Individual Privacy 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;
- *Require restrictions on 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 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 corrections or additions to your personal information. (You will be required to give the reasons for the change.);
- *Request an accounting of certain disclosures of your personal information made by us or by business associates who are working for Summit DD. Requests must state the period of time desired for the accounting. You may ask for an accounting of disclosures made up to six years prior to your request. The first accounting can be made at no cost to you, however a fee will apply if more than one request is made in a 12-month period; and
- Request a paper copy of this notice even if you agree to receive it electronically.

If you are looking for information about the privacy practices of your service provider (who is

not employed by Summit DD) please contact them directly.

If you have additional questions, concerns or disagree with a decision that concerns your personal information, please contact our Records Manager at 330-634-8000 or contact us online at SummitDD.org/Contact-Us.

We will investigate all complaints and will not retaliate against any individual for filing a complaint. You have the right to file a written complaint with Department of Health and Human Services (DHHS) if you believe that your privacy rights have been violated.

The Secretary of the U.S. Department of Health and Human Services

200 Independence Avenue, SW
Washington D.C. 20201
Phone: 1-877-696-6775

Office for Civil Rights

US Department of Health & Human Services
200 Independence Avenue, SW, Room 509F,
HHH Building
Washington D.C. 20201
OCR's hotline: 1-800-368-1019
e-mail: ocrmail@hhs.gov

Attorney General for the State of Ohio

30 East Broad Street, 14th Floor
Columbus, Ohio 43215
website: ohioattorneygeneral.gov/Contact

* Requests marked with a star (*) must be made in writing.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE

Please complete this form and return the Acknowledgment panel to:
Summit DD, Attn: Intake Department, 2355 2nd Street, Cuyahoga Falls, Ohio 44221

Name of Individual _____

I have received the Privacy Notice from Summit County Developmental Disabilities Board.

Signature of individual or guardian, if applicable _____

Date _____