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, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

Health information described in this notice includes, but is not limited to, information regarding physical, psychological, developmental, and substance use conditions, symptoms, diagnoses, presentation, procedures, and outcomes. Health information may also include the services you receive, referrals for those services, and any communication you have with providers regarding your services.

We are required by law to protect the privacy of health information about you and that identifies you, according to the Health Insurance Portability and Accountability Act (HIPAA); Confidentiality of Substance Use Disorder (SUD) Patient Records (42 CFR Part 2); and state laws regarding the protection of health information. This health information may be information about treatment we provide to you or payment for treatment provided to you. It may also be information about your past, present, or future medical, mental health, or substance use condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to your health information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose your health information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all health information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact one of our Intercept Health offices (Richmond HQ at **(804) 440-3700** or Roanoke HQ at **(540) 344-7700**) to obtain a copy of our current Notice.

The rest of this notice will:

- Discuss how we may use and disclose health information about you.
- Explain your rights with respect to health information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Intercept Health offices (Richmond HQ at **(804) 440-3700** or Roanoke HQ at **(540) 344-7700**) to connect you with our Privacy Officer.

In the event there is conflict between any provision in this form and any applicable law, the law will take precedence.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose health information about clients every day. This section of our Notice explains in some detail how we may use and disclose health information about you to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose health information about you.

Please note, there are special laws that protect some types of health information such as those associated with mental health treatment, treatment for substance use disorders, and HIV/AIDS testing and treatment. We will obey these laws when they are stricter than those

identified in this notice. This includes state laws when they are stricter than the federal laws of HIPAA and 42 CFR Part 2.

In addition, for our programs that provide substance use treatment, your written consent will be obtained prior to disclosing information about you including for the purposes of treatment, payment, and health care operations. However, you may provide a single consent for all future uses or disclosures of your health information for purposes of treatment, payment, and health care operations by a covered entity such as a provider, payor, or insurance company. When this is provided, further disclosure of those records may be provided without your written consent. Otherwise, redisclosure of your records is not permitted.

Intercept Health will not use or disclose your health information to investigate or impose liability on someone for the mere act of seeking, obtaining, providing, or facilitating legal reproductive health care.

For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Intercept Health offices (Richmond HQ at **(804) 440-3700** or Roanoke HQ at **(540) 344-7700**) to connect you with our Privacy Officer.

Please note: Examples provided on this notice do not cover every possible instance. The following is just a selection and there are other examples not mentioned that could also be included.

1. Treatment

We may use and disclose health information about you to provide treatment to you. In other words, we may use and disclose health information about you to provide, coordinate, or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

2. Payment

We may use and disclose health information about you to obtain payment for healthcare services that you received. This means that, within the company's health department, we may use health information about you to arrange for payment (such as preparing bills and managing accounts). We also may disclose health information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose health information about you to an insurance plan before you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

3. Healthcare Operations

We may use and disclose health information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose health information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other consumers.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing health information if control of our organization significantly changes.

- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

4. Persons Involved in Your Care

We may disclose health information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the consumer is a minor, we may disclose health information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors' information, contact our Intercept Health offices (Richmond HQ at **(804) 440-3700** or Roanoke HQ at **(540) 344-7700**) to connect you with our Privacy Officer.

We may also use or disclose health information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose health information about you to people involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the consumer is a minor. If the consumer is a minor, we may or may not be able to agree to your request.

5. Required by Law

We will use and disclose health information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health information. For example, state law may require us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect and elder abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.

6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose health information about you without your permission for various activities that are recognized as "national priorities." In other words, the government has determined that under certain circumstances (described below), it is so

important to disclose health information that it is acceptable to disclose without the individual's permission. We will only disclose health information about you in the following circumstances when we are permitted or required to do so by law. For more information on these types of disclosures, contact our Intercept Health offices (Richmond HQ at **(804) 440-3700** or Roanoke HQ at **(540) 344-7700**) to connect you with our Privacy Officer.

- **Threat to health or safety:** We may use or disclose health information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety including medical emergencies.

- **Public health activities:** We may use or disclose health information about you for public health activities. Public health activities require the use of health information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease. The information will be de-identified for clients receiving substance use treatment from us.
- **Abuse, neglect or domestic violence:** We may disclose health information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We may disclose health information about you to a health oversight agency – which is basically an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud or evaluating/ auditing the organization for purposes of compliance and quality assurance.
- **Court proceedings:** We may disclose health information about you to a court or an officer of the court (such as an attorney). For example, we will disclose health information about you to a court if a judge orders us to do so or upon receipt of a court order and/or subpoena.

- **Law enforcement:** We may disclose health information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited health information about you to a police officer if the officer needs the information to help find or identify a missing person. For clients engaged in substance use treatment, disclosure of health information to law enforcement will occur upon your written consent unless otherwise permitted by law.
- **Coroners and others:** We may disclose health information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers' compensation:** We may disclose health information about you to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose health information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of health information.
- **Certain government functions:** We may use or disclose health information about you for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose health information about you to a correctional institution in some circumstances.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose health information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose health information about you and we may contact you to ask you to sign an **Authorization to Release Information** form. In other instances, you may contact us to ask us to disclose health information, and we will ask you to sign an **Authorization to Release Information** form.

For clients who participate in a specific program that provides substance use disorder diagnosis, treatment, or referral for treatment with us, your substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use

Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164.

- Your records cannot be further disclosed without your written consent unless otherwise provided for by the regulations.
- We will not disclose your health information in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless you specifically authorize us to do so or it is authorized by a court. Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you and a court order authorizing use or disclosure is accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
- You may provide written consent to disclose your health information to those people within the criminal justice system who have made participation in substance use treatment a condition of the disposition of any criminal proceedings against you or of your parole or other release from custody. This disclosure will only be made to those persons within the criminal justice system who have a need for the information in connection with their duty to monitor your progress (e.g., a prosecuting attorney who is withholding charges against you, a court granting pretrial or post- trial release, probation or parole officers responsible for supervision/oversight of you).

Revoking authorization: If you sign a written authorization allowing us to disclose health information about you, you may, at any time, revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out a **Revocation of Authorization Form**. The **Revocation of Authorization Form** can be obtained from the Privacy Officer at one of our Intercept Health offices. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

The following uses and disclosures of health information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sale of health information about you.

- Uses and disclosures of psychotherapy notes (or substance abuse counseling notes), if we maintain those notes.
- Any other uses and disclosures not described in this Notice.

YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to health information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact one of our Intercept Health offices (Richmond HQ at **(804) 440-3700** or Roanoke HQ at **(540) 344-7700**) to connect you with our Privacy Officer.

1. Right to a Copy of This Notice and to Discuss this Notice

You have a right to have a paper or electronic copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. Contact our Intercept Health offices (Richmond HQ at **(804) 440-3700** or Roanoke HQ at **(540) 344-7700**) to request a copy of the Notice or to speak with our Privacy Officer about the Notice.

2. Right of Access to Inspect and Copy

You have the right to inspect (which means see or review) and receive a copy of health information about you that we maintain in certain groups of records. If we maintain your health records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your health records to a third party. If you would like to inspect or receive a copy of health information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**. Access Request Forms are available from the Privacy Officer at your local Intercept Health office.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the health information about you, we may charge you a fee to cover the costs of the copies, including direct labor costs associated with fulfilling your

request. Our fees for electronic copies of your health records will be limited to the direct labor costs associated with fulfilling your request. We may be able to provide you with a summary or explanation of the information. Contact one of our offices for more information on these services and any possible additional fees.

3. Right to an Accounting of Disclosures We Have Made

You have the right to receive an account (which means a detailed listing) of disclosures that we have made for the previous six (6) years or three (3) years for substance use treatment records. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an Accounting of Disclosures Request Form, or contact the State Privacy Officer. Accounting of Disclosures Request Forms are available from our State Privacy Officer at your local Intercept Health office.

For substance use treatment records, the accounting includes all disclosures including those made with your consent. For all others, the accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations or those made with your written consent. If we maintain your health records in an Electronic Health Record (EHR) system, you may request that the accounting includes disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. The fees for providing an accounting more than once every twelve months will be supplied separately.

4. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of health information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,

2. Health information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel the restriction at any time if we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your health information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restrictions, and your payment in full has been received, we must follow your restriction(s).

5. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you may provide this information upon admission or you may write us a letter or fill out an Alternative Contact Request Form and return it to your provider or Privacy Officer at your local office. Alternative Contact Request Forms are available from our Privacy Officer.

6. Right to Notification if a Breach of Your Health Information Occurs

You also have the right to be notified in the event of a breach of health information about you. If a breach of your health information occurs and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;

- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

We will not take any action against you or change our treatment of you in any way if you file a complaint. To file a written complaint with us, you may bring your complaint directly to the Privacy Officer through one of our Intercept Health offices or via the contact information below:

Tracy L Kochel, PhD, CHP
Privacy Officer
Roanoke HQ Office
5673 Airport Road
Roanoke, Virginia 24012
Telephone Number: **(540) 344-7700**
Or
Richmond HQ Office
5511 Staples Mill Road, Suite 102
Richmond, Virginia 23228
Telephone Number: **(804) 440-3700**
Email:

To file a written complaint with the federal government, please use the following contact information:

U.S. Department of Health and Human Services 200 Independence Avenue, S.W.
Room 509F HHH Bldg. Washington, D.C. 20201
Telephone: 1-877-696-6775