



**Children's Services of Virginia, Inc.
HIPAA Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. **Please review it carefully.**

Introduction:

Children's Services of Virginia, Inc. is required by federal and state laws and regulations to maintain the privacy of your protected health information (PHI) in all forms or media, whether electronic, paper or oral. We are required to provide you with this Notice that explains our legal obligations, privacy practices, and your rights in regards to your PHI. Protected Health Information includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care. This notice also discusses the uses and disclosures we will make of your PHI. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice and to make the revised notice effective for all PHI we maintain. If we revise the notice, a new notice will be sent to you. You can, at any time, request a copy of our most current privacy notice from either Executive Director.

Permitted Uses and Disclosures:

Children's Services of Virginia, Inc. has a duty to protect the privacy of your PHI and will not use or disclose your information without your authorization, except when we are permitted to or required to by law.

Children's Services of Virginia, Inc. is permitted by law to use or disclose your PHI for the purpose of providing your treatment, for obtaining payment for your treatment, and in our internal health care operations. Examples of these types of uses may be:

1. Payment - your PHI will be used to obtain payment for our services from Medicaid if you are found eligible. We may disclose your PHI to our other entities, such as Family Assessment and Planning Teams (FAPT) in order to receive payment for services.
2. Health care operations may include any of the following types of activities: quality reviews and improvement activities, case management and care, conducting supervision reviews, and auditing, including audits for fraud and abuse detection and compliance with federal and state regulations.

Other circumstances where we may use or disclose your PHI as permitted or required by law:

1. To you and your authorized representative. We must give you access to your own PHI.
2. To individuals involved in your care or service such as other family members and relatives that you have given consent to receive your PHI, either verbally or in writing.
3. To parents or legal guardians - if you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required by law.
4. Workers' Compensation - we may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

5. For public interest, safety or benefit activities. These include:
 - a. As required by Law (federal and state regulations or court orders)
 - b. For public health and safety activities conducted by public health authorities authorized by law to collect or receive such information for preventing, or controlling disease, injury, or disability and to other government authorities authorized to receive reports regarding adult or child abuse or neglect.
 - c. Health oversight activities for purposes of legally authorized oversight agencies to perform audits and investigations necessary to ensure our compliance with all federal and state regulations and monitoring of the health care system.
 - d. Judicial and Administrative Proceedings. If you are involved in legal action, we may disclose your PHI in response to a court or administrative order, subpoena, or other lawful process.
 - e. Law enforcement. We may disclose your PHI for law enforcement purposes in response to a court order, subpoena, warrant or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; in response to requests for information about a victim or suspected victim of a crime; to alert law enforcement officials of a death; when we believe that PHI is evidence of a crime that has been committed on our premises; and in medical emergencies.
 - f. Serious threat to health or safety. In order to prevent or lessen a serious or imminent threat to a person or the public in emergency situations.

Uses or disclosures requiring your prior authorization:

Children's Services of Virginia, Inc. will obtain your written authorization before using or disclosing your PHI for purposes other than those described above. You may revoke this authorization at any time by submitting a written notice to the Children's Services of Virginia, Inc. location noted on the Authorization form.

Privacy Rights:

You have the following rights regarding your PHI:

1. To receive a copy of this Notice.
2. The right to request restrictions on certain uses and disclosures of PHI to carry out treatment, payment or health operations. Children's Services of Virginia, Inc. will consider each request, but we are not required to agree to any restrictions. Any restrictions that are agreed upon must be retracted in writing.
3. The right to receive confidential communications of PHI by alternative means or at alternative locations.
4. The right to access, inspect and obtain a copy your PHI.
5. The right to request amendment of your PHI. Requests must be submitted in writing to either Children's Services of Virginia, Inc. Executive Director.
6. The right to receive an accounting of disclosures of your PHI.
7. The right to authorize use or disclosure of your PHI for non-treatment purposes (or as otherwise previously noted) via a valid authorization.
8. The right to be notified of any breach of your unsecured PHI.

If you wish to exercise any of these rights, please do so in writing to either Executive Director at: P.O. Box 2867 Winchester, VA 22604. You may also call 540-667-0116.

Questions or Complaints:

If you have any questions or feel your privacy rights may have been violated at any time, you may file a complaint, in writing, with either Executive Director at the address above or you may call 540-667-0116. You may also contact the US Secretary of Health and Human Services at 877-696-6775. You will not be intimidated or retaliated against for filing a complaint or exercising your rights.

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