

**Department of Behavioral Health and Developmental Services (DBHDS).**



**Notice of Privacy Practices**

**EFFECTIVE: September 23, 2013**

(Updated 8/22/16)

***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.***

This notice describes the privacy practices of the Department of Behavioral Health and Developmental Services (DBHDS), including the Central Office and each of the psychiatric hospitals and mental retardation training centers DBHDS operates. DBHDS is required by law to maintain the privacy of protected health information. We are also required by law to provide you with this notice telling you about our legal duties and privacy practices with respect to protected health information.

If you have someone making decisions on your behalf because you are not able to make decisions yourself, we will give a copy of this notice to that person, and we will work with that person in all matters relating to uses and disclosures of your health information.

**How We May Use and Disclose Health Information  
About You to Other People**

**When we have your written permission.** If you give us written permission to use or disclose your health information to someone else, we will use or disclose it according to your instructions. You may revoke your permission, in writing, at any time, except to the extent that we have already used or disclosed the information that you gave us permission to use or disclose.

**When we do not have your written permission.** Sometimes we will disclose information without your permission. In each of these cases, we will attach a statement that tells the person receiving the information that they cannot disclose it to anyone else unless you give them permission or unless a law allows or requires them to disclose the information without your permission.

If the disclosure is not required by law, we will give strong consideration to any objections from you in making the decision to release information.

Before we disclose information to anyone, we will verify the identity and authority of the person receiving the information.

The following categories describe different ways that we may use and disclose health information about you *without your written permission*. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information without your permission will fall within one of these categories.

**To find someone to make decisions on your behalf.** If you are not capable of making medical decisions, we may disclose your health information in order to identify someone to make those decisions for you (called “authorized representative” or “AR”). Before we disclose any information, we must determine that disclosure is in your best interests.

**Treatment.** We may use health information about you to provide you with medical and mental health treatment or services, and we may disclose this information to other health care providers to help them treat you. *For example:*

- We may disclose health information about you to doctors, treatment workforce members, medical students, or other facility personnel who are involved in your treatment here. Different facilities and different departments or offices within this facility may share health information about you in order to coordinate the different things you need, such as medication orders, lab work, and various tests.
- We may disclose to community services boards or to other providers health information they may need to prescreen you for services or to prepare and carry out your individualized services or discharge plan.

**Payment.** We may use and disclose health information about you so that we can bill and receive payment for the treatment and services you receive at the facility and so that other providers can bill and be paid for the treatment services they provide. We have to follow Virginia law that limits the amount of health information we can disclose about you. *For example,* we may send a bill to you or someone who has agreed to pay your medical bills, such as an insurance carrier or Medicaid. The information we send to an insurer may include your name; the date you were admitted to our facility; the date you became ill; the date you are discharged from our facility; your diagnosis; a brief description of the type and number of services we provided you; your status; and your relationship to the person who has agreed to pay your bills.

**Health Care Operations.** We may use and disclose health information about you to operate the facility and DBHDS and to make sure that all individuals in the facility and in other DBHDS facilities receive quality care. *For example,* we may disclose information to physicians and other treatment professionals so that they can review and make suggestions about your care or so they can learn something new about treatment. We may combine the health information we have with health information from the other facilities DBHDS operates to compare how we are doing and see where we can make improvements in care and services.

**Business Associates.** Some of our services are provided through contracts or agreements with other public and private entities, and some of these contracts or agreements require that health

information be disclosed to the contractor. These contractors are known as “business associates.” Examples include physician consultants, laboratories, dentists and lawyers from the Office of the Attorney General. We may disclose your health information to these people so that they can perform the job we have asked them to do.

**Facility Directory.** We may include your name, your location, and a general description of your medical condition in a facility directory. This directory will not be shared with anyone outside the facility unless you give us permission to disclose it. You have the right to restrict the use of the health information contained in the directory. This facility \_\_\_ does **X** **does not maintain a directory** at this time.

**Required by Law.** We will disclose health information about you when we are required to do so by a federal, state, or local law or regulation.

**Public Safety.** If we reasonably believe that you pose a serious and imminent threat to a specifically identifiable person or the public, we may communicate those facts necessary to prevent or lessen the potential threat.

**Public Health.** As authorized by law, we will disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability.

**Organ and Tissue Donation.** We may release health information to organizations that handle organ procurement, as permitted by law.

**Workers’ Compensation.** We may release health information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illness, as authorized by, and to the extent we are required to do so to comply with, law.

**Food and Drug Administration (FDA).** We may disclose information about you to the FDA as necessary for product recalls, withdrawals, and other problems with a product; to track products; or to report adverse events, product defects, or other problems with products.

**Health Oversight Agencies.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensing. Information may be disclosed to the Office of the Inspector General, the Department of Health Office of Quality Care, the Virginia Office for Protection and Advocacy, the DBHDS Office of Licensing, the DBHDS Office of Human Rights, and other similar oversight agencies.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information regarding decedents to coroners, medical examiners, or funeral directors, as authorized by law. *For example*, Virginia law requires us to notify the medical examiner when an individual dies in one of our facilities. We are also required to report to a funeral director any infectious disease that someone who died may have had.

**National Security, Intelligence Activities and Protective Services for the President.** We may disclose health information to a public official for national security activities and the protective

services of the President and others when we are required to comply with a valid subpoena or other legal processes, or if such disclosure is required by state or federal law.

**Correctional Institutions and Other Law Enforcement Custodial Situations.** We may disclose health information to a correctional institution if it is necessary for your care or if the disclosure is required by state or federal law.

**Judicial and Administrative Proceedings.** When a court orders us to disclose health information, we will disclose the information that the court orders. We will also disclose health information in response to a subpoena that meets the requirements of Virginia law.

**Law Enforcement Officials.** We may disclose health information to a law enforcement official in response to a valid subpoena or other legal process or if the disclosure is required by state or federal law.

**Research.** We may disclose aggregate health information to researchers, when this information does not identify you or any other person or when research has been approved by an institutional review board that has established procedures to ensure the privacy of your health information.

**Victims of Abuse and Neglect.** If we reasonably believe that you are a victim of abuse or neglect, we will disclose health information about you to a government agency authorized by law to receive such information, to the extent that we are required to do so by law.

**Decedents.** Your Protected Health Information is no longer protected once you have been deceased for more than fifty years. Your information may be disclosed to family members and others who were involved your care or payment for your care prior to your death, unless doing so is inconsistent with any prior express preferences that are known to us.

**Student Disclosures (Immunizations).** We may disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student. Written authorization is no longer required to permit disclosure.

Other uses and disclosures will be made only with your written authorization (permission). You may revoke your authorization in writing at any time, except to the extent that we have acted in reliance on the authorization.

### **Your Rights Regarding Health Information About You**

You have the following rights regarding the health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy health information that we maintain about you as allowed by state and federal law. If you request a copy of your information, we may charge a fee for copying, labor, supplies and mailing.

We may deny your request in certain circumstances. If you are denied access to your health information, you may request that the denial be reviewed. A physician or a licensed clinical

psychologist not involved with your care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If you are denied access to any portion of your record, you have the right to ask that a psychiatrist, doctor, psychologist or lawyer of your choosing get a copy of what has been denied to you.

**Right to Amend.** If you feel that health information that we have about you is incorrect or incomplete, you may ask us to amend, or correct, the information. You have the right to request an amendment for as long as the information is kept by or for us.

We may deny your request to amend information that:

- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for us;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you have the right to ask us to put a statement of disagreement in your record.

**Right to an Accounting of Disclosures.** You have the right to request and receive a list of the disclosures that we have made of your health information except for the following disclosures:

- To employees of the Department or its facilities, CSBs, or other providers;
- To carry our treatment, payment, or health care operations;
- That are incidental to a disclosure that is already permitted or required;
- To you or your authorized representative;
- That are made following receipt of a written authorization;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials; or
- That were made more than six years prior to the date of your request.

Your request may indicate a time period, and you should tell us the form in which you want the list (for example, on paper or electronically).

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations.

You have the right to restrict certain disclosures of Protected Health Information to a health plan where you pay out of pocket in full for the healthcare item or service. If you wish to restrict disclosures concerning a prescribed medication, you may request that we provide you with a paper prescription to allow you an opportunity to request a restriction and pay for the prescription with our pharmacy before the pharmacy has submits a bill.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

Peggy Vaughan, the Facility Privacy Officer.

In your request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

*Right to Opt Out.* You have the right to opt out of fundraising communications and we may not condition treatment based on your opting decision to opt out.

Your Authorization is required for most uses and disclosures of psychotherapy notes.

Your Authorization is also required for marketing purposes and disclosures that constitute a sale of Protected Health Information.

We may not use or disclose genetic information for underwriting purposes.

To request confidential communications, you must make your request in writing to

Peggy Vaughan, the Facility Privacy Officer.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** Upon your request, you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice at the DBHDS website, <http://www.dbhds.virginia.gov> .To obtain a paper copy of this notice, contact:

Peggy Vaughan, HIPAA Privacy Officer

**Photocopy, Videotaping, and Other Imaging.** We use photography, including videotapes to document certain aspects of your treatment and care while you are here. Pictures are taken soon after admission to assure proper identification of patients. Unusual injuries and conditions are occasionally photographed and entered in the services record, and may be shared as required by law. Pictures are sometimes taken for educational or therapeutic purposes, but are not shared outside the hospital without your permission.

**We are required to abide by all of the terms of the Notice of Privacy Practices currently in effect.**

**We reserve the right to change the terms of this Notice** and to make the new notice provisions effective for all protected health information we maintain. If our notice changes, a revised notice will be displayed at a prominent location in your living area, and you may get a copy if you request one.

**For more information:** If you have questions and would like additional information, you may contact:

Peggy Vaughan, the Facility Privacy Officer, at telephone number 434-767-4411.

**If you believe your privacy rights have been violated**, you can file a complaint by contacting any of the following people:

Tammy Long, the Human Rights Advocate, at telephone number 434-767-3532.

Hilton L. McDaniel, the Facility Director, at telephone number 434-767-4414.

Peggy Vaughan, the Facility Privacy Officer, at telephone number 434-767-4411.

The Secretary of the United States Department of Health and Human Services, at toll free - 1-800-368-1019.

***No one will retaliate against you in any way for filing a complaint.***

**ACKNOWLEDGEMENT OF RECEIPT OF THE  
NOTICE OF PRIVACY PRACTICES**

**Department of Behavioral Health and Developmental Services (DBHDS)**  
**Revised September 23, 2013**  
(Updated 8/22/16)

**I have been provided a copy of the Department of Behavioral Health and Developmental Services' Notice of Privacy Practices**

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Signature of Patient/ or Authorized Representative

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Name of Patient or Authorized Representative (Please print)

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Date Notice given  
Staff Notes:

If patient refuses to sign above or is unable to understand this notice, complete the following by checking the appropriate statement, date and sign.

- Patient refuses to acknowledge receipt of Notice & Rights explained to patient.
- Unable to acknowledge receipt of Notice & Rights explained to patient.
- Patient unable to read and therefore Notice & Rights read to patient.
- Patient unable to understand this notice and unable to sign.

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Signature of Person Delivering Notice

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Date