**NOTICE OF PRIVACY PRACTICES**

**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.**

**If you have any questions about this Notice please contact:**

**Privacy Office at P.O. Box 1500 W-279, Fishersville, VA 22939-1500 – 540-332-7000**

WWRC understands that 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. We are required to abide by the terms of this notice. We will handle information only as it is allowed by federal or state law and agency policy, adhering to the most stringent law that protects your health information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires WWRC to notify you about our policies and procedures to protect the confidentiality of your health information. WWRC needs to create, receive and maintain records that contain health information about you to provide you with appropriate services. This Notice tells you the ways that WWRC may use and disclose health information about you, describes your rights, and the obligations of WWRC regarding the use and disclosure of your health information. Your information will not be used or disclosed without a written authorization from you, except as described in this Notice or otherwise permitted by federal and state laws.

* Right to Inspect and Copy: You have the right to inspect or to receive copies of your health information. This request must be in writing to the Records Management Services Department. The process will be kept confidential. We may deny your request in certain situations. If your request is denied, you will receive a timely written notice of the decision and the reason and you may request a review of this denial.
* Right to Amend: If you believe that information in your records is incorrect or incomplete, you have the right to request an amendment. You must make this request in writing to the Records Management Services Department. We may deny the request for proper reasons and you will be provided a timely written explanation of the denial.
* Right to an Accounting of Disclosures: You have the right to receive an accounting of WWRC’s disclosures of your health information that were not for purposes of treatment, payment, heath care operations, or that were not otherwise authorized by you. You also have the right to be given the name of anyone, other than employee(s) of WWRC, who received information about you from WWRC. Your request must be in writing to the Records Management Services Department.
* Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health operations. Your request must be in writing to the Records Management Services Department. WWRC is not required to agree to your request.
* Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. The request must be in writing to the WWRC Records Management Services Department. We will accommodate all reasonable requests.
* You have the right to obtain a paper copy of this Privacy Notice at any time upon request to the WWRC Privacy Officer.

USE AND DISCLOSURE OF YOUR INFORMATION

Upon signing the WWRC Client Admission form, you are allowing us to use and disclose necessary health information about you within WWRC, with business associates and others in order to provide treatment/services, to receive payment of provided treatment/services, and to conduct our day to day health care operations.

Examples:

* In order to effectively provide treatment/services your counselor/clinician may consult with various service providers within WWRC. During these consultations health information about you may be shared.
* In order to receive payment of services provided, your health information may be sent to those companies, agencies or groups responsible for payment coverage, and a monthly bill is sent to the responsible party identified by you and noted on the application.
* In the daily health care operations, trained staff may handle your medical record in order to have the record assembled, available for review by the case manager, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing and for statistical purposes as a part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional staff to ensure accuracy, completeness and organization. Records may also be reviewed during accreditation surveys or by the agency.

**USE AND DISCLOSURE TO ENHANCE YOUR HEALTHCARE**

Some WWRC programs provide the support to enhance your overall healthcare and may contact you to provide. Examples of supports are appointment reminders by call or letter and information and updates about service options.

**EMERGENCIES**

We may use or disclose necessary health information about you in an emergency situation. If this happens, we will notify you as soon as reasonably possible.

**SPECIFIC CIRCUMSTANCES FOR DISCLOSURE**

WWRC also may, and if required by federal or state law must disclose your health information under the following circumstances:

* For legal proceedings based on a court order, subpoena or an administrative order.
* To prevent a serious threat to your health or safety, or the health and safety of the public or another person.
* For public health activities, like preventing or controlling disease, injury or disability; reporting births and deaths; reporting child or adult abuse, neglect or exploitation; or reporting reactions to medication or problems.
* To a health oversight agency for audits, investigations, inspections and licensure.
* To comply with Workers’ Compensation laws or other similar programs.
* To coroners or a medical examiner for identification of person, or to determine cause of death
* To the US Department of Health and Human Services in connection with an investigation of us for compliance with federal regulations.
* To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and waived the requirement that your authorization be obtained.

**SUBSTANCE ABUSE Records**

If you are a substance abuse client, the use and disclosure of your protected health information is subject to additional federal laws and regulations. Some of these regulations may prohibit the uses and disclosures outlined in this notice. In such cases, the more restrictive regulation will be adhered to.

**OTHER USES AND DISCLOSURES OF YOUR INFORMATION BY AUTHORIZATION**

We are required to get your signed authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations and those specific reasons as previously outlined. We use an authorization form that specifically states what information will be given to whom and for what purpose, 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.

**CHANGES TO NOTICE**

WWRC has the right to change this Notice and to make the revised or changed Notice effective for health information WWRC already has about your, as well as any information we receive in the future.

Revised Privacy Notices will be posted at the Admissions Department of WWRC, and available to you upon request from the WWRC Privacy Officer.

If at any time you believe your privacy rights have been violated, you may file a written complaint with the WWRC Privacy Officer. You also may complain to the Secretary of the U.S. Department of Health and Human Services, generally within 180 days of when the alleged violation occurred. Addresses and phone numbers to use are listed at the end of this Notice. You will not suffer any change in services or other retaliation for filing a complaint.

For additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, please contact the WWRC Privacy Officer:

Wilson Workforce and Rehabilitation Center keeps records for 10 years from the last date of service and I understand that I have up to 10 years after discharge to request copies of my records.

* WWRC Privacy Officer

P.O. Box 1500, W-279

Fishersville, VA 22939-1500

540-332-7000

* Virginia Department of Health

Office of Licensure and Certification

9960 Mayland Drive, Suite 401

Richmond, VA 23233-1463

1-800-955-1819

* Region III – DE, DC, MD, PA, VA, WV

Office for Civil Rights, DHHS

150 S. Independence Mall West, Suite 372

Philadelphia, PA 19106-3499

215-861-4441 / 215-861-4440 (TDD)

215-861-4431 (Fax)