

RACS 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.



Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Ask to inspect or copy your medical record
- Get a list of those with whom we've shared your information
- Get a paper or electronic copy of this privacy notice
- Request confidential communication
- Request an alternate method of communication
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated



Your Choices

You have some choices in the way that we use and share information as we:

- Provide mental health care
- Provide substance abuse services
- Provide general information about treatment, services, or benefits which might interest you
- Market our services
- Provide appointment reminders
- Offer access to a secure and individualized Patient Portal. *Patients of certain programs will receive default access to the patient portal; however, you may opt out of having a portal account by submitting a request to RACS. Portal opt-out forms are on our website at racs.org.*



Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



Our Responsibilities

We are responsible for:

- Following state and federal law when we use, store, and disclose your protected health information
- Notifying you if your information is disclosed, obtained, or used improperly
- Providing you with notice of your rights
- Telling you when our privacy practices change
- Responding to your questions, concerns or requests about your protected health information

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Under some rare circumstances we may be unable to comply with your request if our licensed staff feel releasing these records could cause you or others harm. If such circumstances arise you and the regional human rights advocate would be notified. The advocate could assist you in appealing this decision.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- You can select your preferred method for receiving notifications via our appointment reminder system.
- You can opt out of receiving appointment reminders at any time. If you opt out of receiving reminders our staff will need 2-3 business days to process your request.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated (we will never retaliate against you for filing a complaint)

- You can complain if you feel we have violated your rights by asking to speak to our **Privacy Officer at: (540)-462-6670** or send a letter to **241 Greenhouse Rd, Lexington, VA, 24450**. We are committed to responding to your concerns in a prompt manner.
- You can file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1-877-696-6775**, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.

Your Choices: You play an important role in determining some of the ways we use and share your private health information. This section explains some of the choices you have regarding our use of your personal information.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes or fundraising activities
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures: It may be necessary for us to disclose some of your private health information in order to provide you with quality services, to comply with certain laws regarding public safety, and manage the operations of this agency. This section describes the type of situations where we would need to disclose your information.

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

- **Treat you:** We can use your health information and share it with other professionals who are treating you.
➤ *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*
- **Run our organization:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.
➤ *Example: A business associate of ours uses your information to conduct quality review audits for the agency.*

- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.

➤ *Example: We give information about you to your health insurance plan so it will pay for your services.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
- We can use or share your information for health research.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you to address workers’ compensation, law enforcement, and other government requests
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- We can share your information with business associates who provide RACS with electronic health platforms such as medical records, patient portals, and quality management databases.

Your Consent to Release Information

All other types of disclosures not referenced in this notice will require your written consent. **You always have the right to revoke any written consent to release information you provide to our agency.**

Our Responsibilities: RACS is committed to ensuring that we live up to our responsibilities to protect, secure, and appropriately use your personal information. This section outlines some of the specific responsibilities our agency has to ensure your private health information is used, stored, and shared appropriately.

Our Responsibilities and Obligations

- We are required by law to maintain the privacy and security of your protected health information.

- We will always adhere to the most strict interpretation of your rights when state and federal law conflict
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice

We can 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 office, and on our web site.

Other Important Information:

- In addition to following the provisions of HIPAA and all applicable laws concerning privacy outlined in the Commonwealth of Virginia's Code our agency is also subject to the standards of 42 CFR (which is federal law concerning the privacy of individuals receiving substance abuse treatment). Therefore RACS will only your substance abuse records with your written authorization or as otherwise permitted by 42 CFR.
- In order to comply with our licensing, accreditation, and reimbursement requirements your records could be reviewed for quality assurance purposes by The Department of Behavioral Health and Developmental Services, CARF, your insurance provider and/or their designated agent, or any governmental agency who has regulatory oversight of our agency.

If you have any questions or concerns about this notice or about the use of your protected health information please contact: RACS Privacy Officer Telephone: (540)-462-6670