

# HANOVER COUNTY CSB PRIVACY NOTICE

**This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully**

## **Your Privacy is Important**

We at Hanover County CSB respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services to you.

## **Use and Disclosure of Your Information by Authorization Only**

- ❑ It is our policy to obtain your specific written permission for every disclosure of protected health information to third parties. You will be asked to sign Consent to Disclosure Form to each person or organization that receives the information.
- ❑ It is also our policy that we will not ask your specific written permission to use or disclose your protected health information for treatment purposes (internal CSB use only), payment or health care operations purposes.
- ❑ Upon signing the agency’s Consent to Treatment/Service 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 business practices.

We are required to obtain your authorization to use or disclose your protected health information for any reason **except** for the following circumstances:

1. Treatment Related Communication within the CSB. We will use your protected health information and disclose it to others as necessary to provide treatment to you. Various members of our staff may see your clinical record in the course of our care for you. This includes supervisors, nurses, physicians and other staff members.
2. Payment for Services. We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment for its services.
3. Health Care Operations. It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.
4. Emergencies. If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

5. Disclosure to health oversight agencies. We are legally obligated to disclose protected health information to certain government agencies, including the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Medical Assistance Services, and the federal Department of Health and Human Services.
6. Disclosures to child and adult protection agencies. We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of abuse or neglect.
7. Other disclosures without written permission. There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:
  - Pursuant to court order;
  - To public health authorities;
  - To law enforcement officials in some circumstances;
  - To correctional institutions regarding inmates;
  - To federal officials for lawful military or intelligence activities;
  - To coroners, medical examiners and funeral directors;
  - To researchers involved in approved research projects; and
  - As otherwise required by law.

## Changes to Privacy Practices

- ❑ *Hanover County 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 either by mailing or discussion with an agency representative or electronically or a combination of the three.

## Retention of your Medical Record

- ❑ The laws of Virginia require that client medical records of public agencies be kept for ten years after discharge or date of last contact with the public agency, unless the client is under the age of eighteen or is a person under a disability.
- ❑ Your medical records must be kept at least five years after you reach the age eighteen or ten years after discharge or date of last contact with Hanover County Community Services Board, whichever comes later. If you are a person under a disability, your medical records must be kept at least five years after the removal of the disability or ten years after discharge or date of last contact with Hanover County Community Services Board, whichever comes later.
- ❑ Medical records of clients who are deceased shall be kept at least five years after the client's death.
- ❑ After the retention periods described above have expired, your medical records can be destroyed.

## Your Legal Rights

1. Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.
2. Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that

information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.

3. Right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.
4. Right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people. At your request, we will make a copy of your record for you. We will charge a reasonable fee for this service.
5. Right to "amend" record. If you believe your records contains an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.
6. Right to an accounting. You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.
7. Right to a paper copy of this Notice. You have the right to a paper copy of any Notice of Privacy Practices posted on our web site.
8. Personal representatives. A "personal representative" of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are 14 or older may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

## How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Contact Person:

- **Ron Lucas** (804) 365-4222

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

- Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
OCR Hotlines-Voice: 1-800-368-1019