Respite Coordination

Short-Term Relief for Unpaid, Live-In, Primary Caregivers

The Arc Montgomery County

FY26 Request for Household Size and Income Information

Please complete the following request for Household Income and Size:

This information helps The Arc Montgomery County continue to support families and create positive change in our community. Responses are for *record keeping purposes* and will not disqualify you from being eligible for Respite Coordination.

Why We Collect Household Income and Size Information:

- The inclusion of household income and household size data helps us show the diverse backgrounds of the families we serve.
- It allows us to better understand the families we support and adjust our programs to meet their specific needs.
- This information is reported to the Montgomery County Department of Health and Human Services, the Respite Coordination funding source, showing the impact of our services.

Number of People Residing in Household: _____

How to Calculate Household Income

Household income is the **total gross income before taxes**, received within a **12-month period** by all members of a household. This number should include all sources of income such as wages, salaries, self-employment earnings, Social Security benefits, pensions, retirement income, investment income, welfare payments, and other sources.

Which of the following best describes the total annual income of your household? (Responses are for data collection only and will not disqualify you from being eligible for Respite Coordination)

Please check one for total annual income of household:

- ☐ **Under $15,000**
- ☐ **$15,001–$29,999**
- ☐ **$30,000–$49,999**
- ☐ **$50,000–$99,999**
- ☐ **$100,000-$124,999**
- ☐ **$125,000-$199,999**
- ☐ **Over $200,000**
- ☐ **Decline to Answer**

Confidentiality and Privacy:

- We treat all income information with the utmost confidentiality.

If you have any concerns or questions, please feel free to reach out to the Respite Administrator 301.984.5777x1206 or email Respite@TheArcMoCo.org.

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Respite Coordination

Short-Term Relief for Unpaid, Live-In, Primary Caregivers

The Arc Montgomery County

FY26 APPLICATION FOR ADULT RESPITE COORDINATION

For Adults Ages 18-59 with Intellectual, Developmental and/or Functional Disabilities

THIS APPLICATION IS VALID JULY 7, 2025–FEBRUARY 27, 2026

Section A. Adult with an intellectual/developmental/functional disability.
(Must attach copy of Maryland Driver's License or other MVA issued Maryland identification)

Name: _____
First *Middle* *Last*

Street Address: _____

City: _____ State: _____ Zip: _____

Race: ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Other _____

Ethnicity: ☐ Non-Hispanic or Latino ☐ Hispanic or Latino

Gender: ☐ Male ☐ Female ☐ Gender Neutral Date of Birth: ____/____/____ (MM/DD/YYYY)

Does the person receive Medicaid? Yes ☐ No ☐

Does the person receive Social Security Benefits? Yes ☐ No ☐ *(If yes, attach benefits documentation)*

Section B. Unpaid, Live-in, Primary Caregiver(s) Information

Unpaid, Primary Caregiver #1 ***(Must attach copy of Maryland Driver's License or other MVA-issued Maryland identification matching the address of the person listed in Section A.)***

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Relationship to Person Listed in Section A: _____

Race: ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Other _____

Ethnicity: ☐ Non-Hispanic or Latino ☐ Hispanic or Latino

Gender: ☐ Male ☐ Female ☐ Gender Neutral Date of Birth: ____/____/____ (MM/DD/YYYY)

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Unpaid, Primary Caregiver #2 ***(Must attach copy of Maryland Driver's License or other MVA-issued Maryland identification)***

Name: _____

Email Address: _____ Phone: _____

Relationship to Person Listed in Section A: _____

Race: ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Other _____

Ethnicity: ☐ Non-Hispanic or Latino ☐ Hispanic or Latino

Gender: ☐ Male ☐ Female ☐ Gender Neutral Date of Birth: ____/____/_____ (MM/DD/YYYY)

Marital Status: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Section C. Additional Household Members List all individuals residing in the same household as the adult receiving respite care

Name	*Relationship*	*Date of Birth*

Section D. Support Needs & Household Environment

Activities of Daily Living (ADL's) *Indicate the level of assistance required for each activity*	*Manages Independently*	*Needs Supervision*	*Needs Assistance*	*Does Not Apply*
Bathing/Hair Care				
Shaving				
Skin Care				
Teeth Brushing				
Toileting				
Depends/Diapers				
Dressing				
Eating/Drinking				
Walking/Ambulating (uses cane, wheelchair or other support?)				
Stair Climbing				
Making Phone Calls				
Cooking/Meal Preparation				
Medication Reminders Only (no medication management or medication administration provided)				
Other (specify)				

Overall Support Level:	**Minimal** (needs little supervision)	**Moderate**	**Extensive** (needs close supervision)

Communication & Accessibility	
Is this person verbal?	☐ Yes ☐ No
Primary language?	
Understands/speaks English?	☐ Yes ☐ No
Speaks another language? If yes, which language?	☐ Yes ☐ No
Uses an alternate communication method (e.g., sign language, communication board, or other communication device)? If yes, describe.	☐ Yes ☐ No
Uses hearing aids?	☐ Yes ☐ No
Household Environment, Accessibility & Safety	
Does this person smoke?	☐ Yes ☐ No
Does anyone in the home smoke?	☐ Yes ☐ No
Are there pets in the home? If yes, type and how many?	☐ Yes ☐ No
Is the residence fully handicap-accessible?	☐ Yes ☐ No
Are all areas used by the individual accessible, including the bathroom? ☐ Yes ☐ No	
Does this person need physical support to ensure his/her safety in navigating daily life activities? If yes, describe:	☐ Yes ☐ No
Medical Information	
Dietary requirements or restrictions? If yes, describe.	☐ Yes ☐ No
Oxygen use? If yes, describe usage.	☐ Yes ☐ No
C-Pap or Bi-Pap use while sleeping?	☐ Yes ☐ No
Seizure History? If yes, describe type, frequency, and ***attach*** seizure protocol. Date of Last Seizure**:** ____/____/_____(MM/DD/YYYY)?	☐ Yes ☐ No
Allergies? If yes, describe allergen, reaction, and attach allergen protocol.	☐ Yes ☐ No
Hospitalization In The Past Year? If yes, describe the reason/situation.	☐ Yes ☐ No
Special or Adaptive Equipment Used: If yes, describe (walker, wheelchair, assistive technology, hearing aids, etc.)	☐ Yes ☐ No
Transferring Assistance Required: ***Home health agencies will not provide total lift and transfer of any individual for safety reasons. ***	☐ Yes ☐ No

Behavior Information	
Does this person have a **behavior plan**? **If yes,** attach a copy of the plan**.**	☐ Yes ☐ No
Does this person exhibit behaviors that may endanger themselves or others? If yes, describe the behaviors.	☐ Yes ☐ No
Has this person attempted suicide in the past year? If yes, provide date(s) and details.	☐ Yes ☐ No

Behaviors Exhibited	*Yes*	*No*	*Frequency Daily/Weekly/Monthly*	*Additional Description*
Yelling/Shouting/Screaming				
Biting				
Hitting				
Scratching				
Pinching				
Pushing				
Hair pulling				
Spitting				
Throwing/ Breaking Objects				
Pica				
Body Slamming				
Bullying/Intimidation				
Theft				
Fearfulness				
Restlessness				
Pacing				
Wandering/Elopement/Night Walking				
Aggression				
Self-Injurious Behavior				
Forgetfulness (especially showering/eating)				
Inappropriate Sexual Behavior				

Section E. Additional Support Services Received

Coordination of Community Services/Case Management *(REM/Family Support/Community Pathway/CFC/Community Services, Etc.)*

Do you work with a Coordinator of Community Services or Case Manager? ☐ Yes ☐ No
(i.e. The Coordinating Center, Service Coordination, Optimal Health, MMARS, Total Care, DHHS, Other)
If yes, provide the following information.

Agency Name: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Contact Email: _____

Out of Home Support *(Day/Work/School/Medical Day)*

Does this person attend a day/work/school program? ☐ Yes ☐ No
If yes, provide the following information.

Days Attending and Number of Hours Each Day *(mark all)* : ☐ Saturday _____ ☐ Sunday _____

☐ Monday _____ ☐ Tuesday _____ ☐ Wednesday _____ ☐ Thursday _____ ☐ Friday _____

Agency Name: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Contact Email: _____

Does this person receive 1:1 support at a day/work/school program? ☐ Yes ☐ No

In Home Services or Programs *(Personal Support/Personal Care Attendant/Nursing)*

Additional Support Services (including those provided at home)? ☐ Yes ☐ No
If yes, provide the following information.

Funding Source:
☐ Private Pay ☐ County/State/Federal Grant ☐ Medicaid Waiver

Days Receiving Support and Number of Hours Each Day *(mark all):* ☐ Saturday _____ ☐ Sunday _____

☐ Monday _____ ☐ Tuesday _____ ☐ Wednesday _____ ☐ Thursday _____ ☐ Friday _____

Agency Name: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Contact Email: _____

Medicaid Services

Does this person currently receive ANY Medicaid-funded services or are they on a waiting list for waiver services?
If yes, please attach a copy of the service plan for ALL Medicaid services received. ☐ Yes ☐ No

Certification of Acknowledgement and Understanding

This section outlines your duties as a primary caregiver and affirms your understanding of the respite coordination guidelines, including:

- your acknowledgement of the respite coordination program rules and responsibilities;
- your affirmation that neither you nor any relative receive payment to support the person listed in Section A; and
- your consent to release information to determine eligibility for respite coordination.

Please initial each statement to confirm your understanding and acknowledgement. Then sign and date the final section.

1. Caregiver Duties & Obligations

Caregiver Initials:	**I have attached all required supporting documents. I understand that if my application is incomplete, it will not be processed and will be returned to me by mail.**
Caregiver Initials:	Submitting an application does not guarantee eligibility for respite coordination. **I have made a copy of my application and supporting documents for my records.**
Caregiver Initials:	**Respite provides short-term, temporary relief for the unpaid primary caregiver living in the same residence.** It is **not** a substitute for ongoing care. Respite **cannot** be used for regular, long-term, or continuing care, nor to allow the unpaid primary caregiver to regularly go to work.
Caregiver Initials:	Respite coordination is not an entitlement program and does not provide financial assistance to caregivers or relatives. Respite coordination is not guaranteed to any specific group or segment of the population.
Caregiver Initials:	Approved eligibility may result in respite hours being allocated to support my family member; however, the primary caregiver or relatives will not receive any monetary compensation.
Caregiver Initials:	I understand that respite coordination does not guarantee services based on my personal preferences, including scheduling, medical needs, and the safety practices of the trained aides providing support.
Caregiver Initials:	Approved respite hours depend on County/State/Federal funding and does not guarantee a specific provider schedule or level of service. I understand that the respite program offers two levels of care (Level I and Level II), determined by the information provided on the Physician's Health Form.
Caregiver Initials:	In-home Level II respite care must be provided by a licensed health care practitioner, such as a Licensed Practical Nurse (LPN) or Registered Nurse (RN).

2. Respite Coordination Guidelines

Caregiver Initials:	**The Arc Montgomery County does not directly provide respite care services.** I must select a provider from the approved consortium of pre-screened agencies.
Caregiver Initials:	Respite cannot be used when the person receiving care or the primary caregiver is hospitalized, in rehabilitation, residential program, or residing in a care facility. Respite cannot be used in lieu of any childcare, school, or alternative childcare program, including days/times when those programs are closed (except for holidays and school breaks).
Caregiver Initials:	If the person in Section A is hospitalized, an updated Physician's Health Form may be required.
Caregiver Initials:	If the person in Section A **is eligible for hospice**, Level I respite may be provided by a licensed home health care agency.
Caregiver Initials:	I understand that neither I nor anyone in my household can serve as a respite provider for another family enrolled in the respite program.

Caregiver Initials:	Respite providers will only care for approved individuals and cannot assist other residents in the household (e.g., other adults or children). If this occurs, all respite services will be immediately—and potentially permanently—discontinued.
Caregiver Initials:	Only approved respite facilities, therapeutic programs and in-home support providers within The Arc Montgomery County Respite Consortium may be utilized when payment is authorized through respite care subsidies.
Caregiver Initials:	If I choose a respite care provider outside The Arc Montgomery County Respite Consortium, I am solely responsible for all payments to that provider. I understand that consortium membership changes, and I may need to switch providers due to these changes.

3. Respite Hours & Use Limitations

Caregiver Initials:	I must **request approval in advance**, before using respite hours, by email Respite@TheArcMoCo.org or phone 301.984.5777 x1204 to request and receive authorization. Failure to do so may **prevent payment to the respite provider.** *If this happens, I will be liable for payment to the respite provider.*
Caregiver Initials:	I am responsible for paying the respite care provider for any hours worked beyond what is approved and allowed by The Arc Montgomery County. The Arc Montgomery County does not cover overtime or holiday pay to respite providers.
Caregiver Initials:	Respite care is limited to a maximum of 10 hours per day for in-home services (available only between 6 am and midnight) or at a therapeutic program. The Arc Montgomery County will not compensate respite providers for more than 10 hours per day.
Caregiver Initials:	Overnight respite care must be provided at an approved respite facility (which includes respite provided between midnight and 6 am).
Caregiver Initials:	Approval for respite hours may be denied if the agency I select is not part of The Arc Montgomery County Respite Consortium. I acknowledge that The Arc Montgomery County and DHHS reserve the right to limit the number of consortium members.
Caregiver Initials:	In-Home Aide Services (IHAS) recipients can only receive respite hours at home and **cannot use respite and IHAS services** in the same 24-hour period. IHAS recipients may only receive respite hours in the home. Respite hours cannot be used for camp subsidies for adults (ages 18 and older) who receive Medicaid funding services for vocational and/or day services.
Caregiver Initials:	Camps and therapeutic programs will be limited to MD, DC and VA only. The cost of the camp/therapeutic program, dates of attendance, and hours of attendance must be provided when requesting hours. *Approval of respite hours for camps/therapeutic program will occur only one month in advance (i.e. respite hours will not be approved for multiple months at the same time).*
Caregiver Initials:	If I have more than one person/child enrolled, a 50% reduced subsidy rate will apply. One caregiver must provide respite for multiple enrolled people/siblings at the same time on the same day.
Caregiver Initials:	As the unpaid primary caregiver living in the same household as the person listed in Section A, I understand that I cannot receive payments from any federal, state, or county agency, vendor, or program (including Medicaid, foster care, respite, etc.) to provide support services to anyone in my household.
Caregiver Initials:	Individuals listed in Section A or Section B of this application are not eligible for respite if they receive county, state, federal, veteran, or foundation grant funding for in-home services. This includes, but is not limited to, services provided through Community First Choice, REM, Community Pathways, Family Supports Waiver, Maryland Community Support, and the Autism Waiver, etc.
Caregiver Initials:	Respite hours cannot be used in conjunction with any grant-funded programs or services paid for by County/State/Federal programs, including full or partial payments for Adult Day/Medical Day, camp, therapeutic programs, or LISS.
Caregiver Initials:	I understand that eligibility for a subsidy does not guarantee respite funds for each occasion, due to limited funding.

Caregiver Initials:	To ensure respite funding is available to eligible people and their families who have little or no services, limits will be placed on the number of respite hours available. **I understand that these limits may change at any time, and respite hours are never guaranteed.**
Caregiver Initials:	Respite program policies may change based on state, county, or organization requirements. I agree to comply with these updates or withdraw/cancel my application.
Caregiver Initials:	All respite applications are subject to audit, and eligibility or approval status may change based on audit findings. Determinations are at the discretion of The Arc Montgomery County's Respite Coordination and Montgomery County Department of Health and Human Services.
Caregiver Initials:	A new application must be submitted each fiscal year, including all required supporting documents. Documents must be current.
Caregiver Initials:	I understand I may be eligible for ***up to*** 140 hours. ***Nothing is guaranteed.*** Hours are subject to reduction after approval as funding availability is subject to change.

4. Caregiver Affirmation

Caregiver Initials:

I affirm that, as the unpaid primary caregiver living in the same household as the person in Section A:

1) **I do not work for or receive payments from any federal, state or county agency, vendor or program (including Medicaid, foster care, respite, etc.) that pay me to support the person listed in Section A of this application; AND**
2) **No other relative or family member works for or receives payments from any federal, state or county agency, vendor, or program (including Medicaid, foster care, respite, etc.) to support the person listed in Section A of this application.**

This application provides information about your eligibility for respite care services and benefits. These benefits are provided at public expense, and you must provide true, accurate information. This information may be verified by public and private agencies and businesses. You must report any changes to the information provided in this form within 10 days of the change. If you knowingly give false information, impersonate another person, omit household members or parents/guardians, omit Medicaid services or any other funding sources, or willfully fail to report changes, you will be subject to disqualification and denial of services.

5.Consent to Release Information

By signing below, I hereby authorize the Montgomery County Department of Health and Human Services and The Arc Montgomery County to contact, review and obtain records maintained by any person, partnership, corporation, association, or governmental agency for the purpose of establishing proof of my eligibility for respite care benefits. A photocopy of this form is as valid as the original. See attached document.

Signature of Adult with ID/DD/FD
(If person cannot sign, write "Cannot Sign" above)

Date

Signature of Unpaid, Primary Caregiver #1

Date

Signature of Unpaid, Primary Caregiver #2

Date

STOP!

Application Checklist

Please include ALL documents as outlined below; without these documents, your application is incomplete and WILL NOT BE PROCESSED.

- ☐ Completed Application for Respite Coordination (Adults 18-59 with ID/DD/FD)
- ☐ Physician's Health Form (must be completed by physician, signed, AND stamped)
- ☐ Behavior Plan, Seizure Protocol, and/or Allergen Protocol (if applicable)
- ☐ HIPAA Policy & Procedure Acknowledgement.
- ☐ Consent to Application for Respite Coordination must **be completed and signed by the Person in Section A**
- ☐ Current valid Maryland Driver's License or other **MVA**-issued Maryland identification for Person in Section A or a copy of social security award letter or income tax return with all financial information redacted may be accepted.
- ☐ Current valid Maryland Driver's License or other **MVA**-issued Maryland identification for Person(s) in Section B. Passports, utility bills and lease agreements are not acceptable forms of identification. Address must match person in Section A.
- ☐ Current IEP/IP (approved/if applicable; for adults 18-22, only first two pages required)
- ☐ Plan of Care for any Medicaid services such as CFC, REM, Community Pathways, etc. (if applicable)

If you need assistance completing this application, please call our office at 301.984.5777 x1204.
Completed applications should be emailed in a single PDF file to Respite@TheArcMoCo.org.

If you cannot scan/email, please mail your application to the following address:

The Arc Montgomery County-Respite Coordination
7362 Calhoun Place, Rockville, Maryland 20855

No, FedEx, UPS, Priority Mail. Faxes are not accepted.

Please note: The Arc Montgomery County may take up to 30 business days after receiving to process a completed application.

DO NOT FORGET TO INCLUDE THE DOCUMENTS LISTED IN THE APPLICATION CHECKLIST ABOVE OR YOUR APPLICATION WILL NOT BE PROCESSED AND RETURNED VIA USPS.

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Respite Coordination

Short-Term Relief for Unpaid, Live-In, Primary Caregivers

The Arc Montgomery County

FY26 PHYSICIAN'S HEALTH FORM

*Must be completed, signed **and stamped** by a licensed physician, nurse practitioner, or registered nurse*

Please print clearly; use additional paper if needed.

Patient's Name: _____

First *Middle* *Last*

Date of Birth: ____/____/____ (MM/DD/YY) Height: _____ Weight: _____

1. **Primary Diagnosis** (please check all that apply).

☐ Autism	☐ Diabetes	☐ Parkinson's Disease
☐ Allergies	☐ Epilepsy/Seizure disorder	☐ Sickle Cell
☐ Behavioral problems	☐ Head injury	☐ Speech/Language impairment
☐ Blindness/Severe visual impairment	☐ Heart Conditions	☐ Spinal Bifida
☐ Cancer	☐ Intellectual/Developmental Disability	☐ Spinal cord injury
☐ Cerebral Palsy	☐ Lupus	☐ Stroke
☐ Cystic Fibrosis	☐ Mental illness	☐ Other _____
☐ Deafness/Severe hearing impairment	☐ Multiple Sclerosis	_____
☐ Dementia/Alzheimer's Disease	☐ Neurological impairment	_____

Respite Coordination does not provide medication administration or management.

2. Does the patient have any of the following?

   G-Tube ☐ Yes ☐ No Catheter ☐ Yes ☐ No Wound Management ☐ Yes ☐ No

   If yes, provide details. _____

   _____

3. Please list any and all dietary restrictions/requirements required for the patient.

   _____

4. Please provide details and treatment protocols for allergens and seizures, including PRN medications for these protocols.

   _____

   _____

   _____

_____

Printed Name of Physician, Nurse Practitioner, or Registered Nurse

_____

Signature of Physician, Nurse Practitioner, or Registered Nurse

_____

Date

MD/NP/RN Stamp with Address
Physician's License # _____

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Respite Coordination

Short-Term Relief for Unpaid, Live-In, Primary Caregivers

The Arc Montgomery County

FY26 CONSENT TO APPLICATION FOR ADULT RESPITE COORDINATION

For Adults Ages 18-59 with Intellectual (ID), Developmental (DD) and/or Functional Disabilities (FD)

Name of Adult with ID/DD/FD listed in Section A of the Application *(please print clearly):*

_____

First *Middle* *Last*

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ (MM/DD/YY)

I give my consent for the individual(s) named below to prepare and submit, on my behalf, an application to The Arc Montgomery County for the purpose of determining if I am eligible to receive respite care to support my unpaid, live-in, primary caregiver(s). I understand that this application includes:

1) personal medical information, which may include assessments, treatment plans, diagnoses, evaluations, service summaries, lab results, medication records and other medical information;
2) information about other people who live in my household;
3) information about my household environment and activities of daily living;
4) information about my communication and behavior;
5) Information about out-of-home and in-home support services I receive;
6) Information about my income, including Medicaid funding, Social Security, SSI/SSDI/HOC and food stamps.

Individual(s) who may prepare, submit and discuss an application on my behalf to The Arc Montgomery County:

Primary Caregiver as listed in Section B of the Application: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Relationship to Person listed in Section A: _____

Additional Individual: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Relationship to Person listed in Section A: _____

This authorization is valid for one year from the date of signature.

I understand that I can revoke this authorization at any time by submitting a request in writing to The Arc Montgomery County. The revocation will become effective on the date it is received by The Arc Montgomery County and does not apply to information that has already been used or disclosed with this consent.

_____ _____

Signature of Adult with ID/DD/FD (listed in Section A of the Application) Date

If person cannot sign, write "Cannot Sign" above.

7/2025

FY26 HIPAA POLICY & PROCEDURE ACKNOWLEDGEMENT

For People Receiving Respite Coordination

The Arc Montgomery County Summary of Notice of Privacy Practices

This notice describes how protected health information (PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

- The collection, use and disclosure of protected health information is protected by law. The Arc Montgomery County maintains physical, electronic, and procedural safeguards that comply with federal standards to protect personal health information.
- The Arc Montgomery County discloses protected health information for the purposes of treatment, payment, and healthcare operations, and, when required to do so, by law or regulation.
- People receiving services from The Arc Montgomery County have a right to request access to their records.
- People receiving services from The Arc Montgomery County have a right to know to whom their protected health information was disclosed.
- People receiving services from The Arc Montgomery County have a right to review a detailed copy of The Arc Montgomery County's Notice of Privacy Practices.
- Any questions regarding The Arc Montgomery County's privacy practices should be directed to the Director of Quality Assurance, who acts as The Arc Montgomery County's designated privacy officer. Any questions regarding the electronic storage and transmission of protected health information should be directed to the Director of Information Technology, who acts as The Arc Montgomery County's designated security officer.

I have received a copy of The Arc Montgomery County's Notice of Privacy Practices on HIPAA (Health Information Portability and Accountability Act) regulations, and I have read the summary notice above. I understand that I am fully responsible for complying with these policies, practices and regulations. I also understand that it is my responsibility to seek clarification should I require further explanation.

Printed Name of Person listed in Section A of the Application: _____

Signature of Person listed in Section A of the Application: _____
If person cannot sign, write "Cannot Sign" above

Telephone: _____

Street Address: _____

City, State, Zip Code: _____

Parent/Guardian Signature: _____
If applicable; required for children under age 18 or individuals subject to guardianship.

Date Signed: _____

Keep this page for your records!

THE ARC MONTGOMERY COUNTY NOTICE OF PRIVACY PRACTICES
For People Receiving Respite Coordination

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED BY THE ARC MONTGOMERY COUNTY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Guarding Protected Health Information for People Receiving Services

The Arc Montgomery County is committed to protecting the health information of people receiving services. In order to provide treatment or pay for healthcare, or for other purposes listed below, The Arc Montgomery County may ask for certain health information and that health information will be put into the record of the person receiving services. The record may contain symptoms, examination and health results, diagnoses, treatment, Individual Plans and Personal Assistance (behavior management) information for the person. That information, referred to as medical records for the person, and legally regulated as health information, may be used for a variety of purposes, as listed below.

The Arc Montgomery County is required to follow the practices described in this Notice of Privacy Practices, although The Arc Montgomery County reserves the right to change our privacy practices described in this Notice at any time. A copy of the new notice may be requested at any time from The Arc Montgomery County privacy officer, 7362 Calhoun Place, Rockville, MD 20855, 301.984.5777 x1250.

How The Arc Montgomery County May Use and Disclose Protected Health Information for People Receiving Services

The Arc Montgomery County discloses protected health information (PHI) of people receiving services for the purposes of treatment, payment, and healthcare operations, and when required to do so by law or regulation.

Treatment

The Arc Montgomery County shares PHI with all members of the interdisciplinary team and medical services providers for the person. We share PHI with other services providers as identified in the Individual Plan (IP), Individual Education Plan (IEP), and/or Individual Family Service Plan (IFSP).

Payment

The Arc Montgomery County shares PHI with organizations that provide payment for services received by the person, including insurance companies and state and county government.

Healthcare Operations

The Arc Montgomery County shares PHI with state and county regulatory bodies, accrediting agencies, organizations that provide payroll services to The Arc Montgomery County, support groups associated with the agency, and other agencies necessary for the day to day operations of The Arc Montgomery County.

Regulation and Law Enforcement

The Arc Montgomery County shares PHI with public health agencies, courts, legal counsel to the agency, law enforcement agencies, the Maryland Disability Law Center, coroners, medical examiners, and funeral directors, and state, county, and federal government agencies.

Business Associates

The Arc Montgomery County will provide a copy of the agency's Notice of Privacy Practices to all its business associates. All of The Arc Montgomery County's business associates will be expected to comply with The Arc Montgomery County's Notice of Privacy Practices. All business associates will be required to sign a form stating that they have received The Arc Montgomery County's Notice of Privacy Practices and are willing to comply with these practices.

THE ARC MONTGOMERY COUNTY NOTICE OF PRIVACY PRACTICES

For People Receiving Respite Coordination

Training

People receiving services have the right to have their PHI treated as confidential by all the employees and business associates of the agency. Therefore, all employees of The Arc Montgomery County will receive the agency's Notice of Privacy Practices and will be trained on HIPAA regulations and The Arc Montgomery County's privacy policies. Agency employees will be required to sign a form stating they received a copy of The Arc Montgomery County's Notice of Privacy Practices, have received training on HIPAA, and the agency's privacy policies, and understand that they are required to comply with these regulations and policies. The employee training will include confidentiality and disclosure requirements of the law, specific requirements regarding electronic transmission of PHI, and all other aspects of HIPAA regulations.

Rights of People Receiving Services from The Arc Montgomery County

People receiving services have the right to request access to their files, as discussed in detail in The Arc Montgomery County's Policies and Procedures Manual, Section 2.1.4 (Individual Rights—Records Access).

People receiving services have the right to request and amendment to their file, as discussed in detail in The Arc Montgomery County's Policies and Procedures Manual, Section 2.1.4 (Individual Rights—Records Access).

People receiving services have the right to know with whom The Arc Montgomery County is sharing their PHI. People receiving services may also request a copy of the log of individuals/agencies with whom their PHI was shared *for purposes other than* treatment, payment, healthcare operations, and regulation and law enforcement. That log will be maintained in their permanent file. People receiving services have the right to request a restriction or limitation on the disclosure of PHI. The Arc Montgomery County will accommodate such a request, if possible, but is not legally required to agree to the requested restriction.

People receiving services have a right to review a detailed copy of The Arc Montgomery County's Notice of Privacy Practices. The Notice of Privacy Practices is maintained in the agency Policies and Procedures Manual. These manuals are maintained at all permanent program sites as well as the administrative offices. A summary of The Arc Montgomery County's Privacy Practices will be posted at all permanent program sites.

The Arc Montgomery County has designated a privacy officer and a security officer for the agency. The Director of Quality Assurance will act as the agency's privacy officer and may be reached at The Arc Montgomery County's administrative offices, 7362 Calhoun Place, Rockville, MD 20855, 301.984.5777 x1250. The Director of Information Technology will act as the agency's security officer and may be reached at The Arc Montgomery County's administrative officers, 7362 Calhoun Place, Rockville, MD 20855, 301.984.5777 x1264.