



NOTICE OF PRIVACY PRACTICES

This notice Describes

- **How your Mental Health, Substance Use , and or Developmental Disability health information may be used or disclosed**
- **Your rights with respect to your health information**
- **How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information you have a right to a copy of this notice (in paper or electronic form) and to discuss it with BRBH's Office of Consumer Affairs or Designee at 540 266 9200 or via email at cqihelpdesk@brbh.org .**

Your Privacy is Important

Blue Ridge Behavioral Healthcare (BRBH) understands your privacy is important. BRBH is required by law to maintain certain PHI related to your treatment. This could include assessments, treatment plans, progress notes, diagnoses, and medications/prescriptions if applicable.

BRBH will not use or share your information other than described within this notice unless you tell us we can in writing, via an Authorization to Release Protected Health Information (ROI). If you change your mind at any time, let us know in writing and we will no longer share your information. If information has already been shared with a 3rd party, that information cannot be taken back, however no further PHI will be shared. The only exception that could possibly apply would be in the case of referrals to SUD services by an element of criminal justice system.

BRBH is required by law to maintain the privacy of your protected health information (PHI); to provide notice of BRBH's legal duties and privacy practices; and to notify you if your PHI was affected by a breach of unsecured PHI. BRBH will handle this information only as allowed by federal and state law, to include 42 CFR part 2, as well as agency policy, adhering to the most restrictive law that protects your health information. BRBH is also required to follow all terms found in its Notice of Privacy Practices that is currently in effect.

If, at any time, you believe your privacy rights have been violated, you may verbally or in writing contact:

- BRBH Office of Consumer Affairs
- BRBH Continuous Quality Improvement Officer
- Regional Human Rights Advocate
- Secretary of Health and Human Services (HHS)
- Office for Civil Rights (OCR)

Addresses and phone numbers for the above entities are listed at the bottom of this notice. You will not suffer any change in services or retaliation for filing a complaint.

To increase the safety and accuracy of your identity, you will be asked to take a photograph during the initiation of services. If you agree to do so it will be incorporated into your medical record. Once the photograph becomes part of your medical record it is treated with the same confidentiality standards as your PHI. You have the right to decline or opt out of having your photograph taken and added to your medical record.

Your federally defined rights under the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR part 2 (Confidentiality of Substance Use Disorder Records), and under The Commonwealth of Virginia's Administrative Code

There are several rights concerning your PHI that we want you to be aware of:

- You have the right to request and obtain a paper copy of this Privacy Notice at any time.
- You can ask to see or get copy of your medical record. We will provide a copy or a summary of your health information within 30 days of your request. This right is not absolute. If a licensed mental health professional determines that this access would cause harm to a person, we can deny your request. All requests are to be completed in writing via an Authorization to Release Protected Health Information. If denied access, you will receive a timely, written notice of the decision, the reason for the denial, and a copy of the written notice becomes a part of your medical record. If you request and receive paper or electronic copies of your medical record, a reasonable fee may be applied.
- You have the right to request an amendment to your medical record if you believe information in the record is inaccurate or incomplete. You must make this request in writing to your primary services staff or BRBH's Continuous Quality Improvement department. 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 discuss this notice with BRBH's Office of Consumer Affairs or Designee
- You have the right to choose not to receive fund raising communications.
- You have the right to request an accounting of disclosures BRBH has made of your PHI within the last 3 years.
- If you have any records pertaining to Substance Use Disorder you have the right to request an accounting of disclosures made by an intermediary within the last 3 years
- You have the right to request, from your primary service provider, restrictions on the use and/or disclosure of your health information. If you are receiving or have received SUD services, you have the right to request from your primary service provider restrictions on the use and/or disclosure of your SUD PHI, even if you had previously provided consent for future disclosures of SUD PHI for the purposes of treatment, payment, and healthcare operations. Your

request will be given serious consideration by BRBH's Office of Continuous Quality Improvement. You will be promptly notified whether we honor the requested restriction. Legally, BRBH is 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 and obtain restrictions of disclosures of PHI to your health plan for services for which you have already paid in full.
- You have the right to request BRBH to provide your PHI to you in a specific, confidential manner (mail, email) or by location (at home or work) regarding your services at BRBH. These requests must be made in writing to your primary services staff. BRBH will agree to all reasonable requests.

Use and Disclosure of Your Information

For PHI containing only Mental Health or Developmental Disabilities information, BRBH is required to get your authorization to use or disclose your protected health information for any reason other than for treatment/provision of services, payment, or health care operations, and those specific circumstances below.

EXAMPLES:

1. To effectively provide treatment/service, your primary services staff may consult with other service providers within the agency. During such consultations health information about you may be shared.
2. To improve the quality and timeliness of treatment/services BRBH participates in Connect Virginia's Health Information Exchange (HIE) system. All Emergency Room Departments are required by Virginia Law to participate in the sharing of health information generated during emergency department visits. BRBH does not disclose any health care information about you to the HIE. Health care information received from the HIE is treated and maintained with the same confidentiality standards as your medical record.
3. To receive payment of services provided, your PHI may be sent to companies or groups responsible for payment. The Responsible Party identified by you and noted on the financial form will receive a monthly bill.

Individuals Involved in Your Mental Health or Developmental disability treatment or Payment for such services.

Unless you object, BRBH may release PHI about you to a friend or family member who is involved in your treatment. BRBH may also give information to someone who helps pay for your services/treatment.

Specific Circumstances for Disclosure

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

These specific circumstances are for PHI relating to Mental Health and Developmental Disability treatment PHI:

- 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: 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)
- Reports to the Department of Social Services, (Adult or Child Protective Services) (ex: to report acts of abuse, neglect or exploitation of children or vulnerable adults.)
- Specialized Government & Military functions (ex: for special government functions such as military, national security, and presidential protective services.)
- State Department (ex: medical suitability for the purpose of security clearance)
- 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.

For individuals with SUD PHI, your consent is needed prior to the disclosure of any SUD treatment information with the exceptions listed below:

- In the case of a bona fide medical emergency (ex: you are unconscious, in need of potentially lifesaving medical treatment, and are unable to provide prior consent)
- Health oversight activities performed to ensure BRBH is providing services appropriately (Ex: Dept. of Behavioral Health and Developmental Services reviews BRBH records for compliance with VA law)
- Initial reports of child abuse or neglect
- In response to a court order and accompanying subpoena (ex: BRBH receives a qualifying court order signed by a judge, as well as a subpoena compelling disclosure)
- To a qualifying service organization (ex: an organization that provides services to BRBH and has agreed in writing to follow the requirements of 42 CFR part 2)
- Limited information may be shared with law enforcement to report threats to BRBH staff and/or programs

For any records containing SUD treatment information, you may complete one ROI for all future uses or disclosures for treatment, payment, and healthcare operations purposes.

BRBH will obtain your consent prior to disclosing any SUD information for a purpose not listed on this notice.

EXAMPLES OF WHEN YOUR WRITTEN CONSENT IS NEEDED PRIOR TO DISCLOSURE OF SUD PHI:

- Billing for any SUD services provided
- Confirming your participation in an SUD specific service
- Prior to confirming your SUD diagnosis, SUD treatment, or referral to SUD treatment
- Prior to disclosing any SUD PHI to a 3rd party that is not a qualified service organization
- Records that are disclosed to a part 2 program, covered entity, or business associate as a result of your written consent for disclosure for the purposes of treatment, payment, and health care operations may be further disclosed by that part2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure. (ex: if you signed an ROI that allows for future disclosures of PHI for the purposes of treatment, payment, and healthcare operations, BRBH may disclose that information as permitted by HIPAA)

Please note, BRBH will only disclose that PHI which is necessary to disclose for an established purpose, including during the exceptions above.

Court Orders Authorizing Use or Disclosure

Records, or testimony relaying SUD PHI, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you **unless** BRBH has your specific written consent or a court order.

Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided

For additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, please contact: OFFICE OF CONSUMER AFFAIRS OR CONTINUOUS QUALITY IMPROVEMENT: 540-266-9200, the REGIONAL HUMAN RIGHTS ADVOCATE: 1-877-600-7434; HHS: 1-202-690-7000, OCR: 1-877-696-6775 or at <https://www.hhs.gov/ocr/complaints/index.html>.

to you or BRBH, where required by [42 U.S.C. 290dd-2](#) and 42 CFR part 2. Furthermore, the court order must be accompanied by a subpoena or other similar legal mandate compelling disclosure.

Reproductive Healthcare PHI

BRBH is prohibited from disclosing PHI regarding your reproductive healthcare for a prohibited purpose. (ex: to conduct a criminal investigation). BRBH is required to obtain an assurance (in the form of an attestation) that any reproductive healthcare PHI disclosed to a 3rd party (ex: DBHDS for the purposes of providing oversight of BRBH) will not be used for a prohibited purpose. (ex: to conduct a criminal investigation).

Please be mindful that once your PHI has been disclosed to a 3rd party, the recipient may not be subject to privacy laws such as HIPAA. There is the potential for the information to be further used by the recipient without your consent.

Enhancing Your Healthcare

Some BRBH programs provide the following support to enhance your overall health care and may contact you to provide:

- Appointment reminders by call, text, or letter
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you.

Changes to Privacy Practices

BRBH reserves the right to 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, in our offices, and on our website.

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.