



# WCBDD

1701 COLEGATE DRIVE, MARIETTA, OH 45750

WASHINGTON COUNTY BOARD OF DEVELOPMENTAL DISABILITIES  
Susan E. Tilton, Superintendent

PHONE: (740) 373-3781  
FAX: (740) 373-1373

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## Notice of Privacy Practices

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

The Washington County Board of Developmental Disabilities 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.

### PRIVACY PROMISE

The Washington County Board of Developmental Disabilities 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.

### HOW THE WCBDD USES YOUR PERSONAL INFORMATION

When you receive services from the WCBDD, 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 (guardian or someone else you have appointed) and have agreed to let that person obtain your personal information, we will provide the information to them.

### EXAMPLES OF HOW WE USE YOUR INFORMATION INCLUDE:

**Services and/or Treatment** – Records of the care and services provided to you within the WCBDD are kept for each service. For example, nurses, therapists and service coordinators keep notes on all contacts made in coordinating, arranging or providing a service. WCBDD staff may share your personal information while helping to develop your service plan.

**Payment** – The WCBDD keeps 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 and other sources. WCBDD also may disclose personal information about the services provided to you to confirm your eligibility for Medicaid, as well as determine the amount and type of Medicaid services you require.

**Health Care Operations** – The WCBDD uses personal information to make plans to better serve you and other enrolled individuals, improve its overall quality of care, train staff, manage costs and conduct required business duties. The agency may use your personal information to evaluate the quality of treatment and services provided by our agency staff.

If the WCBDD staff wants to share your personal information with anyone who is not employed by the WCBDD, you must give them written permission first.



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## **OTHER SERVICES WE PROVIDE**

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We may also use your personal information to:

- Determine whether you are eligible for services from the Washington County Board of Developmental Disabilities
- 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 Washington County Board of Developmental Disabilities staff that you do not wish to be reminded.
- All the Washington County Board of Developmental Disabilities to review direct service contracts.
- All local, state, federal agencies to monitor your services.
- To investigate incidents affecting health and safety, to report these kinds of incidents and to take steps to protect your health and safety.
- To allow the Washington County Board of Developmental Disabilities to prepare reports required by the Ohio Department of Developmental Disabilities and the Ohio Department of Jobs and Family Services.
- Contact you for assistance in passing levies, unless you notify the Washington County Board of Developmental Disabilities that you do not wish to be contacted for these purposes.

## **USES AND DISCLOSURES OF HEALTH INFORMATION NOT REQUIRING CONSENT OR AUTHORIZATION**

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There are limited circumstances when the law provides that the Washington County Board of Developmental Disabilities may use/disclose your health information without consent or authorization in the following circumstances:

- For public health purposes, such as reports of communicable diseases, work-related illnesses or other diseases and injuries permitted by law, reports of births and deaths and reports of reaction to drugs and problems with medical devices;
- To protect victims of abuse, neglect or domestic violence;
- For health oversight activities such as investigations, audits and inspections;
- To reduce or prevent a serious threat to public health and safety
- When required by law;
- When requested by law enforcement as required by law or court order;
- Related to a death, (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 functions such as intelligence and national security.
- To prepare reports required by the Ohio Department of Developmental Disabilities and the Ohio Department of Jobs and Family Services

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.

## **YOUR INDIVIDUAL RIGHTS**

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You have the right to:

- 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.\*



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- Request corrections or additions to your personal information. You must give the reasons for wanting the change.\*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 request. 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 WCBDD Privacy Officer for the appropriate form for your request.

## OUR ORGANIZATION

This notice describes the privacy practices of the Washington County Board of Developmental Disabilities (WCBDD). This notice also describes the privacy practices of persons or entities which have signed a contract with the Washington County Board of Developmental Disabilities and which are acting as business associates, and have promised to follow the same rules of confidentiality.

## MORE INFORMATION

For more information about the practices and rights described in this notice, are concerned that your privacy rights have been violated or disagree with a decision that the Washington County Board of Developmental Disabilities has made about access to your personal information or would like to request a copy of this notice, please feel free to contact the Washington County Board of Developmental Disabilities:

Office of Service and Support Administration  
2347 D St. Rt. 821  
Marietta, Ohio 45750  
(740) 373-5147

Current notices will be posted in Washington County Board of Developmental Disabilities Facilities and on our website at [www.wcbdd.org](http://www.wcbdd.org).

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

You also may file a written complaint with either

- The Secretary of U.S. Department of Health and Human Services at 1-877-696-6775
- The Office for Civil Rights, U.S. Department of Health and Human Services at 1-800-368-1019 or email at [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov).

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I acknowledge have received a copy of the privacy notice from the Washington County Board of Developmental Disabilities.

Printed Name of Individual Served: \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Receiving Notice (Parent/Guardian)

\_\_\_\_\_  
Date