

**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.**

**SOAR365**

**Notice of Privacy Practices Effective July 1, 2014**

The Health Insurance Portability & Accountability Act (HIPAA), also known as the HIPAA Privacy Rule, as well as certain provisions of Virginia law, set forth requirements for protection of health information about you. SOAR365 (the Agency) applies the same privacy standards to all records it has that include information about you.

SOAR365 is committed to keeping our consumers' personal information private. This Notice of Privacy Practices explains your rights and the Agency's duties with respect to health and other information about you that is kept in the Agency's records.

SOAR365 is required by federal and state law to protect the privacy of your protected health information and other personal information, to provide you with notice about our policies and protections, **and to notify you following a breach of your unsecured protected health information**. "Protected health information" is information that is maintained or transmitted by SOAR365, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you and will use it to the minimum necessary to accomplish the intended purpose of the use, disclosure or request of it.

When we disclose medical information about you, we will attach a statement that tells the person receiving the information that they cannot disclose it to anyone else unless you give them permission or unless a law allows or requires them to disclose the information without your permission.

If you have someone making decisions on your behalf because you are not able to make decisions yourself, we will give a copy of this Notice to that person, and we will work with that person in all matters relating to uses and disclosures of your health information.

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

**TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

HIPAA and Virginia law generally permit SOAR365 to use or disclose your protected health information without your permission for purposes of health care treatment, payment activities and health care operations. These uses and disclosures are more fully described below. Please note that this Notice does not list every use or disclosure, instead it gives examples of the most common uses and disclosures.

- **Treatment:** When and as appropriate, we may use or disclose medical information about you to provide, coordinate, or manage your health care and any related services. For example, we may disclose to providers such as the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Virginia Department for Aging and Rehabilitative Services (DARS), and community services boards (CSB) health information they may need to prescreen you for services or to prepare and carry out your individualized services or discharge plan. We may also disclose your protected health information, as necessary, to your physician or to a home health agency that provides care to you.

- **Payment:** When and as appropriate, we may use and disclose medical information about you to obtain payment for your health care services provided by us or by another provider. This may include uses and disclosures that are necessary for us to file claims with your health insurance plan. We have to follow Virginia law that limits the amount of health information we can disclose about you.

- **Health Care Operations:** When and as appropriate, we may use and disclose medical information about you for SOAR365's operations or the operations of another health care provider, as needed. These operations include, but are not limited to, quality assessment activities, employee review activities, licensing,

human rights or certification or accreditation reviews.

#### OTHER PERMITTED USES AND DISCLOSURES

- **To find someone to make decisions on your behalf:** If you are not capable of making medical decisions, we may disclose your health information in order to identify someone to make those decisions for you. Before we disclose any information, we must determine that disclosure is in your best interests.
- **To Comply with Federal and State Requirements:** We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by government agencies that regulate us; to federal, state and local law enforcement officials; in response to a judicial order, a subpoena that complies with Virginia law, or other lawful process; and to address matters of public interest as required or permitted by law (for example, reporting abuse and neglect, threats to public health and safety and for national security reasons). We are required to disclose medical information about you to the Secretary of the U.S. Department of Health and Human Services if the Secretary is investigating or determining compliance with HIPAA or to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Health Oversight Agencies:** We may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensing. Examples of health oversight agencies include the Office of the Inspector General, the Department of Health Office of Quality Care, the Disability Law Center of Virginia (formerly the Virginia Office for Protection and Advocacy), the Local Human Rights Committee (LHRC), and the State Human Rights Committee (SHRC).
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about you in a proceeding regarding the licensure of a physician.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness, as authorized by, and to the extent we are required to do so to comply with, law.
- **Correctional Institutions and Other Law Enforcement Custodial Situations:** We may disclose medical information to a correctional institution or to certain law enforcement officials if it is necessary for your care or if the disclosure is required by state or federal law.
- **Business Associates:** We may share your protected health information with third party "business associates" that perform various activities (for example, billing services) for SOAR365. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
- **Research:** We may disclose your protected health information to researchers when the information does not identify you or, with your consent, when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Facility Directory:** SOAR365 maintains a directory of individuals who are in our programs. We will let people know, when they call or come by and specifically ask for you by name, that you are here. You can restrict or stop this by contacting the Vice President of Human Resources, SOAR365, 3600 Saunders Ave., Richmond, VA 23227.
- **Disclosure to Others Involved in Your Care:** SOAR365 may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. Usually, this will be done only if you are present and do not object. We may also use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general

condition or death. You may ask us at any time not to disclose information about you to persons involved in your care. We will follow your request, except in limited circumstances (such as emergencies). Our usual practice is to get your written authorization to disclose information to others.

- **Disaster Relief:** We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. We will try to get your permission before doing this.

#### **USES AND DISCLOSURES FOR OTHER PURPOSES**

SOAR365 will not use or disclose your protected health information for any purpose other than the purposes described in this Notice without your written permission. Your written authorization is required for: most uses and disclosures of psychotherapy notes; uses and disclosures of medical information for marketing purposes; and disclosures that are a sale of medical information. You may take back an authorization that you gave before by sending a written request to the Vice President of Human Resources, SOAR365, 3600 Saunders Ave., Richmond, VA 23227, but not about any actions SOAR365 has already taken.

#### **POLICIES ABOUT USES AND DISCLOSURES**

Any time we disclose information without your permission to anyone except employees of DBHDS, a community services board or other providers, we will place in your medical record a written notation of the information we disclosed, the name of the person who received the information, the purpose of the disclosure, and the date of disclosure. We will also let you know in writing about the disclosure, including the name of each person who received the information and the nature of the information. We will do this before the disclosure or, in an emergency, as soon as we can afterwards.

If the disclosure is not required by law, we will give strong consideration to any objections from you in making the decision to release information.

Before we disclose information to anyone, we will verify the identity and authority of the person receiving the information.

#### **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION**

##### **RESTRICTIONS ON USES AND DISCLOSURES**

You have the right to request restrictions on who can see your protected health information. While SOAR365 will consider all requests for restrictions carefully, we are not required to agree to a requested restriction, with one exception: We are required to agree to a requested restriction of disclosure to a health plan, if the disclosure is for the purpose of carrying out payment or health care operations, is not otherwise required by law, and is only about a health care item or service for which SOAR365 has been paid in full by you or someone other than the health plan. If we do agree to a restriction, we will follow the restriction unless the information is needed to provide emergency treatment.

##### **CONFIDENTIAL COMMUNICATIONS**

SOAR365 may contact you by phone, email or mail at your home and may leave messages on an answering machine or voice mail. However, you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must include how or where you wish to be contacted.

##### **INSPECTION AND COPYING OF PROTECTED HEALTH INFORMATION**

You have the right to see and copy your protected health information. If you ask for copies, SOAR365 may charge you copying and mailing costs. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will also share this medical information with a lawyer of your choice. To ask for copies or request that a denial be reviewed, contact the Vice President of Human Resources, SOAR365, 3600 Saunders Ave., Richmond, VA 23227.

## **CORRECTING PROTECTED HEALTH INFORMATION**

You have the right to make corrections to your protected health information. If your doctor or another person created the information that you want to change, you should ask that person to change the information.

We may deny your request to correct your protected health information if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to correct any of the following information:

- Information that is not part of the medical information kept by or for SOAR365.
- Information that was not created by us, unless the person or entity that created the information is no longer available to make the correction.
- Information that is not part of the information which you would be permitted to inspect and copy.
- Information that is accurate and complete.

If SOAR365 denies your request, you may have the denial reviewed. To request a review of a denial, contact the Vice President of Human Resources, SOAR365, 3600 Saunders Ave., Richmond, VA 23227.

Whether or not we make the corrections you request, you can let anyone who sees your record know that you tried to make corrections to your record.

## **ACCOUNTING OF DISCLOSURES**

You have the right to know who your protected health information is disclosed to. We are not required to give you information about disclosures made:

- For treatment, payment, or health care operations.
- To you or your authorized representative about your own health information.
- Incidental to other permitted disclosures.
- Where authorization was provided.
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a limited data set where the information disclosed excludes identifying information.
- Information from more than six years before the date of your request.
- Information we disclose to a social service or protective service agency, if we reasonably believe you are a victim of abuse or neglect, and we believe that informing you or your authorized representative would put you at risk of serious harm; we may also choose not to inform you or your authorized representative if we believe your authorized representative is responsible for the abuse or neglect, and informing your authorized representative would not be in your best interests.

To request this list or accounting of disclosures, contact the Vice President of Human Resources, SOAR365, 3600 Saunders Ave., Richmond, VA 23227. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before there are any costs.

## **BREACH NOTIFICATION**

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. Furthermore, we will notify you following the discovery of any "breach" of your unsecured protected health information as defined in HIPAA, as required by law.

## **COPIES OF THIS NOTICE**

You have the right to a paper copy of this Notice, even if you received this Notice electronically. You may contact the Vice President of Human Resources, SOAR365, 3600 Saunders Ave., Richmond, VA 23227, to get a paper copy of this Notice.

## **QUESTIONS OR COMPLAINTS**

If you want more information about your privacy rights, do not understand your privacy rights, are concerned

that SOAR365 has not respected your privacy rights, or disagree with a decision that SOAR365 made about who can see your protected health information, you may contact the Vice President of Human Resources, SOAR365, 3600 Saunders Ave., Richmond, VA 23227, to discuss the situation or file a complaint. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services by writing to the Secretary, Office for Civil Rights, U.S. Dept. of Health & Human Services, 200 Independence Ave, SW, Washington, D.C. 20201. We will not take any action against you if you file a complaint with the Secretary of Health and Human Services or the Vice President of Human Resources.

**CHANGES TO THIS NOTICE**

SOAR365 may change this Notice at any time. If the Notice is changed, SOAR365 may make the new Notice effective for all of your protected health information that SOAR365 maintains, including any information created or received before the new Notice. If SOAR365 changes this Notice, you will be notified of the change.