



4850 Mark Center Dr. • Alexandria, VA 22311 • 703.746.3400 • [alexandriava.gov/CSB](http://alexandriava.gov/CSB)

# NOTICE OF PRIVACY PRACTICES

***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: APRIL 14, 2003**

**If you have any questions about this notice, please contact our Privacy Officer:**

**Audrey Jones • 703.746.3515 • [audrey.jones@alexandriava.gov](mailto:audrey.jones@alexandriava.gov)**

**4850 Mark Center Drive • Alexandria, VA 22311**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

## OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

- “Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, and relates to your past, present, or future physical or mental health or condition and related health care services. The Alexandria Community Service Board (ACSB) is required by law to do the following:
- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.

We reserve the right to change this notice and to make the revised notice effective for all protected health information that we maintain. Revised Privacy Notices will be posted at all service sites and are available upon request by contacting the ACSB's Privacy Officer and requesting a copy be mailed to you, or asking for a copy at your next appointment.

## HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

### Uses and Disclosure of Protected Health Information

The following is a description of how we are most likely to use and disclose necessary information about you in order to provide treatment and services, receive payment for provided treatment and services, and conduct our day to day operations. Any uses or disclosures not described below require the client's authorization.

## **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information from time-to-time to another CSB, physician, or health care provider who, at the request of your Primary Server, becomes involved in your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

## **Payment**

Your protected health information will be used, as needed, to obtain payment from you, an insurance company, or a third party, for your health care services. This may include certain activities the ACSB might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay might require that your relevant protected health information be disclosed to obtain approval for the hospital admission. Your protected health information is not for sale in exchange for remuneration without a valid authorization.

## **Health Care Operations**

We may use or disclose, as needed, your protected health information to support our routine activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, licensing, oversight or staff performance reviews, communications about a product or service, and conducting or arranging for other health care related activities. Certain data elements are entered into our computer system for billing and statistical reporting to the Virginia Department of Behavioral Health and Developmental Services.

## **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care with the Provider.

## **Other Possible Uses and Disclosures of Protected Health Information**

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information:

### **Required by Law**

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use and disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

### **Public Health**

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.

- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

### **Communicable Diseases**

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

### **Health Oversight**

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

### **Legal Proceedings**

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, or other lawful process.

### **Law Enforcement**

We may disclose protected health information for law enforcement purposes, including the following:

1. Responses to legal proceedings
2. Information requests for identification and location
3. Circumstances pertaining to victims of a crime
4. Deaths suspected from criminal conduct
5. Crimes occurring at an ACSB site
6. Medical emergencies believed to result from criminal conduct

### **Coroners, Funeral Directors, and Organ Donations**

We may disclose protected health information to coroners or medical examiners for purposes of identifying a deceased person or determining the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed to organizations that handle organ, eye, or tissue donation and transplantation.

### **Research**

We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the protected health information and (2) approved the research.

### **Duty to Warn (Criminal Activity)**

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

## **Military Activity and National Security**

Under certain circumstances, we may use or disclose protected health information of individuals who are, or were, Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President, or other authorized persons, or heads of state.

## **Workers' Compensation**

We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

## **Inmates**

We may use or disclose your protected health information if you are an inmate of a correctional facility. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

## **Fundraising**

We must include in any fundraising materials we send to you, a description of how you may opt out of receiving any further fundraising communications.

## **Genetic Information Nondiscrimination Act (GINA)**

Defined as a genetic test; genetic counseling (including obtaining, interpreting, or assessing genetic information); or genetic education. Under GINA, Title I prohibits discrimination based on genetic information by group health plans and health insurance issuers.

## **Marketing**

In most circumstances, we are required by law to obtain your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with face-to-face communication and promotional gifts of nominal value.

## **Others Involved In Your Health Care**

Unless you object, we may disclose your protected health information to a friend or family member that you have identified as being involved in your health care. We may also give information to someone who helps pay for your care. Additionally, we may also disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the decision is in your best interest.

## **Enhancing Your Healthcare**

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

1. Appointment reminders by call, automated system or letter,
2. Information about treatment alternatives,
3. Provide telehealth that comply with HIPAA rules.
4. Information about health-related benefits and services that may be of interest to you.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You may exercise the following rights by submitting a written request to the Privacy Officer.

### **Right to Access, Inspect and Copy**

Clients can access their medical records via the client portal, which is free of charge. Any protected health information that is not available in the portal can be requested by completing a release of information. Upon request for copies of medical and/or billing records, there is a minimum charge of \$10.00 which covers labor, plus 50¢ per page up to 50 pages and 25¢ per page after 50 pages (the \$10.00 fee is waived for clients only). Note: the charge is not part of the consumer's maximum ability to pay (MAP). The charge for photocopying must be paid in full prior to copying. Upon completion of a signed release, clients can receive a paper copy or an electronic copy, if we are able to do so.

Client shall have a right to obtain a copy of PHI in an electronic format (including diagnostic, test results, problem list, medication lists, and medication allergies) upon request, provided that any such choice is clear and specific. Cost shall include the cost of the USB flash drive, plus the average allowable cost of \$15.00 for labor associated in preparing the request for the copy. Email is acceptable and must be encrypted before sending PHI, a \$15.00 average allowable cost applies.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

We may deny your request to inspect and copy in certain, very limited, circumstances. If you are denied access to medical information you may request that the denial be reviewed.

### **Right to Request Amendment**

If you believe that your protected health information is incorrect or incomplete, you may request an amendment for as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

### **Right to an Accounting of Disclosures**

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures as outlined in state and federal laws made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices, up to 3 years from the date of your request.

### **Right to Request Restrictions**

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the ACSB Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If the ACSB believes that the restriction is not in the best interest of either party, or the ACSB cannot reasonably accommodate the request, the ACSB is not required to agree. If the restriction is mutually agreed upon; we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

### **Right to Request Confidential Communications**

You may request that we communicate with you using alternative means or at an alternative location. We

will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

**Right to Restrict Encounter to Insurer**

You may request that we not disclose a specific service to your insurer if you pay for the service out-of-pocket in full.