

**Middle Peninsula Northern Neck
Community Services Board**
530 General Puller Highway
PO Box 40
Saluda, Virginia 23149
Phone (804) 758-5314

NOTICE OF PRIVACY PRACTICES

Why We Have This Privacy Notice

We are required by law to maintain the privacy of protected health information, and to provide you with notice of our legal duties and our privacy practices with respect to this protected health information. Also, we must abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make any new Notice provisions effective for all protected health information that we maintain. In addition, you have a right to have a hard copy of this Notice. Please review it carefully.

In order to effectively provide services to individuals, the Middle Peninsula-Northern Neck Community Services Board ("CSB") must utilize and in some cases disclose information about individuals receiving services. We must do that in order to provide services. This Notice explains how we may use and disclose information about you. It also describes your rights to see, amend, and control your "protected health information" (PHI), which is defined as "information related to your past, present or future physical or mental health or condition and related health care services, including demographic information that may identify you." This Notice is about the use and disclosure of your "PHI". Sometimes the word "information" or the word "record(s)" or the phrase "medical record(s)" will be used. When they appear in this Notice, they mean the same thing as "PHI". The word "individual", when used in this notice, refers to you and other clients of the CSB.

Permitted Uses and Disclosures of Protected Health Information without the Written Authorization of the Individual: Treatment, Payment and Health Care Operations. Medical privacy laws try to make sure that the protection of your privacy does not interfere with your ability to get treatment. Therefore, the law allows us to use and disclose your protected health information, without asking for your prior authorization, for the following purposes:

- FOR TREATMENT PURPOSES
- FOR PAYMENT PURPOSES
- FOR HEALTH CARE OPERATIONS

OTHER PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION WITHOUT WRITTEN AUTHORIZATION OF THE INDIVIDUAL

REQUIRED BY:

- PUBLIC HEALTH AUTHORITIES
- HEALTH OVERSIGHT ACTIVITIES
- LEGAL PROCEEDINGS
- LAW ENFORCEMENT
- SERIOUS THREATS TO HEALTH OR SAFETY
- CORONERS, FUNERAL DIRECTORS, MEDICAL EXAMINERS, AND ORGAN DONATION
- RESEARCH
- MILITARY ACTIVITY AND NATIONAL SECURITY
- INMATES
- WORKERS' COMPENSATION
- SECRETARY OF HEALTH AND HUMAN SERVICES
- ABUSE, NEGLECT, OR DOMESTIC VIOLENCE

ENHANCING YOUR HEALTHCARE: Some of our programs use and disclose your information in order to provide the following support to enhance your overall health care:

- Appointment reminders by call or letter
- Describing or recommending treatment/service alternatives
- Providing information about health-related benefits and services that may be of interest to you

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION IN WHICH YOU HAVE AN OPPORTUNITY TO AGREE OR OBJECT

- FACILITY DIRECTORIES
- INVOLVEMENT BY OTHERS IN INDIVIDUAL'S CARE
- DISASTER RELIEF
- FUNDRAISING ACTIVITIES

PAYMENT FOR YOUR CARE: Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.

OTHER USES AND DISCLOSURES OF YOUR INFORMATION: WRITTEN AUTHORIZATION REQUIRED

Other uses and disclosures of information not covered by this Notice or the laws that apply to the CSB will be made only with your written authorization. If you authorize us to use or disclose information about you, you may revoke that authorization at any time. That authorization must be in writing and must be given to your treating clinician, or your case manager, or the Compliance Officer, before it becomes effective. If you revoke your authorization, we will stop using or disclosing the information that was covered in your authorization (unless we have independent legal authority to use or disclose it). When you revoke an authorization to disclose information, we cannot take back any disclosures we have already made with your authorization.

- Your Rights to Your Protected Health Information

- **You have the right to request access to your medical record in order to inspect it or make copies.** We have up to 15 days, after a written request, to make your PHI available to you and we may charge a reasonable fee for the costs of copying, mails, and/or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **You have the right to request an amendment to your medical record.**
- **Summary or Explanation.** We can provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.
- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
- **You have the right to receive an accounting of certain of the CSB's disclosures of your medical record.**
- **You have the right to ask for a restriction with regard to the use or disclosure of your medical record.**
- **You have the right to request an alternative method of being contacted.**
- **You have the right to a paper copy of this Notice.**
- **You have a right to file a complaint or ask for additional information about our privacy policy.** If you feel that any of your privacy rights has been violated, or if you would like additional information concerning our privacy policy, or the federal and state laws pertaining to privacy, please contact any of the persons listed below. We will not take action against you or change our treatment of you in any way because you file a complaint. You may contact any of the following persons:

Scott Britton
Compliance Officer
 1041 Sharon Road, Suite 201
 King William, Virginia 23086
 (804) 769-2751
 (855) 271-5346
 sbritton@mpnn.state.va.us

Reginald Daye
Regional Human Rights Advocate
 Eastern State Hospital Satellite Office
 P.O. Box 8791
 Williamsburg, Virginia 23187-8791
 757-253-7061

Department of Health and Human Services Office for Civil Rights
 200 Independence Avenue S.W.
 Washington, DC 20201
www.dhhs.gov/ocr/privacy/hippaa/complaints/
 1-877-696-6775

NOTE: Complaints to the Secretary of HHS should be made no later than 180 days after the privacy violation occurred or you became aware (or reasonably should have been aware) that the privacy violation had occurred. This time limit may be extended for good cause.

A complaint can be made in person, over the phone or by mail.

Alcohol and Drug Abuse Information

The privacy of information held by the CSB that identifies, or could identify, a person as an alcohol or drug abuser, is controlled by a specific federal privacy law. The privacy standards of 42 CFR Part 2 are often more restrictive than the standards set out in this Notice, and we must follow the more restrictive standards. Generally, the CSB may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser *unless*: (1) you authorize it in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Minors

Under Virginia law, minors are deemed to be adults for purposes of giving consent to outpatient treatment for substance abuse or for mental health services. Under federal law (42 CFR Part 2), a minor who becomes a patient for substance abuse treatment has the same authority as any adult patient in regard to the privacy of his or her treatment records. The minor's parents, guardian, or legal custodian can have access to treatment records only with the minor's permission. However, in the case of a minor who is receiving outpatient mental health services, the minor's parents, guardian, or other legal custodian also have a right of access to the minor's records. There are certain narrow exceptions in which a parent, guardian, or other legal custodian can be denied access to a minor's records.

Personal representative

When an individual is incapacitated or otherwise unable to give informed consent to treatment or authorization for the disclosure of records, that person's "personal representative" may exercise the authority of the individual in regard to the privacy of the individual's records. A "personal representative" is a person authorized under Virginia law to give substitute authorization for the individual, such as a guardian, attorney-in-fact, or, under certain circumstances and procedures, a family member or other person designated as a "legally authorized representative" under Virginia's Human Rights regulations. However, the individual must be included in decisions about disclosing information, to the extent that the individual is able, and, unless the personal representative is a guardian with specific authority to act, any objection by the individual to a disclosure of records, even if the personal representative approves, must be reviewed before we can disclose the information. Finally, a personal representative's access to an individual's information can be denied if a licensed health care professional determines in the individual's record that such access by the personal representative is reasonably likely to cause substantial harm to the individual or to another person.

Changes to Privacy Practices

The CSB reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law. You will receive notice of changes in one or more of the following ways: mail; discussion with an agency representative; electronically; a notice prominently posted in a public area, such as the waiting room. This notice of privacy is also available on our website at the following address: www.mpnnscsb.org/privacy-policy.

Notice Effective date: April 14, 2003
Notice Revision: October 21, 2016