LAKE COUNTY BOARD OF DD/DEEPWOOD

BOARD POLICY

Reviewed and Adopted by the Board:
Date: May 22, 2017

Signature on File
Elfriede Roman, Superintendent

I. SUBJECT: CONFIDENTIALITY OF INDIVIDUALS SERVED THROUGH BOARD PROGRAMS

II. PURPOSE:

To establish a policy that will protect the confidentiality of individual information.

III. REFERENCES:

45 CFR §160 and 164 Health Insurance Portability and Accountability Act
Ohio Administrative Code, Dept. of Education, 3301-51-04 Confidentiality
Ohio Administrative Code, Department of JFS, 5101:1-1-03 Disclosure of Recipient Information, Non-Discrimination, and Treatment of Information Received from The Internal Revenue Service and Social Security Administration
Ohio Administrative Code, Department of DD, 5123:2-1 County Board of Developmental Disabilities
Ohio Administrative Code, Department of DD, 5123:2-3 Licensing of Residential Facilities

IV. DEFINITIONS:

A. “Individual” refers to the person receiving LCBDD/Deepwood services.

B. “Personally-identifiable information” means:
   1. The name of the individual, the individual’s parents, or other family member(s).
   2. The address of the individual.
   3. A personal identifier such as an individual’s social security number, Medicaid/Medicare number, computer ID code, state ID code.
   4. A list of personal characteristics or other information which would make it possible to identify the individual with reasonable certainty.

C. “Required by law” is defined as:
   1. A journalized order from a court of competent jurisdiction directing the disclosure of confidential individual information,
2. A statute, regulation or ordinance applicable to the LCBDD/Deepwood and requiring the disclosure of confidential individual information, or

3. A lawfully issued subpoena identifying with sufficient specificity the individual information sought and its relevance to the subject matter of the litigation.

D. Protected Health Information, PHI, means individually identifiable information in electronic, paper or real form relating to the past, present or future physical or mental health or condition of an individual, provisions of health care to an individual or the past present or future payment for health care provided to an individual.

E. Minimum necessary disclosures relates to disclosure of PHI to the information reasonably necessary to accomplish the purpose for which disclosure is sought and to review requests for disclosure on an individual basis.

F. Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

G. Personal Representative means a person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in loco parentis who is authorized under law to make health care decisions on behalf of an unemancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service, or where the parent, guardian or person acting in loco parentis has assented to an agreement of confidentiality between the Board and the minor.

V. POLICY:

The Board recognizes the absolute right of all individuals served to be treated with dignity and respect - including the right to confidential treatment of all personally identifiable information, including Protected Health Information.

In recognition of this basic right, no person associated with the LCBDD/Deepwood is authorized to access, duplicate, or disseminate or disclose any such personally-identifiable information or PHI except as noted in the Authorization, without express consent of the individual or guardian or personal representative, unless such information release is required by law.

The use of individual or program information is authorized only in accordance with the agency’s purpose of education or habilitation and as is minimally necessary to accomplish treatment, payment or health care operations.

All programs within the agency must obtain the individual’s consent (Attachment A) prior to using or disclosing protected health information to carry out treatment, payment or health
care operations. All individuals and their guardians will receive a Notice of Privacy Practices at initial enrollment in a Board service explaining their right to privacy of PHI. See Attachment B.

This Board policy regarding confidentiality of individual information will be available to agency personnel having responsibility for and/or access to such records.

At the time of hire and annually thereafter, all agency personnel will be required to review and sign Attachment C “Statement of Confidentiality of Individual Information”.

Throughout term of employment, all agency personnel will be expected to adhere to said statement and policy. Unauthorized use or disclosure of information regarding all individuals receiving any service from the Board may result in disciplinary measures to the extent required by law and described in the collective bargaining agreements.

V. DISTRIBUTION:

Board Members
All Management Staff
All Staff (via Department Managers)
LEADD President

VI. REVIEWED:
5/17, 5/15, 5/13, 5/11, 5/09, 5/07, 4/05, 4/03, 2/00, 10/97

APRC REVIEW:
5/16, 5/14
LAKE COUNTY BOARD OF DD

STATEMENT OF CONFIDENTIALITY OF INDIVIDUAL INFORMATION

As a Lake County Board of Developmental Disabilities (DD) employee, consultant, volunteer or (other) ______________, you are allowed access to individual or program information when a legitimate “need-to-know” exists. Along with your right to access individual information is the obligation to treat such information with respect and discretion for the individual’s right to privacy. The Lake County Board of DD’s Policy on confidentiality (A-5) and Program Records Policy (A-11) with their supporting administrative procedures contain specific guidelines for review and use of materials from individual program records. As an employee, volunteer, or consultant, you are required to be knowledgeable of the specific revisions of these policies and supporting procedures which are contained in each policy manual located in the program director’s office and available for your review.

The Board’s Policies on Confidentiality and Program Records clearly require that any information about a person served by the Board or from an individual’s record be disclosed only to authorized persons and only on the condition that the party to whom the information is disclosed will not disclose the information to an unauthorized party without the prior consent of the adult individual, parent or guardian.

Unauthorized access, disclosure, and/or dissemination to unauthorized persons may subject you to agency disciplinary measures and/or subject you to liability under Federal and State Law.

I certify that I have read and thoroughly understand the provisions and directives of the Statement of Confidentiality of Individual Information contained herein. I am also aware that should I require further clarification or interpretation of any provisions of this statement that I am directed to contact my immediate supervisor for assistance.

_______________________________
Print Name

_______________________________
Signature

_______________________________
Date

_______________________________
Department/Agency/School District