

**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.**

**EFFECTIVE DATE: November 1, 2018**

**Your Privacy is Important.**

Henrico Area Mental Health & Developmental Services (HAMHDS) understands your privacy is important. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice.

Each time you receive services from us, the provider makes a record of the visit. Typically, this record contains your assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment. We will handle this information only as allowed by federal and state law and agency policy.

**Your Rights Regarding Health Information About You:**

**Right to Inspect and Copy**

You have the right to inspect or to request copies of your medical record set. This process will be kept confidential. You also have the right to request copies of your medical records in an electronic format, and if the records are available in that format, they will be provided in it. If they are not, HAMHDS will provide an alternative format.

**Denial of Request to Inspect and Copy**

This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You must make this request in writing to your Primary Case Manager/ Clinician or the Privacy Officer. If denied access, you will receive a timely, written notice of the decision and reason, and a copy of this notice becomes a part of your record.

**Right to Amend**

You have the right to request amendment of your medical records if you believe information in the records is inaccurate or incomplete. You must make this request in writing to your Primary Case Manager/ Clinician or the Privacy Officer. We may deny the request for proper reasons but you will be provided with a written explanation of the denial.

**Right to an Accounting of Disclosures**

You have the right to receive an accounting of the agency's disclosures of your protected health information that were not for the purpose of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone, other than employees of the agency, who received information about you from the agency.

**Right to Request Restrictions**

You have the right to restrict disclosure of health information to your health plan for services paid out of pocket in full prior to the service being provided. This restriction applies only if the disclosure is to a health plan for purposes of payment or health care operations and the protected health information relates to a health care item or service for which HAMHDS has been paid in full prior to the services.

You have the right to request from your Primary Case Manager/ Clinician other restrictions with regards to the use or disclosure of your protected health information. This request will be given serious consideration by the Privacy Officer and you will be informed promptly whether we will be able to honor the requested restriction and still offer effective services, receive payment and maintain health care operations. Legally, we are not required to agree to all restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.

**Right to Request Alternative Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to your Primary Case Manager/ Clinician. We will accommodate all reasonable requests.

**Right to Receive Notice of Breach**

You have the right to receive written notification of any breach of your identifiable health information. In addition to the notification requirements imposed by the Health Information Portability and Accountability Act, Virginia has a separate notice law for breaches of unsecured protected health information stored on computers. See Virginia Code § 18.2-186.6.

**Right to a Paper Copy of This Notice**

You have the right to obtain a paper copy of this Privacy Notice at any time upon request.

**Use and Disclosure of Your Information**

Upon signing the agency's Client Admission form, you are allowing us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/service, receive payment of provided treatment/service, and conduct our day to day health care operations.

**Treatment:** In order to effectively provide treatment/service, your Primary Case Manager/Clinician may use health information about you to provide you with medical and mental health treatment or

services and may disclose this information to various service providers within the agency or to other health care providers to help them treat you. Unless you object, HAMHDS may also release medical information about you to a friend or family member who is involved in your medical care.

**Payment:** In order to receive payment of services provided, your health information may be sent to those companies or groups responsible for payment coverage, and a monthly bill is sent to the Responsible Party identified by you and noted on the financial form. Additionally, we may give information to someone who helps pay for your care.

**Health Care Operations:** In day-to-day health care operations, trained staff may handle your physical medical record in order to have the record assembled, available for review by the Primary Case Manager/Clinician, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical reporting to The Department of Behavioral Health and Developmental Services (DBHDS). As a part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional staff to assure accuracy, completeness and organization. Records may also be reviewed during accreditation surveys by the Commission on Accreditation of Rehabilitation Facilities (CARF), or by DBHDS.

## Use and Disclosure to Enhance Your Healthcare

Some agency programs provide the following support to enhance your overall health care and may contact you to provide:

- Appointment reminders by call or letter
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you.

## Fundraising Communications

HAMHDS does not intend to send fundraising communications to you, but in the event such communications are being considered, you have the right to opt out of receiving communications for fundraising.

## Other Circumstances for Disclosure

This agency is also allowed by federal and state law in certain circumstances to disclose specific health information about you. These circumstances include:

- As required by law (ex: reports required for public health purposes, such as reporting certain contagious diseases)
- Judicial and Administrative proceedings (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General)
- Law Enforcement purposes (ex: limited information requested about suspects, fugitives, material witnesses, missing persons; criminal conduct on premises)
- To avert a serious and immediate threat to your health and safety or the health and safety of the public or another person (ex: in response to a specific threat made by person served to harm another)
- Children or incapacitated adults who are victims of abuse, neglect or exploitation

- Health Oversight activities (ex: DBHDS)
- Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission)
- National Security and Intelligence activities (ex: as authorized by the National Security Act or in relation to protective services to the President of the United States)
- State Department (ex: medical suitability for the purpose of security clearance)
- Correctional Facilities (ex: to correctional facility about an inmate)
- Workers Compensation to facilitate processing and payment
- Coroners and Medical Examiners for identification of a deceased person or to determine cause of death
- To the Department of Health and Human Services in connection with an investigation of us for compliance with federal regulations.

## Substance Use Regulations

The confidentiality of substance use records is protected by additional Federal Law and regulations. (See 42 U.S.C. 290dd and 42 C.F.R. Part 2.) Generally, HAMHDS may not disclose that you receive substance use services or any information identifying you as a substance user unless:

- 1) You consent in writing; or
- 2) The disclosure is made without your consent in the following limited circumstances:
  - As allowed by a subpoena accompanied by court order
  - To medical personnel in a medical emergency
  - To qualified personnel for research, audit or program evaluation without identifying the patient
  - To report a crime committed on HAMHDS's premises or against HAMHDS personnel or about any threat to commit such a crime
  - To report suspected child abuse or neglect to the Virginia Department of Social Services or the Local Department of Social Services

Violation of the Federal law and regulations is a crime and you may report violations to the:

United States Attorney's Office  
Eastern District of Virginia  
919 E. Main St. Suite 1900  
Richmond, VA 23219  
804-819-5400

Any violation of the regulations by an opioid treatment program may also be reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight.

SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857  
877-726-4727

## **Uses and Disclosures of Your Information by Authorization Only**

We are required to get your authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations, and those specific circumstances outlined previously. Most uses and disclosures of your medical records for marketing purposes and most disclosures in return for payment would require your authorization. We use an Authorization form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

## **Complaints**

If at any time you believe your privacy rights have been violated, you may file a complaint with:

- Agency's Privacy Officer
- DBHDS Office of Human Rights
- Virginia Secretary of Health & Human Resources
- Secretary of Health and Human Services of the Federal government

Addresses and phone numbers to use are listed at the end of this notice. You will not suffer any change in services or retaliation for filing a complaint.

## **Changes to Privacy Practices**

HAMHDS reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain.

Revised Privacy Notices will be posted at all service sites, and available upon request by mailing or discussion with an agency representative or electronically or a combination of the three. For additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, please contact:

- Your Primary Case Manager/ Clinician
- Privacy Officer  
HAMHDS  
10299 Woodman Road  
Glen Allen, VA 23060  
804-727-8500
- Virginia Department of Behavioral Health & Developmental Services  
Regional Human Rights Advocate  
804-524-7247
- Virginia Secretary of Health & Human Resources  
P.O. Box 1475  
Patrick Henry Building  
1111 East Broad Street, 4<sup>th</sup> floor  
Richmond, VA 23219  
804-786-7765
- U.S. Department of Health and Human Services  
Room 509F, Hubert Humphrey Bldg.,  
200 Independence Ave. SW  
Washington, DC, 20201  
202-619-0257