



## HENRICO AREA MENTAL HEALTH & RETARDATION SERVICES PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**EFFECTIVE DATE: April 14, 2003**

### YOUR PRIVACY IS IMPORTANT

Henrico Area Mental Health & Retardation Services (HAMHRS) understands your privacy is important. We are required by law to maintain the privacy of protected health information 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 makes a record of the visit. Typically, this record contains your assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment.

### **Your Federally defined rights under 45 CFR Parts 160 and 164 (HIPAA Privacy Standards), and under The Commonwealth of Virginia's Administrative Code, Title 12, sections 35-115-80 and 35-115-90 (Human Rights)**

There are several rights concerning your protected health information that we want you to be aware of:

- You have the right to inspect or to request copies of your medical record set. This process will be kept confidential. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You must make this request in writing to your Primary Case Manager/Clinician or the Privacy Officer. 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 record.
- You have the right to request amendment of your medical records if you believe information in the records is inaccurate or incomplete. You must make this request in writing to your Primary Case Manager/Clinician or the Privacy Officer. 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 Primary Case Manager/Clinician 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.
- 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 Primary Case Manager/Clinician. We will accommodate all reasonable requests.
- You have the right to obtain a paper copy of this Privacy Notice at any time upon request.

### USE AND DISCLOSURE OF YOUR INFORMATION

Upon signing the agency's Client Admission 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 health care operations.

#### EXAMPLES:

In order to effectively provide treatment/service your Primary Case Manager/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 the financial form.

In day-to-day health care operations, trained staff may handle your physical medical record in order to have the record assembled, available for review by the Primary Case Manager/Clinician, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical reporting to The Department of Mental Health, Mental Retardation and Substance Abuse Services (The Department). As a part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional staff to assure accuracy, completeness and organization. Records may also be reviewed during accreditation surveys by the Commission on Accreditation of Rehabilitation Facilities (CARF), or by The Department.

## USE AND DISCLOSURE TO ENHANCE 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.

## EMERGENCIES

We may use or disclose necessary protected health information about you in an emergency situation. If this happens, we will notify you as soon as reasonably practicable.

## 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

This agency is also allowed by federal and state law in certain circumstances to disclose specific health information about you.

These specific circumstances are:

- As required by law (ex: reports required for public health purposes, such as reporting certain contagious diseases )
- Judicial and Administrative proceedings (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General)
- Law Enforcement purposes (ex: limited information requested about suspects, fugitives, material witnesses, missing persons; criminal conduct on premises)
- To avert a serious threat to Health and Safety of another person (ex: in response to a specific threat made by person served to harm another)
- Children or incapacitated adults who are victims of abuse, neglect or exploitation
- Health Oversight activities (ex: the Department)
- Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission)
- National Security and Intelligence activities (ex: as authorized by the National Security Act or in relation to protective services to the President of the United States)
- State Department (ex: medical suitability for the purpose of security clearance)
- Correctional Facilities (ex: 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
- To the Department of Health and Human Services in connection with an investigation of us for compliance with federal regulations.

## SUBSTANCE ABUSE REGULATIONS

If you are a substance abuse client, the use and disclosure of your protected health information is subject to additional regulations under Federal law. Some of those regulations may prohibit the uses and disclosures outlined in this notice. In such a case, the more restrictive substance abuse regulations will be adhered to.

## 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 for treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use an Authorization 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

HAMHRS 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 mailing or discussion with an agency representative or electronically or a combination of the three. For additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, please contact:

- Your Primary Case Manager/ Clinician
- Privacy Officer  
HAMHRS  
10299 Woodman Road  
Glen Allen, VA 23060  
804-727-8500
- Regional Advocate  
Virginia Secretary of Health & Human Resources  
202 North Ninth Street, Suite 622  
Richmond, VA 23219  
804-786-7765
- Secretary of Health and Human Services  
Hubert Humphrey Bldg.  
2000 Independence Ave. SW  
Washington, DC 20201  
202-690-7000

