

## PRIVACY NOTICE

### 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. Any and all information we receive about you will be used only to assist you. 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. We reserve the right to change any of our 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. A revised Privacy Notice will be provided whenever changes are made.

### 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)]

- *You have the right to inspect or to request a paper or electronic copy of your records (there will be a small fee).* 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 Positive Behavior Supports Plus, Inc. If denied access, you will receive a timely written notice of the decision and reason. A copy of this notice becomes a part of your record.
- *You have the right to request an amendment of your records if you believe information in the records is inaccurate or incomplete.* You must make this request in writing to Positive Behavior Supports Plus, Inc. We may deny the request for proper reasons and you will be provided with a written explanation of the denial.
- *You have the right to receive an accounting of any 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 Positive Behavior Supports Plus, Inc., who received information about you.
- *You have the right to request from Positive Behavior Supports Plus, Inc. a restriction with regards to the use or disclosure of your protected health information.* This request will be given serious consideration 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 ask for a restriction of your health information to your health plan if you pay for services entirely out-of-pocket unless required by law for treatment purposes.*
- *You have the right to request that we communicate with you about service matters in a certain way or at a certain location.* Such requests must be made in writing to Positive Behavior Supports Plus, Inc. We will agree to all reasonable requests.
- *You have the right to obtain a copy of any authorizations you sign, upon request.*
- *You have the right to obtain a paper copy of our current Privacy Notice at any time upon request.*

## **Use and Disclosure of Your Information**

- *Upon signing the Consent for Services form, you allow us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/service, receive payment for provided treatment/service, and conduct our day to day business operations. Unless you object, we may release information about you to a friend or family member who is involved in your services; we may also give information to someone who helps pay for your services.*
- *We are required to obtain authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations, and for those specific circumstances outlined immediately below. We use a Consent to Release Confidential Records and Information form that specifically states what information will be given to whom, for what purpose(s), 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 already acted on the authorization.*
- *Positive Behavior Supports Plus, Inc. will not sell or use your protected health information for marketing or fund raising purposes.*
- *Specific Circumstances for Disclosure:*
  - ♦ *As required by law (ex: court-ordered warrant; 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 gunshot wounds; limited information requested about suspects, fugitives, material witnesses, missing persons; witness of 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*
  - ♦ *Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission)*
  - ♦ *National Security and Intelligence activities (ex: in relation to protective services to the President of the United States)*
  - ♦ *State Department (ex: medical suitability for the purpose of security clearance)*
  - ♦ *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.*

For additional information concerning our privacy policy or the state and federal laws pertaining to privacy, or if you believe your privacy rights have been violated, please contact:

- Laura Sabados, Positive Behavior Supports Plus, Inc., 960 Davis Road, Chatham, VA 24531, (540)570-0067
- Secretary of U.S. Department of Health & Human Services, Region III OCR, Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-9111, (800)368-1019

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