

COUNTY OF PRINCE WILLIAM COMMUNITY SERVICES

....where change is possible

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PRIVACY NOTICE Prince William County Community Services Effective Date: 12/29/15

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. Community Services (CS) is required by the Health Insurance Portability and Accountability Act (HIPAA), a federal law, to maintain the privacy of your health information and to provide you with this notice. CS is required to meet all procedures and standards defined in this notice.

Your Rights - You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices - You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures - We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

• Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- <u>To treat you</u> your protected health information may be shared among staff and consultants of Community Services as part of the treatment process. For example, a therapist may speak to a psychiatrist about the need for medication. During these consultations, health information will be shared.
- <u>To run our organization</u> we can use and share your health information to run the agency, improve your care, and contact you when necessary. For example, statistical reporting is provided to the Virginia Department of Behavioral Health and Developmental Services (DBHDS). In addition, as a part of our quality improvement efforts, your record may be reviewed by professional staff to ensure accuracy and completeness.
- <u>To bill for your services</u> we can use and share your health information to bill and get payment from health plans or other entities. In addition, CS sends a monthly bill to the responsible party identified by you and noted on your financial form.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

The uses and disclosures described below do not require your consent, authorization, or opportunity to agree or object.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - o Helping with product recalls
 - o Reporting adverse reactions to medications
 - o Reporting suspected abuse or neglect
 - o Preventing or reducing a serious threat to anyone's health or safety

Do research

• We can use or share your de-identified, aggregate data for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of
Health and Human Services if it wants to see that we're complying with federal privacy law. Virginia
regulatory offices that conduct compliance reviews include the Department of Medical Assistance (DMAS)
and the Department of Behavioral Health and Developmental Services (DBHDS).

Respond to organ and tissue donation requests

• We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

 We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - o For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official, such as to report criminal conduct that occurs on CS property.
 - o With health oversight agencies for activities authorized by law, such as the Health Department conducting contact investigations for individuals with active tuberculosis.
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Alcohol and Drug Abuse Information

The privacy of information held by PWC Community Services which 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, PWC Community Services 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 <u>not</u> protect any information about a crime committed by a patient either at PWC Community Services or against any person who works for the PWC Community Services or about any threat to commit such a crime. They also do <u>not</u> protect against any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.
 If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date of this Notice –

Date of Origin: 4/14/03

Date Revised: 3/15/07, 9/23/13, and 12/29/15

Additional Information:

If you would like additional information concerning the privacy policy or the federal or state laws pertaining to privacy, please contact:

Privacy Officer: Laurie Olivieri 8033 Ashton Avenue, Suite 107 Manassas, VA 20109 703-792-7740 lolivieri@pwcgov.org