



Delaware County Board of Developmental Disabilities

To inspire, empower, and support people to achieve their full potential.

New Referral for County Board Services

Please submit your referral by email to intake.eligibility@dcbdd.org, or by mail at the address listed below. An eligibility determination will be made within 45 days once all required documents are received. Learn more about DCBDD at www.dcbdd.org.

Today's Date			
Applicant's Information			
Name		Date of Birth	
Address			
Phone		Email	
Parent/Guardian Name(s)			
Phone		Email	
Preferred method of contact	<input type="checkbox"/> Email <input type="checkbox"/> Phone		
What are your main concerns or top priorities at this time. What information are looking for?			

Required Documents: <i>Please submit the following documents with this referral form.</i>	
<input type="checkbox"/>	For ages 3-5: Evidence of a developmental delay: <ul style="list-style-type: none"> • Most recent Evaluation Team Report (ETR) from the school district OR • An evaluation from within the past 90 days that includes standardized scores OR • A diagnostic report
<input type="checkbox"/>	For ages 6+: Diagnostic report indicating a qualifying developmental disability
<input type="checkbox"/>	Delaware County Resident Verification (utility bill, financial statement, lease/home purchase contract)
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Guardianship or Adoption Orders (if applicable)
<input type="checkbox"/>	Evaluation Team Report (ETR) (if applicable)
<input type="checkbox"/>	Individualized Education Plan (IEP) (if applicable)
<input type="checkbox"/>	Managed Care Ohio/Medicaid Card (if applicable)
<input type="checkbox"/>	Signed Release of Information (see attached)

For Intake & Eligibility Team Use Only:		I&E Contact	
Eligibility Determination: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible <input type="checkbox"/> Referral Closed <i>[provide date and reason]</i>			
Service Recommendation: <input type="checkbox"/> Family Support Services <input type="checkbox"/> Service and Support Administration			
Notes:			
I&E CONTACTS	Type	Date	Response
Contact 1			
Contact 2			
Contact 3	Letter		



Delaware County Board of Developmental Disabilities
 149 North Sandusky Street
 Delaware, OH 43015

**AUTHORIZATION FOR RELEASE
 OF INFORMATION**

Individual About Whom Information is to be Disclosed

Name - Last, First, Middle Initial			Phone	
Address - Street		City	State	Zip
Date of Birth		Email Address		

Purpose and Use of Information Disclosed

I authorize the Delaware County Board of Developmental Disabilities (DCBDD) to disclose the below indicated health, medical information, and/or other records requested. The purpose of this release is to assist in the coordination of services. I understand that I can revoke this authorization at any time by written notice, except to the extent that the disclosure authorized has been acted upon prior to receipt of any written revocation. I understand that once the records and information authorized herein are disclosed to entities or persons outside of DCBDD, they could be redisclosed by the recipient(s) and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). However, service providers generally are bound by contract and law to maintain the confidentiality of the health and other information received.

Name of Person/Organization to Receive Information

Name			Phone	
Delaware County Board of Developmental Disabilities			740.201.3601	
Address - Street		City	State	Zip
149 North Sandusky Street		Delaware	OH	43015

Two-Way Exchange of Information

I authorize this information to be exchanged between the designated people/organizations above

Yes No

Type of Information and Records Authorized for Release

<input type="checkbox"/> Care services received/Individual Service Plan	<input type="checkbox"/> Housing information
<input type="checkbox"/> Eligibility information	<input type="checkbox"/> Employment records
<input type="checkbox"/> Medical records and diagnoses	<input checked="" type="checkbox"/> Any and all of the above listed information that DCBDD needs to perform its duties or coordinate my services
<input type="checkbox"/> School records	
<input type="checkbox"/> Financial benefits information	

Limitations on Information to be Disclosed, if Any

Records relating to the following dates only: _____ to _____

Records pertaining to the following conditions or events only: _____

Effective Dates - if this item is left blank, the authorization will expires one (1) year from date signed

This authorization is valid until the following date (mm/dd/yy) or event (specify): _____

Individual/Representative's Name (please print): _____

Individual/Representative's Signature: _____

Date: _____

My authority as a representative to sign the Release of Information is:

Parent of a Minor Legal Guardian

A FACSIMILE, PHOTOCOPY, OR SCAN OF THIS AUTHORIZATION IS CONSIDERED TO BE AUTHENTIC AS THE ORIGINAL



Delaware County Board of Developmental Disabilities Notice of Privacy Practices

FOR YOUR PROTECTION	THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.										
YOUR RECORDS ARE PRIVATE	We understand that information we collect 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, including federal HIPAA laws. In addition, we follow many laws specific to Ohio Boards of Developmental Disabilities. For this notice, we will use the term “records” to mean the paper or electronic records we maintain about you.										
OUR DUTIES	We are obligated by law to maintain the privacy of your information and to provide this notice. In the event of an improper disclosure of your information, we are required to 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 if and when we do, your records will be protected by our new, changed policies. Our current notice will always be available on our website.										
WHO USES AND DISCLOSES MY RECORDS?	<p>Your records may be used and disclosed by the employees and volunteers at the Board who serve you, as well as persons or agencies who work for us and sign strict confidentiality contracts.</p> <p>In general, we use and disclose your information in the following ways:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <tr> <td style="width: 30%; text-align: center; vertical-align: top;">To provide supports</td> <td style="width: 40%;">We can use your information to provide the full range of services and supports we provide, including but not limited to early intervention, service and support administration, and other services.</td> <td style="width: 30%;">Example: Your Service and Support Administrator will review your records to create an ISP, which may be shared with you, your guardian, and other members of your team.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">To operate our agency</td> <td>We can use your information to operate and manage the Board, including improving quality of care, training staff, managing costs, and conducting other business duties.</td> <td>Example: A supervisor may review your records to determine whether appropriate services were authorized.</td> </tr> <tr> <td style="text-align: center; vertical-align: top;">To bill for services</td> <td>We may use your information to get payment for services provided.</td> <td>Example: Service records are used to submit bills to the Ohio Department of Medicaid.</td> </tr> </table> <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; • 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, the Ohio Department of Job and Family Services, and the Ohio Department of Medicaid. 		To provide supports	We can use your information to provide the full range of services and supports we provide, including but not limited to early intervention, service and support administration, and other services.	Example: Your Service and Support Administrator will review your records to create an ISP, which may be shared with you, your guardian, and other members of your team.	To operate our agency	We can use your information to operate and manage the Board, including improving quality of care, training staff, managing costs, and conducting other business duties.	Example: A supervisor may review your records to determine whether appropriate services were authorized.	To bill for services	We may use your information to get payment for services provided.	Example: Service records are used to submit bills to the Ohio Department of Medicaid.
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<p>COULD MY RECORDS BE RELEASED WITHOUT MY PERMISSION?</p>	<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"> • 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 and federal agencies; • When a court order, subpoena, or other legal process compels us to release information; • 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 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 workers' compensation programs; • For specialized government functions including national security, and operating government benefit programs; • In connection with "whistleblowing" by an employee of the Board; • When otherwise required by law. <p>All other uses not described above require that we obtain your signed permission.</p>
<p>WHAT IF MY RECORDS NEED TO GO SOMEWHERE ELSE?</p>	<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>WHAT ARE MY RIGHTS REGARDING PRIVACY, ACCESS TO MY RECORDS, AND THE ACCURACY OF MY RECORDS?</p>	<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 obligated 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; • Choose someone to act for you.
<p>QUESTIONS OR COMPLAINTS?</p>	<p>If you have any questions or complaints about our privacy practices, please contact us: Delaware County Board of Developmental Disabilities Attn: HIPAA Privacy Officer 149 North Sandusky Street Delaware, OH 43015 740.201.3600 Communications@dcbdd.org</p>
<p>FEDERAL COMPLAINTS</p>	<p>Secretary of Health and Human Services 200 Independence Avenue, SW Washington, D.C. 20201 https://www.hhs.gov/hipaa/filing-a-complaint/index.html</p>