

**THIS PRIVACY NOTICE PROVIDES  
HOW YOUR INFORMATION  
MAY BE USED  
MAY BE DISCLOSED  
AND HOW YOU CAN ACCESS  
YOUR INFORMATION.  
PLEASE REVIEW CAREFULLY.**

**YOUR PRIVACY IS IMPORTANT**

Western Tidewater Community Services Board 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 45CFR 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 records. 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 Care Coordinator or the Office of Consumer Affairs. 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 Care Coordinator or the Office of Consumer Affairs. 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 Care Coordinator 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 Care Coordinator. We will agree to 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 Informed Consent 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 Care Coordinator may consult with various service providers within the agency. During those consultations health information about you may be shared.
- In order to receive payments 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 identifies by you and noted on the financial forms.
- 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 Care Coordinator, or for filing of documentation. Certain data elements are entered into our computer system that processed most billing, and for state statistical reporting to The Department of Behavioral Health and Developmental Service (The Department). As a part of our continuous quality improvements 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.

## **ENHANCING 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.
- The Community Food Security (CFS) afternoon snack programs are required by the USDA to maintain a log of those participating

## **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 proceeding (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General)
- Law Enforcement purposes (ex: reporting of gunshot wounds; 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
- Specialized Government Functions
- Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission)
- National Security and Intelligence activities (ex: 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

## **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 an Authorization to Use/Disclose 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**

Western Tidewater Community Services Board 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 posed at all service sites, and available upon request by mailing or discussion with an agency representative or electronically or a combination of all three.

## **FOR ADDITIONAL INFORMATION CONCERNING OUR PRIVACY POLICY, OR THE FEDERAL AND STATE LAWS PERTAINING TO PRIVACY, PLEASE CONTACT:**

- Cheryl Collier, Privacy Officer  
Western Tidewater CSB  
7025 Harbour View Blvd, Suite 119  
Suffolk, VA 23434  
(757) 966-2805 Ext. 1435  
Email: [ccollier@wtcsb.org](mailto:ccollier@wtcsb.org)
- Reginald Daye, Region V, Regional Advocate, DBHDS, Office of Human Rights  
4601 Ironbound Rd  
Williamsburg, VA 23188-2652  
Office Phone (757) 253 7061  
Fax # (757)253-5440  
Email: [reginald.daye@dbhds.virginia.gov](mailto:reginald.daye@dbhds.virginia.gov)
- Secretary of Health and Human Services  
Immediate Office of the Hubert Humphrey Building  
2000 Independence Ave. SW  
Washington, DC 20201  
(202)690-7000
- Office for Civil Rights, US Department of Health and Human Services  
150 S. Independence Mall West  
Suite 372 Public Ledger Building

Philadelphia, PA 19106-9111  
Main Phone (215)861-4441, Hot Line (800)368-1019  
Fax (215-861-4431, TDD (215)861-4440

**PRIOR TO PROCEEDING**

**Please make sure you have read, understood, and are in agreeance with,  
all of the information included within this privacy notice.**

**Please address any questions and/or concerns  
with a Western Tidewater Community Services Board employee  
via phone (757-255-7125), via email (ccollier@wtcsb.org), or in person  
where ever services are being provided by  
Western Tidewater Community Services Board.**

\*

**ACKNOWLEDGEMENT:**



I acknowledge that I have read and understand all of the  
information included within this privacy notice and I agree  
with the contents included herein.