

Piedmont Community Services –Privacy Notice

Effective 4/14/2003 – Revised 9/23/2013

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY

Your Privacy is Important to Us:

Piedmont Community Services (PCS) understands your privacy is important. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. PCS will handle this information only as allowed by federal and state law and agency policies, adhering to the most stringent law that protects your health information.

Your Medical Record:

Each time you receive services from Piedmont Community Services; we make a record of your visit and store it in your medical record. This record may consist of your assessment, service plan, progress notes, diagnosis, treatment and discharge plan for further care or treatment.

If You Have a Complaint:

If at any time you believe your privacy rights have been violated you may file a complaint with the agency Privacy Officer, State Human Rights Advocate or with the Secretary of Health and Human Services. We will not retaliate or penalize you for filing a complaint. If you would like more information or to make a complaint verbally or in writing please contact:

- **Piedmont CSB Privacy Officer:**
 - ❖ 24 Clay Street, Martinsville, VA 24112
 - ❖ Telephone: (276) 632-7128
- **State Human Rights Advocate:**
 - ❖ 382 Taylor Drive, Danville, VA 24541
 - ❖ Telephone: (434) 773-4314
- **Secretary of U.S. Dept. of Health & Human Services:**
 - ❖ Region III OCR, Health and Human Services
 - ❖ 150 S. Independence Mall West, Suite 372
 - ❖ Philadelphia, PA 19106-9111 Telephone (800) 368-1019

Your Individual HIPAA Rights:

Although your medical record is the property of Piedmont Community Services, there are several rights concerning your protected health information we want you to be aware of. **You have the right to:**

- Inspect or obtain a paper and/or electronic copy of your medical record. This right is not absolute. In certain situations, if accessing your information would cause harm, we may deny access. If access is denied, you will receive a written notice of the decision and reason. If you receive paper or electronic copies of your medical records, a reasonable fee may be applied.
- Request amendments or corrections to your medical record if you believe the information in the record is inaccurate or incomplete. We may deny the request for certain reasons but you will be provided with a written explanation of the denial.
- Receive an accounting of the agency's disclosures of your protected health information made after April 14, 2003 that were not for the purpose of treatment, payment of healthcare operations or that were not authorized by you.
- Request that we communicate with you about your health information or medical information in a certain method or location. For example, a specific telephone number or mailing address.
- Request a restriction with regard to use and disclosure of your protected health information. You will be informed promptly whether we will be able to honor the request restriction and still offer effective services, receive payment and maintain healthcare operations. We are not required to agree to any restrictions that you request. However, once an agreement is made, we are bound by that agreement except under certain emergency circumstances.
- Ask for a restriction of your health information to your health plan if you pay for medical services entirely out-of-pocket unless required by law for treatment purposes.
- Receive notification whenever a breach of your unsecured health information occurs.
- Revoke any authorization to disclose confidential information except to the extent that action has already been taken.
- Receive a paper copy of this Privacy Notice at any time upon your request.
- Choose, refuse or request a provider within our service delivery team. Effort will be made to honor your request. However, staff availability and payer requirements will determine if we can honor your request.

- Have access to your information in sufficient time to help facilitate decision making in regards to treatment.

How We Use Your Protected Health Information:

Upon enrolling in services at Piedmont Community Services, you are allowing us to use and disclose necessary information about you within the agency and with our business associates in order to provide treatment, receive payments for provided services and conduct our day-to-day health care operations. Listed below are examples of how we use your information for Treatment, Payment and Healthcare Operations:

- **Treatment:** In order to provide you treatment, we disclose your information within the agency to your case manager, counselor, physician, nurse or other service providers and administrative staff in order to meet your healthcare needs.
- **Payment:** In order to receive payment for services provided, your health information may be sent to those companies or groups responsible for payment coverage as well as statements sent to the Responsible Party. Your health information may be transmitted electronically with security measures to protect your information.
- **Healthcare Operations:** In day-to-day business practices, staff may access your paper and/or electronic medical record for service delivery, filing documentation, providing reminder services, as well as conducting quality assessment and improvement activities. There are some services provided in our organization through an agreement with business associates. When these services are contacted, we may disclose your health information to our business associates. Business Associates are required to safeguard your information as required by law.
- **Marketing:** Piedmont Community Services will not sell or use your Protected Health Information for marketing purposes.
- **Fund Raising:** Piedmont Community Services will not sell or use your Protected Health Information for fund raising purposes.

Use and Disclosure without Authorizations:

Piedmont Community Services is allowed by federal and state law to disclose certain information about you in certain circumstances:

- Comply with federal, state or local laws that require disclosure.
- Public Health Authorities for authorized activities.
- Inform authorities to protect victims of abuse, neglect or exploitation.
- Comply with federal and state health oversight activities.
- Report to the Department of Behavioral Health and Developmental Services statistical data elements and allow access to your record for health oversight reviews.
- Respond to law enforcement officials or to judicial orders, subpoenas or other processes that are mandated under the law.
- Avert a serious threat to health and safety.
- Respond to Specialized Government Functions (military services, national security or intelligence activities, state department).
- Inform a correctional institution if you are an inmate.
- Health Oversight Activities.
- Workers Compensation (ex: facilitate processing, treatment and payment).
- Coroners and Medical Examiners.
- Secretary of Health and Human Services.
- Communicate with other providers in an emergency (ex: serious health condition for treatment).
- Discharge follow-up and/or conduct satisfaction surveys.

All other uses and disclosure for reasons other than Treatment, Payment or Healthcare Operations require your written authorization. Your written authorization must meet all the requirements set forth by federal and state laws before we can properly respond to disclosure requests.

Changes to Privacy Notice:

Piedmont Community Services reserves the right to change privacy policies and practices at any time, as allowed by federal and state law. Revised Privacy Notices will be posted at all service sites, and are available upon request, in our offices and on our web site.