



# Cuyahoga County Board of Developmental Disabilities Notice of Privacy Practices

Effective March, 2023

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.

## Cuyahoga DD and Your Information

The Cuyahoga County Board of Developmental Disabilities (Cuyahoga 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 notice outlines our commitment to your privacy and describes our privacy practices and those of our staff, volunteers and contracted Cuyahoga DD business associates. We follow strict federal and state laws to keep your personal information confidential.

For infants, pre-school and school-aged children, we follow the federal IDEA and FERPA regulations.

For adults receiving services and certain services for children, we follow the federal HIPAA laws. In addition, we follow laws specific to Ohio county boards of DD.

For this notice we will use the term "records" to mean the paper or electronic records we maintain about you.

## How is your personal information used?

Cuyahoga 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:

**Treatment:** We keep records of related care and services coordinated by Cuyahoga DD. For instance, your support administrator (SA) will keep notes on contacts made in coordinating and arranging services. Cuyahoga DD staff may share your personal information while helping to develop your Individual Service Plan (ISP).

Before a Cuyahoga DD staff member can share your personal information with anyone not employed by Cuyahoga 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. Cuyahoga 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 staff.

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

- Determine whether or not you are eligible for services from Cuyahoga DD;
- Provide options about other service providers who may be able to help you;
- Remind you of an appointment (unless you tell Cuyahoga 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 Cuyahoga DD to prepare reports required by the Ohio Department of Developmental Disabilities, Ohio Department of Job and Family Services; or other state and federal agencies, or;
- Allow a committee member to contact you about a ballot issue (unless you notify Cuyahoga DD that you do not wish to be contacted for these purposes).

## Sharing your 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.

**For any purpose not described above, we will release your information only with your explicit written authorization.**

## Releasing your information

Federal law requires that we notify you that any health care provider must obtain your explicit permission in writing to release your information for any of the following:

- Behavioral health records;
- For marketing purposes; and
- To sell information about you.

It has never been Cuyahoga DD'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 noted on any form or document. You can cancel your permission at any time by letting us know in writing.

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

## Our Privacy Responsibilities

Cuyahoga 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 our facilities and on our website, [www.CuyahogaBDD.org](http://www.CuyahogaBDD.org). You may also request a copy of any notice by contacting Cuyahoga DD.

## 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, address and/or email 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 Cuyahoga 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.

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

## Questions or Complaints?

If you have questions, concerns or disagree with a decision that concerns your personal information, please contact our privacy officer:

Cuyahoga DD  
HIPAA Privacy Officer  
1275 Lakeside Ave.  
Cleveland, OH 44114  
(216) 241-8230

PrivacyOfficer@CuyahogaBDD.org

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 the Department of Health and Human Services (DHHS) if you believe that your privacy rights have been violated.

### For Adults:

U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW  
Washington, D.C. 20201  
1-877-696-6775  
or 1-800-368-1019

Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

[www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html)

### For Children (under 18 years):

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

Email: [FERPA.Complaints@ed.gov](mailto:FERPA.Complaints@ed.gov)

Attorney General for the State of Ohio  
30 East Broad Street, 17th Floor  
Columbus, Ohio 43215

Send message via website:  
[www.ohioattorneygeneral.gov/Contact](http://www.ohioattorneygeneral.gov/Contact)

If you are looking for information about the privacy practices of your service provider (who is not employed by Cuyahoga DD), please contact them directly.

Please sign and return to the Cuyahoga County Board of Developmental Disabilities  
1275 Lakeside Ave., Cleveland, OH 44114 Attn: Intake



## Acknowledgement of Receipt of Notice

I have received a copy of the privacy notice for the  
Cuyahoga County Board of Developmental Disabilities

Circle: YES or NO

Individual receiving services/supports from Cuyahoga DD \_\_\_\_\_  
Print name of individual

\_\_\_\_\_  
Signature of person receiving this Notice  
(parent/guardian/individual)

\_\_\_\_\_  
Date