

**CENTRAL FAIRFAX SERVICES, INC. (CFS)  
PRIVACY NOTICE**

**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.**

**EFFECTIVE DATE: April 14, 2003**

**Your Privacy is Important**

Central Fairfax Services, Inc. understands your privacy is important. We are required by law to maintain the privacy of protected health information and to provide you with notice of legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/state law and agency policy, adhering to the most stringent law that protects your health information.

If at any time you believe your privacy rights have been violated, you may verbally or in writing contact:

- Agency's Privacy Officer
- State Advocate
- Secretary of Health and Human Services of the Federal government

Addresses and phone numbers to use are listed at the end of this notice. You will not suffer any change in services or retaliation for filing a complaint.

Typically, your record contains your assessment, service plan, progress notes, diagnoses, medical information, and plan for future services.

You have the right to receive an accounting of the

**Your Federally defined rights under 45 CFR Parts 160 and 164 (HIPAA Privacy Standards), and under The Commonwealth of Virginia's Administrative Code, Title 12, sections 35-115-80 and 35-115-90 (Human Rights).**

There are several rights concerning your protected health information that we want you to be aware of:

You have the right to inspect or to request copies of medical records. This process will be kept confidential. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You must make this request in writing to *your Supervisor or CFS's HIPAA Representative*. If denied access, you will receive a timely, written notice of the decision and reason, and a copy of this notice becomes a part of your record.

You have the right to request amendment of your medical records if you believe information in the records is inaccurate or incomplete. You must make this request in writing to *your Supervisor or CFS's HIPAA Representative*. We may deny the request for proper reasons but you will be provided with a written explanation of the denial.

agency's disclosures of your protected health

information that were not for the purpose of treatment, payment, health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone, other than employees of the agency, who received information about you from the agency.

You have the right to request from *your supervisor* a restriction with regards to the use or disclosure of your protected health information. This request will be given serious consideration by the Privacy Officer and you will be informed promptly whether we will be able to honor the requested restriction and still offer effective services, receive payment and maintain health care operations. Legally we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to *your Supervisor*. We will agree to all reasonable requests.

You have the right to obtain a paper copy of this Notice of Privacy at any time upon request.

### **Use and Disclosure of Your Information**

Upon signing the agency's Consent to Treatment/Service form, you are allowing us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/service, receive payment of provided treatment/service, and conduct our day to day health care operations.

#### **EXAMPLES:**

*In order to effectively provide treatment/service,*

*your Supervisor may consult with various service providers. During those consultations health information may be shared.*

*In order to receive payment of services provided, your health information may be sent to those companies or groups responsible for payment coverage, and a monthly bill is sent to the Responsible Party identified by you and noted on the financial form.*

*In the day-to-day health care operations, trained staff may handle your consumer record in order to have the record assembled, available for review by CFS personnel, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical reporting to The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). As part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional staff to assure accuracy, completeness and organization. Records may also be reviewed during licensing reviews by DMHMRSAS and accreditation surveys by the Commission on Accreditation of Rehabilitation Facilities (CARF).*

### **Individuals Involved in Your Care or Payment for That Care**

Unless you object, we may release medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care.

### **Specific Circumstances for Disclosure**

This agency is also allowed by federal and state law in certain circumstances to disclose specific health

information about you.

These specific circumstances are:

As required by law (ex: reports required for public health purposes, such as reporting certain contagious diseases)

Judicial and Administrative proceedings (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General)

Law Enforcement purposes (ex: reporting of gun shot wounds; limited information requested about suspects, fugitives, material witnesses, missing persons; criminal conduct on premises)

To avert a serious threat to Health and Safety of another person (ex: in response to a specific threat made by a person served to harm another)

Incapacitated adults who are victims of abuse, neglect or exploitation

Specialized Government functions

National Security and Intelligence activities (ex: in relation to protective services to the President of the United States)

Workers Compensation to facilitate processing and payment

Coroners and Medical Examiners for identification of a deceased person or to determine cause of death

To the Department of Health and Human Services in connection with an investigation of us for compliance with federal regulations.

### **Other Uses and Disclosures of Your Information by Authorization Only**

We are required to get your 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 circumstances outlined previously. We use an *Authorization to Use/Disclose* form that specifically states what information will be given to whom, 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 acted on the authorization.

### **Changes to Privacy Practices**

CFS reserves the right to change its privacy policies and any of its privacy practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain.

A Revised Notice of Privacy will be posted within CFS, and available upon request by mailing or discussion with an agency representative or combination of the two.

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

- Your primary Supervisor
- Your Program Manager
- Your Agency's HIPAA Compliance Manager  
Central Fairfax Services, Inc.  
Jacque Scholl, Human Resources Manager  
Springfield, VA 22151  
703-354-0900
- The Fairfax-Falls Church Community Services Board Mental Quality Assurance Coordinator  
MR Services: Lisa Blecker  
Mental Retardation Services  
12011 Government Center Parkway: Suite 300  
Fairfax, VA 22035  
703-324-4426
- Fairfax County's HIPAA Compliance Manager  
Fairfax County Government Center  
12000 Government Center Parkway, Suite 527  
Fairfax, VA 22035  
703-324-4136
- State Human Rights Regional Advocate  
Northern Virginia Training Center  
9901 Braddock Road  
Fairfax, VA 22032  
703-323-2098
- Secretary of the Department of Health and Human Services  
Office of the Secretary,  
Hubert Humphrey Building  
2000 Independence Avenue, SW  
Washington, DC 20201  
202-690-7000