Notice of Privacy Practices (effective 9/2013, revised 2/2026)
Northwestern Community Services Board

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.

Northwestern Community Services Board understands the importance of privacy, and we are committed to maintaining confidentiality of your health information. We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality care, to obtain payment for services delivered to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this agency properly. We are required by law to maintain the privacy and security of your protected health information, provide you with notice of our legal duties and privacy practices with respect to protected health information, and abide by the terms of this notice. This notice describes how we may use and disclose your health information and describes your rights and our legal obligations with respect to your health information. If you have any questions about this notice, please contact our Privacy Officer using the contact information provided on page 6 of this notice.

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 have the right to see or obtain an electronic or paper copy of your medical record and other health information we have about you, including the right to receive an electronic copy if the information is maintained electronically. Ask us how to do this. • We will provide a copy or a summary of your health information, usually within 10 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 health care 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 insurance. • 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 health care operations, and certain other disclosures (such as any you asked us to make).
Get a copy of this privacy notice	• 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 our Privacy Officer, our Human Rights Advocate, or the Regional Human Rights Advocate. Contact information is located on page 6 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, by calling 1-877-696-6775, or online by visiting https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf • 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:	• Contact you via phone call, text, email, or mail for the purposes of:
	  ○ Appointment reminders.
	  ○ Information about your medications or alternative treatments.
	  ○ Information about health-related benefits or services that may be of interest to you.
	• Share information with your family, close friends, or others involved in your care.

	• Share information in a disaster relief situation. • Include your information in an agency directory. • 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.*
In these cases, we never share your information unless you give us written permission:	• Substance use disorder (SUD) records protected by federal law (42 CFR Part 2), except as permitted by law. In most cases we need your written consent, and you may give a single consent for future uses/disclosures for treatment, payment, and health care operations (TPO) until you revoke it in writing. • HIV status • Marketing purposes. • Most sharing of psychotherapy notes.
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

Special protection for substance use disorder (SUD) records (42 CFR Part 2)

Some health information maintained by Northwestern Community Services Board (NWCSB) is protected by a federal law called 42 CFR Part 2. This law provides additional privacy protections for records related to substance use disorder (SUD) diagnosis, treatment, or referral for treatment. These records are not treated the same as other protected health information under HIPAA and are subject to stricter confidentiality requirements.

How we may use or disclose SUD records:

We may use or disclose SUD records without your written consent only as permitted by federal law, including medical emergencies, certain public health activities, audits/evaluations, and certain research activities, as allowed by law.

In most situations, your written consent is required before we may use or disclose substance use disorder (SUD) records, including for treatment, payment, or health care operations (TPO). Our agency does not use a single, ongoing consent for future TPO disclosures. Instead, your written consent applies only to the specific uses or disclosures described in the consent form and expires as stated unless you revoke it in writing sooner.

SUD records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide specific written consent or a court issues a Part 2-compliant order and the order is accompanied by a subpoena or similar legal mandate.

If SUD records are disclosed with your written consent, they remain protected by 42 CFR Part 2 and may be redisclosed only as permitted by law. Part 2 protections continue to apply even after disclosure.

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	• We can use your health information and share it with other professionals who are treating you.	**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.
To run our organization	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.	**Example:** We use health information about you to manage your treatment and services.
To bill for your services	• We can use and share your health information to bill and get payment from health plans or other entities.	**Example:** We give information about you to your health insurance plan so it will pay for your services.

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 must 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.

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, neglect, or domestic violence.
	  ○ Preventing or reducing a serious threat to anyone's health or safety.

Do research	• We can use or share your information 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.

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 ○ With health oversight agencies for activities authorized by law ○ 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 protected health information other than as described in this notice unless you tell us we can in writing. We use an Authorization to Use/Disclose, also referred to as a Release of Information (ROI) form, that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You can revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

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

CHANGES TO THE TERMS OF THIS NOTICE

We may change the terms of this notice, and any changes will apply to all health information we maintain. The most current version of this notice will be available upon request, in our offices, and on our website.

Contact Information

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

NWCSB Privacy Officer, Stephanie Fletcher: 540-636-4250 Ext. 2317, Stephanie.Fletcher@nwcsb.com

NWCSB Human Rights Advocate, Stephanie Fletcher: 540-636-4250 Ext. 2317, Stephanie.Fletcher@nwcsb.com

Regional Human Rights Advocate, Cassie Purtlebaugh: 804-382-3889

The Secretary of Health & Human Service: Hubert H. Humphrey Building 200 Independence Avenue, SW Washington, DC 20201 Toll Free Call Center: 1-877-696-6775

The disability Law Center of Virginia: 800-552-3962