

**James Madison University**  
**Institute For Innovation in Health and Human Services**  
**Faculty Practice**  
**755 Martin Luther King Jr. Way**  
**MSC 9010, Harrisonburg, VA 22801**  
**Phone: 540-568-2621 Fax: 540-568-3886**

## **Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.**

We are required by law to maintain the privacy of protected health information, to provide clients with notice of our legal duties and privacy practices with respect to protected health information, and to notify clients following a breach of unsecured protected health information.

If you have any questions about this Notice please contact:  
James Madison University, MSC 9010, Harrisonburg, VA 22801

### **CLIENT RIGHTS**

All clients have the following rights regarding health information we collect and maintain.:

#### **\*Right to Inspect and Copy:**

All clients have the right to inspect and copy health information that may be used to make decisions about the services they receive.

To inspect and request to copy their health information, clients must submit a request in writing to the clinic they received services from. They can request it from the HIPAA Compliance Officer at the **address on the top of this Notice**. If you request a copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

Requests to inspect and copy health information may be denied or restricted. If a request is denied or restricted, an appeal of that decision may be requested. For more information call **(540) 568-2621**

#### **\*Right to Request an Amendment:**

If you feel that health information is incorrect or incomplete, clients may ask to amend the information. To request an amendment to this information, a request must be made in writing and submitted to the specific clinic where services were received. In addition, clients must provide a reason that supports the request to amend information. A request for an amendment may be denied if it is not made in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by the clinic.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

#### **\*Right to an Accounting of Disclosure:**

Clients have the right to request an "accounting of disclosures." This is a list of the disclosures a clinic made of health information contained in individual file. To request a complete accounting and list of disclosures clients will need to submit a written request to the clinic they received services from. All requests must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. All requests should indicate in what form you want the list (for example, on paper).

**\*Right to Request Restrictions:**

All clients have the right to request a restriction or limitation on the health information used or disclosed for evaluation, treatment, payment or health care operations. Clients also have the right to request a limit on the health information that is disclosed to any individuals involved in a client's care or the payment for care, like a family member or friend. For example, clients may ask that we not use or disclose information about specific services received. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.

To request restrictions, clients must submit a request in writing to the specific clinic where they received services. A request for restrictions must identify (1) specific information to be limited; (2) whether the limit is for use or disclosure or both and (3) to any individual these limits apply to, for example, disclosures to a spouse or other family member.

**\*Right to Request Confidential Communications:**

Clients have the right to request specific ways to communicate health information. For example, clients may ask to only be contacted at work or by mail. To make a specific communication request, clients must submit a request in writing to the specific clinic where they received services. Clients will not be asked the reason for requests. All reasonable requests will be accommodated. Each request must specify how or where a client wishes to be contacted. You have the right to request that health information is discussed with an individual acting as your or your child's personal care representative.

**\*Right to a Paper Copy of this Notice:**

Clients have the right to receive a paper copy of this notice. Additionally, clients may ask us for a copy of this notice at any time. Even if clients have agreed to receive this notice electronically, they are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, call the specific clinic providing services.

**\*Right to Choose Someone to Act for You:**

If a client has given someone medical power of attorney or if someone is acting as a legal guardian, that person can exercise rights and make choices about client health information. Each clinic will make sure this person has the authority and can act for you before any action is taken.

**\*Right to a File a Complaint:**

If clients believe their privacy rights have been violated, we ask that you speak with our HIPAA Compliance officer about your concerns. You may reach the compliance officer by calling (540) 568-6120 or (540) 568-2622.

You may also contact the Secretary of the U.S. Department of Health and Human Services, Regional Manager, Office for Civil Rights, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.

**YOUR CHOICES**

Clients have the following choices when it comes to certain health information that is released or exchanged.

**\*In These Cases, Clients Have the Right to and Choice to Tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are unable to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**\*In These Cases, We May Never Share Your Information Unless You Give Us Written Permission:**

- Marketing Purpose
- Sale of your information
- Most sharing of psychotherapy notes

## **CLINIC USES AND DISCLOSURES**

Listed below is how clinics use or share your health information:

- \*To Treat You (Your clinician will review your health information in order to provide the best care and services.)
- \*Run Our Organization (This allows us to facilitate referrals, for example.)
- \*Bill For Services (The billing office uses your health information to submit insurance claims.)
- \*Help With Public Health and Safety Issues (for example, when operating under public health guidelines during a public health emergency)
- \*Do Research with IRB approval and with your specific approval.
- \*Comply with the Law (An example could be a court order.)

## **OTHER USES & DISCLOSURES OF MEDICAL INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply will be made only with each client's written permission. It is important to note that clients may revoke permissions for disclosure, in writing, at any time. Upon receipt of your written request the clinic will no longer use or disclose health information. Clinics are unable to take back any disclosures already made with original permissions.

In summary, we usually use or share your health information in the following ways:

- Treat you
- Run our organization
- Bill for services