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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 is effective as of April 15, 2003

## **USES AND DISCLOSURE OF HEALTH INFORMATION**

Prosperity Eating Disorders and Wellness Center (or "PEDW") is committed to protecting the privacy of the personal and health information we collect or create as part of providing health care services to our clients, known as "Protected Health Information" or "PHI". PHI typically includes your name, address, date of birth, billing arrangements, care, and other information that relates to your health, health care provided to you, or payment for health care provided to you. PHI DOES NOT include information that is de-identified or cannot be linked to you.

This notice of Health Information Privacy Practices (the "Notice") describes PEDW Center's duties with respect to the privacy of PHI, PEDW Center's use of and disclosure of PHI, client rights and contact information for comments, questions, and complaints.

## **PRIVACY PROCEDURES AND LEGAL OBLIGATIONS**

PEDW obtains most of its PHI directly from you, through care applications, assessments and direct questions. We may collect additional personal information depending upon the nature of your needs and consent to make additional referrals and inquiries. We may also obtain PHI from community health care agencies, other governmental agencies or health care providers as we set up your service arrangements.

PEDW is required by law to provide you with this notice and to abide by the terms of the Notice currently in effect. PEDW reserves the right to amend this Notice at any time to reflect changes in our privacy practices. Any such changes will be applicable to and effective for all PHI that we maintain including PHI we created or received prior to the effective date of the revised notice. Any revised notice will be mailed to you or provided upon request.

PEDW is required by law to maintain the privacy of PHI. PEDW will comply with federal law and will comply with any state law that further limits or restricts the uses and disclosures discussed

below. In order to comply with these state and federal laws, PEDW has adopted policies and procedures that require its employees to obtain, maintain, use and disclose PHI in a manner that protects client privacy. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request, or providing one to you at your next appointment. We are required to release the minimum necessary information in any of the following situations.

## **USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

Except as outlined below, PEDW will not use or disclose your PHI without your written authorization. The authorization form is available from PEDW (at the address, phone number or website at the end of this notice). You have the right to revoke your authorization at any time, except to the extent that PEDW has taken action in reliance on the authorization.

The law permits PEDW to use and disclose your PHI for the following reasons *without* your authorization:

**For Your Treatment:** We may use or disclose your PHI to physicians, psychologists, nurses and other authorized healthcare professionals who need your PHI in order to conduct an examination, prescribe medication or otherwise provide health care and treatment related services to you.

**To Obtain Payment:** We may use or disclose your PHI to insurance companies, government agencies or health plans to assist us in getting paid for our services. Examples of payment-related activities include: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. A bill may be sent to you or a third-party payer, and the information on the bill may include your medical information. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

**For Our Health Care Operations:** We may use or disclose your PHI in the course of activities necessary to support our health care operations such as performing quality checks on your employee services. We may also disclose PHI to other persons not in PEDW's workforce or to companies who help us perform our health services (referred to as "Business Associates"). We require these business associates to appropriately protect the privacy of your information. We may send you information regarding treatment options in the course of our marketing activities. You have the right to opt out of such communications as is marked at the bottom of this form.

**As Permitted or Required By The Law:** In some cases we are required by law to disclose PHI. Such disclosure may be required by statute, regulated court order, or government agency for judicial and administrative proceedings and enforcement purposes. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**For Public Health Activities:** We may disclose your PHI for public health purposes such as reporting communicable disease results to public health departments as required by law or when required for law enforcement purposes.

**For Health Oversight Activities:** We may disclose your PHI in connection with governmental oversight, such as for licensure, auditing and for administration of government benefits.

**To Avert Serious Threat to Health and Safety:** We may disclose PHI if we believe in good faith that doing so will prevent or lessen a serious or imminent threat to the health and safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be

disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. We may also disclose limited PHI to public or private entities that are authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in caring for you. You have the right to limit or stop these disclosures

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of abuse or neglect if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health and safety of others.

**Deceased Patients:** We may disclose PHI regarding deceased patients as mandated by state law. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate. We may share information with a funeral director, coroner, organ procurement organization, or medical examiner to help them carry out their duties.

**Medical Emergencies:** We may use or disclose your protected health information in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Law Enforcement:** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

**Specialized Government Functions:** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

**Workers Compensation:** We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

**Disaster Relief:** We may share medical information with a public or private organization or person who can legally assist with disaster relief efforts.

**Research:** We may use PHI for research purposes in the course of treating you. This information will not be disclosed to outside entities, rather used for statistical analysis of our practices and procedures, client demographics, etc. Other research may be conducted in limited circumstances where the research has been approved by a review board and established protocols to ensure the privacy of medical information.

**Disclosures of Health Related Benefits or Services:** Sometimes we may want to contact you regarding service reminders, health related products or services that may be of interest to you, such as health care providers or settings of care or to tell you about other health related products or services offered at PEDW. You have the right not to accept such information.

**Incidental Uses and Disclosures:** Incidental uses and disclosures of PHI are those that cannot be reasonably prevented, are limited in nature and that occur as a by-product of a permitted use or disclosure. Such incidental uses and disclosures are permitted as long as PEDW uses reasonable safeguards and use or disclose only the minimum amount of PHI necessary.

**To Personal Representatives:** We may disclose PHI to a person designated by you to act on your behalf and make decisions about your care in accordance with state law. We will act according to your written instructions in your chart and our ability to verify the identity of anyone claiming to be your personal representative.

**To Family and Friends:** We may disclose PHI to persons that you indicate are involved in your care or the payment of care. We may disclose information to close family members or friends directly involved in your treatment *based on your consent or as necessary to prevent serious harm*. We may notify a family member, personal representative, or other person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will attempt to get your permission prior. If you are unable or refuse to grant permission, we will give the minimum necessary information according to our professional judgment.

**Verbal Permission:** We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time.

## **YOUR RIGHTS CONCERNING PRIVACY**

**Access to Certain Records:** You have the right to inspect and copy your PHI in a designated record set except where State law may prohibit client access. A designated record set contains medical and billing and case management information. It does not include Psychotherapy Notes, which are protected separately under the law. They will only be released if ordered by the courts or if deemed clinically appropriate and require individual authorization.

If your records are maintained electronically, you may also request an electronic copy of your PHI. If we do not have your PHI record set but know who does, we will inform you how to get it. If our PHI is a copy of information maintained by another health care provider, we may direct you to request the PHI from them. If PEDW produces copies for you, we may charge you up to \$1.00 per page up to a maximum fee of \$50.00.

Your right to inspect and copy the majority of your PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. You may ask your clinician or administrative staff for access to your records at any time, and that request will be evaluated by your clinician and/or the compliance officer as necessary. Should we deny your request for access to information contained in your designated record set, you have the right to ask for the denial to be reviewed by another healthcare professional designated by the PEDW Center.

**Timely Access:** You have a right to timely access to your PHI, for yourself or for a third party that you identify in your Release of Information. All such requests will be reviewed, and the information sent within 30 business days of receiving your request. Every effort will be made to provide you the information in a format that you request (paper, fax, or email), though Chrysalis Center will not provide PHI electronically in an unsecured format and a password may be required to access the information electronically. In the case of large requests for information, a case management fee

may be assessed depending on the volume and technology needed to fulfill the request. All access requests are reviewed by the relevant clinicians and/or the compliance officer.

**Amendments to Certain Records:** You have the right to request certain amendments to your PHI if, for example, you believe a mistake has been made or a vital piece of information is missing. PEDW is not required to make the requested amendments and will inform you in writing of our response to your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

**Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your PHI that were made by PEDW for a period of six (6) years prior to the date of your written request. This accounting does not include disclosures for purposes of treatment, payment, health care operations or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health purposes or in response to a subpoena or court order.

**Restrictions:** You have the right to request that we agree to restrictions or limitations on certain uses and disclosures of your PHI. You cannot place limits on uses and disclosures that we are legally required or allowed to make. We are required to agree to your request unless the request is contrary to legal or ethical requirements. We cannot restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations; if the PHI pertains to a health care item or service that you paid for out of pocket, we are required to honor your request for a restriction.

**Revoke Authorizations:** You have the right to revoke any authorizations you have provided, except to the extent that PEDW has already relied upon the prior authorization.

**Delivery by Alternate Means or Alternate Address:** You have the right to request that we send your PHI by alternate means or to an alternate address.

**Request Confidential Communication:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

**Breach Notification:** If there is a breach of unsecured protected health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**Copy of this Notice:** You have the right to a copy of this notice. You may keep the paper copy given to you at time of intake or request one at any time from the front desk staff. It is also available on our web site.

**Provide an authorization for other uses and disclosures:** PEDW will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time *in writing*. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. *Please note:* we are required to retain records of your care.

**Complaints & How to contact us:** If you believe your privacy rights have been violated, you have the right to file a complaint by contacting PEDW at the address and/or phone number indicated below. You have the right to file a complaint in writing with our Privacy Officer, Kendra Wilson, at the address provided above or with the following:

Virginia State Department of Behavioral Health P.O Box 797 Richmond, VA 23218-1797 Main Office Phone Numbers: Phone: (804) 786-3921 Voice TDD: (804) 371-8977 Fax: (804) 371-6638	Joint Commision <a href="https://www.jointcommission.org/report_a_complaint.aspx">https://www.jointcommission.org/report_a_complaint.aspx</a> Mail: Office of Quality and Patient Safety The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181	Secretary of Health & Human Services  200 Independence Avenue, S.W. Washington, D.C. 20201  Tel: 202-619-0257.
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## RESTRICTION REQUEST:

I request a restriction on the Use or Disclosure of my following information:

**I hereby acknowledge that I have received and have been given an opportunity to read a copy of PEDW's Notice of Privacy Practices. My signature indicates that I have reviewed this notice, understand its content, and agree to its stipulations.**

\_\_\_\_\_  
Signature of Client/Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship to Client (if Parent, Guardian, or Representative)*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (relationship to the client, power of attorney, healthcare surrogate, etc.).*

- ☐ ☐ I would like to opt out of receiving any fundraising, business or marketing communications from PEDW.
- ☐ ☐ I would like to opt out of any research conducted at PEDW.

If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices we cannot treat you.

☐ *Client Refuses to Acknowledge Receipt:*

Signature of authorized representative of this office or practice: \_\_\_\_\_

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