COUNTY OF PRINCE WILLIAM
COMMUNITY SERVICES
7969 Ashton Avenue, Manassas, Virginia 20109
(703) 792-7800 Fax (703) 792-7817
15941 Donald Curtis Drive, Suite 200, Woodbridge, VA 22191
(703) 792-4900 Fax (703) 792-7057
Crisis Receiving Center Complex, 14011 Worth Avenue, Woodbridge, VA 22192
(703) 792-2272 Fax (703) 792-2250
www.pwcgov.org/csb

NOTICE OF PRIVACY PRACTICES
Prince William County Community Services
Effective Date: 9/15/2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

This notice also describes:

- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH MEDICAL RECORDS MANAGEMENT BY PHONE: (703) 792-3986 OR VIA EMAIL AT SNFileRoom@pwcgov.org IF YOU HAVE ANY QUESTIONS.

Community Services (CS) is required by the Health Insurance Portability and Accountability Act (HIPAA), and the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations, both federal laws, to maintain the privacy of your health information and to provide you with this notice. CS is required to meet all procedures and standards defined in this notice.

Please review it carefully.

Your Rights - You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this Notice of Privacy Practices
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices - You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Raise funds

Our Uses and Disclosures of Non-Substance Use Disorder Records - We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Uses and Disclosure of Substance Use Disorder Records

- If you have substance use disorder (SUD) records covered by 42 CFR Part 2, we will ensure that you receive adequate notice of the uses and disclosures of those records.
- 42 CFR Part 2 limits the use or disclosure of SUD records that would otherwise be permissible under HIPAA without your authorization, including but not limited to uses and disclosures for purposes of treatment, payment or healthcare operations.
- Records received under an authorization signed by you may be redisclosed in accordance with HIPAA.
- If you were mandated to receive treatment from DHS SUD program through the criminal legal system (including drug court, probation, or parole), you must sign a separate consent form allowing us to share your SUD records with the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement. The duration of your consent (how long it is in effect) and your right to revoke your consent may be more limited than under a standard SUD record consent form.

Use and Disclosure of SUD Records without Consent

- We may disclose SUD records without your consent to public health authorities, provided the records are de-identified in accordance with the HIPAA Privacy Rule.
- To communicate among staff members within our Substance Use Disorder programs who have a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment.
- To medical personnel in a medical emergency.
- To law enforcement if you commit, or threaten to commit, a crime in our facilities or against our personnel.
- To report suspected child abuse and neglect as required by Virginia law.
- To qualified personnel for audit or program evaluation who, a) agree in writing to protect the information, b) represent federal, state or local government agencies that are authorized to oversee our program, or c) provide financial assistance to the program or provide payment for health care.

Use and Disclosure of SUD Records with Consent

- We will obtain your authorization to use or disclose SUD records for treatment coordination, payment and healthcare operations.
- We have consents for different uses or disclosures for treatment, payment, and healthcare operations purposes. You may be provided a consent to disclose information for treatment,

payment and healthcare operations purposes, or for court or other purposes. If the recipient is a HIPAA covered entity (such as another healthcare provider or insurance company) or a business associate (such as a company that assists a healthcare provider with storing medical records), they may disclose your information as permitted by HIPAA, except in civil, criminal, administration and legislative proceedings against you.

- SUD treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR Part 2.
- We will only make other disclosures of your SUD records not described in this notice only with a signed authorization.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice of Privacy Practices

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right 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
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, 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.

We never market or sell your information.

In the case of fundraising:
We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- To treat you - your protected health information may be shared among staff and consultants of Community Services as part of the treatment process. For example, a therapist may speak to a psychiatrist about the need for medication. During these consultations, health information will be shared.

- To run our organization - we can use and share your health information to run the agency, improve your care, and contact you when necessary. For example, statistical reporting is provided to the Virginia Department of Behavioral Health and Developmental Services (DBHDS). In addition, as a part of our quality improvement efforts, your record may be reviewed by professional staff to ensure accuracy and completeness.

- To bill for your services - we can use and share your health information to bill and get payment from health plans or other entities. In addition, CS sends a monthly bill to the responsible party identified by you and noted on your financial form.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

The uses and disclosures described below do not require your consent, authorization, or opportunity to agree or object.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse or neglect
  - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your de-identified, aggregate data for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. Virginia regulatory offices that conduct compliance reviews include the Department of Medical Assistance (DMAS) and the Department of Behavioral Health and Developmental Services (DBHDS).

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official, such as to report criminal conduct that occurs on CS property.
  - With health oversight agencies for activities authorized by law, such as the Health Department conducting contact investigations for individuals with active tuberculosis.
  - For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The revised Notice of Privacy Practices will be posted and available in our service areas and on the CS website. A copy may also be requested from the receptionists at our service locations or the Privacy Officer.

Effective Date of this Notice –

Date of Origin: 4/14/03
Date Revised: 3/15/07, 9/23/13, 12/29/15, and 9/15/26

Additional Information:

If you would like additional information concerning the privacy policy or the federal or state laws pertaining to privacy, please contact:

Privacy Officer: Laurie Olivieri
8033 Ashton Avenue, Suite 107
Manassas, VA 20109
703-792-7740
lolivieri@pwcgov.org