Notice of Privacy Practices

THIS NOTICE DESCRIBES:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECUIRTY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

We are required by law to maintain the privacy of protected health information, to provide clients with notice of our legal duties and privacy practices with respect to protected health information, and to notify clients following a breach of unsecured protected health information.
If you have any questions about this Notice, please contact:
James Madison University, MSC 9010, Harrisonburg, VA 22801

In this notice, client health information also includes any substance use disorder patient record.

CLIENT RIGHTS

All clients have the following rights regarding health information we collect and maintain:

Right to Consent to Most Uses and Disclosures:

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. You may provide consent for more limited purposes, for example, to only disclose information to another health care provider for your treatment; however, doing so may affect the services we provide you or how you pay for services.

Right to Inspect and Copy:

All clients have the right to inspect and copy health information that may be used to make decisions about the services they receive.

To inspect and request a copy of their health information, clients must submit a request in writing to the clinic they received services from. They can request it from the HIPAA Compliance Officer at **James Madison University, MSC 9010, Harrisonburg, VA 22801.** If you request a copy of your information, we may charge a reasonable fee for the cost of copying, mailing or other supplies associated with your request.

Requests to inspect and copy health information may be denied or restricted. You will receive a response within 15 days of receipt of your written request. If a request is denied or restricted, an appeal of that decision may be requested. For more information call **(540) 568-5284.**

Right to Request an Amendment:

If you feel that health information is incorrect or incomplete, clients may ask to amend the information. To request an amendment to this information, a request must be made in writing and submitted to the specific clinic where services were received. In addition, clients must provide a reason that supports the request to amend information. A request for an amendment may be denied if it is not made in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by the clinic.
- Is not part of the information which you would be permitted to inspect and copy; or

- Is accurate and complete.

You will receive a written response within 60 days of the receipt of your request to amend your health information. If we deny your request, we will provide the reason and information about your right to file a written statement objecting to the denial. You have the right to ask that your request and the denial be attached to any future disclosures of your PHI.

Right to an Accounting of Disclosure:
Clients have the right to request an "accounting of disclosures." This is a list of the disclosures a clinic made of health information contained in an individual file. To request a complete accounting and list of disclosures, clients will need to submit a written request to the clinic they received services from. All requests must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. All requests should indicate in what form you want the list (for example, on paper). The list of disclosures will not include uses or disclosures about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to Request Restrictions:
All clients have the right to request a restriction or limitation on the health information used or disclosed for evaluation, treatment, payment, or health care operations. Clients also have the right to request a limit on the health information that is disclosed to any individuals involved in a client's care or the payment for care, like a family member or friend. For example, clients may ask that we not use or disclose information about specific services received. **We are not required to agree to your request if, for example, it could affect your care.** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will agree unless a law requires us to share that information.

To request restrictions, clients must submit a request in writing to the specific clinic where they received services. A request for restrictions must identify (1) specific information to be limited; (2) whether the limit is for use or disclosure or both and (3) to any individual these limits apply to, for example, disclosures to a spouse or other family member.

Right to Request Confidential Communications:
Clients have the right to request specific ways to communicate health information. For example, clients may ask to only be contacted at work or by mail. To make a specific communication request, clients must submit a request in writing to the specific clinic where they received services. Clients will not be asked the reason for requests. All reasonable requests will be accommodated. Each request must specify how or where a client wishes to be contacted. You have the right to request that health information is discussed with an individual acting as your or your child's personal care representative.

Right to a Paper Copy of this Notice:
Clients have the right to receive a paper copy of this notice at any time. Even if clients have agreed to receive this notice electronically, they are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the specific clinic providing services.

Right to Discuss this Notice:
You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

Right to Choose in Advance about Fundraising:
You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

Right to Choose Someone to Act for You:
If a client has given someone medical power of attorney or if someone is acting as a legal guardian, that person can exercise rights and make choices about client health information. Each clinic will make sure this person has authority and can act for you before any action is taken.

Right to File a Complaint:
If clients believe their privacy rights have been violated, we ask that you speak with our HIPAA Compliance officer about your concerns. You may reach the compliance officer by emailing JMU-HIPAA@jmu.edu or mailing a written complaint to the address at the top of this Notice.

You may also contact the U.S. Department of Health and Human Services by filing a complaint online (https://www.hhs.gov/hipaa/filing-a-complaint/index.html), by calling 1-877-696-6775, or by mailing a letter to 200 Independence Avenue S.W. Room 509F HHH Bldg. Washington, D.C. 20201.

We will not retaliate against you for filing a complaint.

YOUR CHOICES
Clients have the following choices when it comes to certain health information that is released or exchanged.

In These Cases, Clients Have the Right to and Choice to Consent to:
- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Prevent multiple enrollments in withdrawal management or maintenance treatment programs
- Report participation in treatment required by the criminal justice system
- Report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

In all of these circumstances, we must protect your information and limit how we use and share it.

If you are unable to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In These Cases, We May Never Share Your Information Unless You Give Us Written Permission:
- Marketing Purpose
- Sale of your information
- Most sharing of psychotherapy notes

CLINIC USES AND DISCLOSURES
We typically use or share your health information the following ways.
- To treat you: We can use your health information and share it with other professionals who are treating you.
- Run our organization: We can use and share your health information to run our clinics, improve your care, and contact you when necessary.
- Bill for services: We can use and share your health information to bill and get payment from health plans or other entities.
- To communicate within our program with contractors: We can share your information within our clinic, with an organization that has administrative control of our clinic, and with contractors who help us run this clinic.
- Help with public health and safety issues: We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, preventing or reducing a serious threat to anyone's health or safety.
- Do research with IRB approval and with your specific approval.
- Respond to management and financial audits and program evaluations: We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities

authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

- Comply with the law: We will share information about you if state or federal law permits it. This includes suspected child abuse and neglect and we may report to law enforcement when a client commits or threatens to commit a crime without our clinic or against our staff.
- Address workers' compensation, law enforcement, and other government requests.

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.

We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

OTHER USES & DISCLOSURES OF MEDICAL INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply will be made only with each client's written permission. It is important to note that clients may revoke permissions for disclosure, in writing, at any time. Upon receipt of your written request, the clinic will no longer use or disclose health information. Clinics are unable to take back any disclosures already made with original permissions.

REDISCLOSURE ACCORDING TO HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

LEGAL PROCEEDINGS AND COURT ORDERS

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.