

# *Privacy Notice*

Albemarle Counseling Associates

## ***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 Privacy is Important***

Albemarle Counseling Associates 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.

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 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 Service Provider or Case Manager. 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 Service Provider or Case Manager. 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 Service Provider or Case Manager 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 Service Provider or Case Manager. 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 Consent to Treatment form, you are allowing us to use and disclose necessary information about you within the agency and with providers or 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 Service Provider 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 Service Provider, 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.*

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## 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.

### Individuals Involved in Your Care or Payment for That Care

If you give us permission, 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: reporting of gun shot 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
- National Security and Intelligence activities (ex: in relation to protective services to the President of the United States)
- 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.
- Health Oversight Agencies (Department of Health, DMHMRSAS Office of Licensing)

### 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 to Release Information* 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.

### Privacy Practices

Albemarle Counseling Associates, PLLC 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 Confidentiality Policy, the federal and state laws pertaining to privacy, or if you feel your privacy rights were violated, please contact:

#### PROCEDURE FOR REGISTERING A COMPLAINT

- **VIRGINIA:** Virginia Residents treated in VA

Virginia Board of Counseling  
Perimeter Center  
9960 Mayland Dr, Suite 300  
Richmond VA 23233-1463  
Voice (800) 533-1560  
Online: [www.dhp.state.va.us](http://www.dhp.state.va.us)

- **New Mexico** New Mexico Residents treated in New Mexico

**New Mexico Regulation & Licensing Department**  
Toney Anaya Building,  
2550 Cerrillos Road, Santa Fe, NM 87505  
Ph (505)476-4500  
[http://www.rld.state.nm.us/boards/Counseling\\_and\\_Therapy\\_Practice.aspx](http://www.rld.state.nm.us/boards/Counseling_and_Therapy_Practice.aspx)

- **Secretary of Health and Human Services,**

Immediate Office of the Secretary,  
Hubert Humphrey Bldg.,  
2000 Independence Ave. SW,  
Washington, DC, 20201  
202-690-7000

- **Office for Civil Rights, U.S. Department of Health and Human Services,**

150 S. Independence Mall West, Suite 372,  
Public Ledger Building  
Philadelphia, PA 19106-9111  
Main Line (215) 861-4441  
Hotline (800) 368-1019  
FAX (215) 861-4431.  
TDD (215) 861-4440.

\*\*You will not suffer any change in services or retaliation for filing a complaint.