



ABOUT YOUR PRIVACY

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This Notice describes how medical records information about you may be used and disclosed and how you can get access to your medical information. Please review it carefully.

Effective date: October 1, 2012

[Revised to address Electronic Health Records (EHR)]



YOUR PRIVACY IS OUR PRIORITY:

The Norfolk Community Services Board understands your privacy is important. We are required by law to maintain the privacy of Protected Health Information (PHI) 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. We will handle this information only as allowed by federal/state law and agency policy, adhering to the most stringent law that protects your health information. If at any time you believe your privacy rights have been violated, you may verbally or in writing contact:

- ✓ Agency's Privacy Officer
- ✓ State Advocate
- ✓ 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. Each time you receive services from us, the provider maintains a record of the visit. Typically, this record contains your assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment. These documents are kept in our Electronic Health Record (EHR) and/or a medical record.

YOUR FEDERALLY-DEFINED RIGHTS UNDER 45 CFR PARTS 160 AND 164, HIPAA, AND THE COMMONWEALTH OF VIRGINIA'S CODE 35-115-80 AND 35-115-90, HUMAN RIGHTS:

We want you to be aware of the following rights concerning your protected health information:

- ✓ You have the right to access or to request copies of your electronic health record (EHR). This right is not absolute. In certain situations, we can deny access. You must make this request in writing to your Primary Care Coordinator or the agency's Consumer Relations Coordinator. 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 EHR.



- ✓ You have the right to request amendment of your EHR if you believe information in the records is inaccurate or incomplete. You must make this request in writing to your Care Coordinator or the agency's Consumer Relations Coordinator. We may deny the request for proper reasons but you will be provided with a written explanation of the denial.
- ✓ 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.

- ✓ You have the right to request from your Care Coordinator a restriction 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 any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.



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- ✓ 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 Care Coordinator. We will agree to all reasonable requests.
 - ✓ You have the right to obtain a paper copy of this Privacy Notice at any time upon request.

ENHANCING 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
- The Community Food Security (CFS) programs are required by the USDA to maintain a log of those participating.

USE AND DISCLOSURE OF YOUR INFORMATION:

Upon signing the agency's *Individual's Acknowledgement and Consent for Treatment 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 for provided treatment / service, and conduct our day to day health care operations.

EXAMPLES:

- In order to effectively provide treatment/services, your Care Coordinator/Clinician may consult with various service providers within the agency. During those consultations, health information about you may be shared.
 - 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 our financial forms.
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- In day-to-day health care operations, authorized staff may handle your physical medical record in order to have the record assembled, available for review by your Care Coordinator/Clinician, or for filing of documentation.
 - Certain data elements are entered into our EHR system that processes most billing, and for state statistical reporting to The Department of Behavioral Health and Developmental Services (DBHDS).
 - Norfolk CSB employs professional staff to assure completeness, accuracy and organization of service records as part of our efforts to verify quality of care and general compliance. EHR records may be reviewed during accreditation surveys by the Commission on Accreditation of Rehabilitation Facilities (CARF), by third party payers (such as Medicaid, Optima, or Anthem), or by the various offices of DBHDS.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR THAT CARE:

Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

SPECIFIC CIRCUMSTANCES FOR DISCLOSURE:

Although you have the right to give or not give consent to the disclosure of information the agency maintains about you, the agency is allowed by federal and state law in certain circumstances to disclose specific health information about you without your consent, authorization, or opportunity to agree or object.

These specific circumstances, such as by court-order or Virginia Health Information, are:

- Public Health activities (for example: reporting communicable diseases)
 - Judicial and Administrative proceedings (for example: an order from a court or administrative tribunal or legal counsel to the agency, or from the Inspector General)
 - Law Enforcement purposes (for example: reporting of gunshot wounds; limited information requested about suspects, fugitives, material witnesses, or missing persons; or witnesses of criminal conduct on premises)
 - To avert a serious threat to Health and Safety (for example: in response to a statement made by a person served to harm self or another)
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- Children or incapacitated adults who are victims of abuse, neglect or exploitation
 - Specialized Government functions
 - Military Services (for example: in response to appropriate military command to assure the proper execution of the military mission)
 - National Security and Intelligence activities (for example: in relation to protective services to the President of the United States)
 - State Department (for example: medical suitability for the purpose of security clearance)
 - Correctional Facilities (for example: 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.



Documentation will be included in your EHR of information disclosed without consent to those who are not agency employees, The Department of Behavioral Health and Developmental Services (DBHDS), or other health providers involved in your services.

OTHER 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 treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use a *Release of Confidential Information* 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.

CHANGES TO PRIVACY PRACTICES:

Norfolk Community Services Board 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 mail or discussion with an agency representative or electronically or a combination of the three.

Information of individuals served may also be protected by **federal regulations (42 CFR, Part 2)** which prohibit a recipient from making any further disclosure of alcohol or substance use treatment information unless expressly permitted by written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. These Federal Regulations also restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.



IMPORTANT CONTACT NUMBERS

**For Additional Information
Concerning Our Privacy Policy, or
the Federal and State Laws Pertaining to Privacy,**

You May Contact:

Norfolk CSB Privacy Officer (Records Administrator)
7460 Tidewater Dr
Norfolk, VA, 24505
Phone: **(757) 664-6670 X-8118**

Norfolk CSB Compliance Officer
Phone: **(757) 823-1693**

Norfolk CSB Office of Consumer Relations,
Phone: **(757) 823-1692**

Regional Advocate,
Reginald Daye
Eastern State Hospital
4601 Ironbound Rd, Williamsburg, VA, 23188-2652
Phone: **(757) 253-7061**
Toll Free: **(877) 600-7736**

Secretary of Health and Human Services,
Immediate Office of the Secretary,
Hubert Humphrey Bldg.,
2000 Independence Ave. SW
Washington, DC, 20201,
Phone: **(202) 690-7000**

