Other Uses and Disclosures of Your Health Information by Authorization Only

The City is required to get your authorization to use or disclose your PHI for any reason other than for treatment or service delivery, payment, health care operations, and those specific circumstances outlined previously. The City uses a special authorization for disclosure forms that specifically states what information will be given to whom, for what purpose, and through what time frame. This authorization document is only valid when 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 the City has already acted on the authorization.

The City may disclose your PHI for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if the City believes a patient has been the victim of abuse, neglect or domestic violence. The City will only make this disclosure if you agree or when required or authorized by law.

If you are an organ donor, the City may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

If you are eligible to participate in any research study, you will be asked to sign an authorization to disclose your PHI for that purpose. Choosing not to participate in a research project will not affect your ability to receive services.

The City does not sell your PHI, use your PHI for marketing, maintain separate Psychotherapy Notes, or send funding raising information to people who receive health care services from the City (i.e. from the Department of Human Services).

The City may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. The City will provide you with an opportunity to agree or object to such a disclosure whenever the City practically can do so.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and the City will no longer disclose Protected Health Information under the authorization. But disclosure that the City made in reliance on your authorization before you revoked it will not be affected by the revocation.

Changes to Privacy Practices

The City reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law, and to make the change effective for all information that it maintains.

Should the City make a change to its privacy practices, a revised Notice of Privacy Practices will be posted at all service sites, and is available upon request. You may make your request for a copy of the City’s Notice of Privacy Practices by mail, by verbal request of a City representative, by electronic request, or a combination of any of the three.

Complaint Process & Contact Information

The City provides a process as required by HIPAA for you to make complaints regarding the City’s policies and procedures or compliance with policies and procedures related to protecting the privacy of your health information. To access the complaint process or to request additional information about your privacy rights, you may contact, either verbally or in writing, one of the following:

HIPAA Compliance Program
Pembroke 6, Suite 212
Virginia Beach, VA 23462 (757) 385-0695

Secretary of Health and Human Services
Immediate Office of the Secretary
Hubert Humphrey Building
2000 Independence Ave. SW
Washington, DC 20210 (202) 690-7000

You will not experience any change in services or retaliation if you choose to file a complaint.
Departmental activities such as billing, claims management, subrogation (the legal doctrine of substituting one person for another), and health care services. Records may be reviewed to resolve disputes, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development such as cost management, general management and administrative activities, and customer service. Examples of using your health information in health care operations include the following activities, including DBHDS), the federal government, and to any other state of federal needs-based benefit program. The City may deny your request in certain circumstances. If the City denies your request, you have the right to request information be given to you in a paper or electronic format. You may be charged a reasonable fee for the work it takes to put this information together and for the cost of supplies needed (e.g. CD Rom, flash drive). If you would like your PHI sent to you or to someone else using an unsecure method, such as unencrypted e-mail, you will be provided with information about the risks of doing this and will be required to sign that you have been given this information.

Right to be Informed of a Breach – You have the right to be notified if there is a breach related to your PHI. A letter will be mailed to the most recent address in your record.

Privacy Notice Copy - You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request. You may obtain a copy of this notice at


Use and Disclosure of Your Information

The following describes the ways the City may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, the City will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

Upon providing your personal information to the City when asking for services or information on available services, you are allowing the City to use and disclose necessary information about you within the City and with its business associates in order to provide treatment, to receive payment for treatment or services provided, and to conduct its day to day health care operations.

Treatment is the provision, coordination, or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers. Examples of using your health information in providing treatment include the following situations. You have the right to request that your provider consult with various service providers both within and outside the City to help provide the most effective health care possible to you. During those consultations, health information about you may be shared. The City may call in prescriptions or discuss your medications with a pharmacy. We may discuss your information with another health care provider who is involved in your health care.

Payment generally includes actions to make coverage determinations and to obtain payment and reimbursement for the services you receive. These activities include, but are not limited to, billing, claims management, subrogation (the legal doctrine of substituting one creditor for another), reimbursement, reviews for medical necessity and appropriateness of care, utilization review, and pre-authorization. Examples of using your health information in obtaining payment include the following situations. Your health information may be sent to these companies, groups, insurers, or other entities responsible for payment; this can include Virginia’s Department of Behavioral Health and Developmental Services (DBHIDS). A monthly bill is sent to the Responsible Party identified by you and noted on the financial form. The City may also share your information with a collection agency or other debt collection organization, including the Virginia State Department of Treasury, in the event that you default on your obligation to pay. Your information will be shared with other City departments that assist in the collection and handling of monetary receipts.

Enhancing Your Healthcare

The City may contact you to provide:

- Appointment reminders by telephone call or in written form through the United States Postal Service or other mail carrier.
- Information about treatment alternatives.
- Information about health-related benefits and services that may be of interest to you.

Your Federal Rights Under HIPAA

Under 45 CFR Parts 160 and 164 (Standards for Privacy of Individually Identifiable Health Information), you have several rights concerning your PHI.

Inspection and Copies - You have the right to request to review your health care record. This right is not absolute. In certain situations, such as if access would cause harm, the City can deny access to that information. If you wish to access or obtain copies of your health care record, the request must be made in writing. Your service provider can provide you the form to sign to make this request. If the City denies your request, you will receive a timely, written response of the decision and the reason. A copy of the response becomes a part of your record.

Amendment of Records - You have the right to request an amendment of your health care record if you believe information in the record is inaccurate or incomplete. If you wish to make such an amendment, the request must be made in writing. Your service provider can provide you the form to sign for making a request for amendment to your record. The City may deny the request for proper reasons and if your request is denied, you will be provided with a written explanation of the reason. The City has up to 30 days to make your PHI available to you and may charge you a reasonable fee for the cost of supplies needed to complete your request. The City may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. The City may deny your request in certain limited circumstances. If the City denies your request, you have the right to write a statement contesting the decision and having that statement placed in your record.

Accounting of Disclosures - You have the right to receive an accounting of the City’s disclosures of your PHI that were made for purposes other than treatment, payment, or health care operations, or that were not otherwise specifically authorized by you. An accounting will include the disclosure date, the name (and address, if known) of the entity or person to whom the disclosure was made, a brief description of the information disclosed, and a brief statement of the purpose for the disclosure.

Right to Information in the Format You Prefer - You have the right to request information be given to you in a paper or electronic format. You may be charged for the cost of supplies needed (e.g. CD Rom, flash drive). If you would like your PHI sent to you or to someone else using an unsecure method, such as unencrypted e-mail, you will be provided with information about the risks of doing this and will be required to sign that you have been given this information.

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