



Notice of Federal Confidentiality Regulations

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by federal law and regulations. Generally, the program may not disclose a person's status as a client or any information identifying a client as an alcohol or drug abuser UNLESS:

1. The client consents in writing
2. The disclosure is allowed by a court order
3. The disclosure is made to medical personnel during a medical emergency, or to qualified personnel for research, audit, or program evaluation

Federal laws and regulations do not protect information about a crime committed by a client either on the premises of the program or against any persons who work for the program, or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities (See 42 U.S.C. 290ee-3 for federal laws and 43 CFR, Part 2 for federal regulations).

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review this notice carefully

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. Protected health information (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. Federal law and regulations specifically protect the confidentiality of alcohol and drug abuse client records. Conscious Healing is required to comply with these additional restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside of the program that you are attending the program or disclosing any information that identifies you as an alcohol or drug abuser. We are required to abide by the terms of this Notice of Privacy Practices, violation of Federal laws or regulations regarding these privacy practices is a crime. If you suspect a violation you may file a report to the appropriate authorities in accordance with Federal regulations. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice of Privacy Practices by posting a copy on our website (www.conscioushealingva.com), sending a copy to you in the mail upon request, or providing one to you at your next appointment.

How We May Use and Disclose Health Information About You

Listed below are examples of the uses and disclosures that Conscious Healing may make of your protected health information (PHI). These examples are not meant to be exhaustive. Rather, they describe the types of uses and disclosures that may be made.

Uses and Disclosures of PHI for Treatment, Payment, and Health Care Operations

For Treatment. Your PHI may be used and disclosed by your physician, counselor, program staff, and others outside of our program that are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and any related services. This includes coordination or management of your health care with a third party, consultation with other health care providers, or referral to another provider for health care treatment. For example, your protected health information may be provided to an agency that referred you to our program to ensure that you are participating in treatment. In addition, we may disclose your protected health information as needed to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of the program, becomes involved in your care.

To Obtain Payment for Services. We will use your PHI to obtain payment for your health care services without your written authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. You have the right to restrict certain disclosures of PHI to a health plan when you are paying out of pocket in full for services.

For Healthcare Operations. We may use or disclose, as needed, your PHI to support the business activities of our program including, but not limited to, quality assessment activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or counselor. We may also call you by name in the waiting room when it is time to be seen. We may share your PHI with third parties that perform various business activities (e.g., billing or typing services) for Conscious Healing, provided we have a written contract with the business that prohibits it from re-disclosing your PHI and requires it to safeguard the privacy of your PHI.

We may contact you to follow up after treatment at Conscious Healing, or to provide information to you about

treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you concerning Conscious Healing's aftercare/alumni activities.

Psychotherapy Notes. Authorization is required for most uses and disclosure of psychotherapy notes.

Marketing Purposes. Authorization is required for the use and disclosure of PHI for marketing purposes.

Selling of PHI. Authorization is required prior to any selling of PHI. Currently, Conscious Healing does not engage in the process of selling any PHI.

Other Uses and Disclosures That Do Not Require Your Authorization

As Required by Law. We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

For Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

In Medical Emergencies. We may use or disclose your protected health information in the event of a medical emergency to medical personnel only. Our staff will make reasonable efforts to give you a copy of this notice as soon as is reasonably practical after the resolution of the emergency.

Suspicion of Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect. However, the information we disclose is limited to only the information necessary to make the initial mandated report.

Suspicion of Elder Abuse, Neglect or Exploitation. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of elder abuse, neglect, or exploitation. However, the information we disclose is limited to only the information necessary to make the initial mandated report.

For Deceased Clients. We may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

For Research Purposes. We may disclose PHI to researchers if: (a) an Institutional Review Board (IRB) reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations, and (d) the researchers agree not to re-disclose your protected health information except back to Conscious Healing.

Criminal Activity on Program Premises/Against Program Personnel. We may disclose your PHI to law enforcement officials if you have committed a crime on program premises or against program personnel.

By Court Order. We may disclose your PHI if the court issues an appropriate order and follows the required procedures.

Uses and Disclosures of PHI with Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization at any time unless the program or its staff has taken an action in reliance on the authorization of the use or disclosure you permitted.

Your Rights Regarding Your Protected Health Information

Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

You have the right to inspect and copy your Protected Health Information

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the record. A "designated record set" contains medical and billing records and any other records that the program uses for making decisions about you. Your request must be in writing. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial of access. Please contact our Executive Director if you have questions about access to your medical record.

You may have the right to amend your Protected Health Information

You may request, in writing, that we amend your PHI that has been included in a designated record set. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of it. Please contact Conscious Healing's Clinical Director and Operations Manager if you have questions about amending your medical record.

You have the right to receive an accounting of some types of Protected Health Information disclosures

You may request an accounting of disclosures for a period of up to six years, excluding disclosures made to you, made for treatment purposes, or made as a result of your authorization. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact our Operations Manager if you have questions about the accounting of disclosures.

You have a right to receive a paper copy of this notice.

You have the right to obtain a copy of this notice from us. Any questions should be directed to our Operations Manager.

You have the right to request added restrictions on disclosures and uses of your Protected Health Information.

You have the right to ask us not to use or disclose any part of your PHI for treatment, payment, or health care operations or to family members involved in your care. Your request for restrictions must be in writing and we are not required to agree to such restrictions. Please contact our Operations Manager if you would like to request restrictions on the disclosure of your PHI.

You have a right to request confidential communications.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable, written requests. We may also condition this accommodation by asking you for information regarding how payment will be handled or the specification of an alternative address or other methods of contact. We will not ask you why you are making the request. Please contact the Operations Manager if you would like to make this request.

You have the right to opt out of fundraising communications.

Currently, Conscious Healing does not partake in any fundraising communications that would involve us contacting you connected to fundraising. If this changes, you have the right to request not to be contacted in this manner.

You have the right to be notified following a breach of unsecured PHI.

If a breach of your PHI does happen, you will be contacted in writing notifying you of the breach and any additional steps that were taken.

Complaints

If you believe we have violated your privacy rights, you may file a complaint in writing by notifying:

**Christine Capshew, CEO
450 Solomon Drive, Suite 101
Fredericksburg, VA 22405**

Or

**Arianna Hroncich, Operations Manager
450 Solomon Drive, Suite 101
Fredericksburg, VA 22405**

We will not retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Secretary of Health and Human Services as follows

**200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257**