Department of Behavioral Health and Developmental Services (DBHDS)

State Facility: Northern Virginia Mental Health Institute

Notice of Privacy Practices

EFFECTIVE February 16, 2026

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

PLEASE REVIEW IT CAREFULLY.

SECTION 1: INTRODUCTION AND APPLICABILITY

This notice describes the privacy practices of the Department of Behavioral Health and Developmental Services (DBHDS), including the Central Office and each of the state facilities that DBHDS operates and satisfies both the requirements of the HIPAA Privacy Rule at 45 CFR § 164.520 and the Part 2 Patient Notice requirements at 42 CFR § 2.22 for covered entities that create or maintain substance use disorder treatment records. It applies to all workforce members authorized to create, use, or disclose health information and business associates performing services on our behalf. DBHDS is required by law to maintain the privacy of protected health information. We are also required by law to provide you with this notice telling you about our legal duties and privacy practices with respect to protected health information.

If you have someone making decisions on your behalf because you are not able to make decisions yourself, we will give a copy of this notice to that person, and we will work with that person in all matters relating to uses and disclosures of your health information.

SECTION 2: HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU TO OTHER PEOPLE

When we have your written permission. If you give us written permission to use or disclose your health information to someone else, we will use or disclose it according to your instructions. You may revoke your permission, in writing, at any time, except to the extent that we have already used or disclosed the information that you gave us permission to use or disclose. Certain uses and disclosures *always* require your written authorization. These include:

> ***Psychotherapy Notes*** (if we maintain them). Psychotherapy notes are process notes recorded by a mental health professional during a counseling session and kept separate from your medical record. We generally need your authorization to use or disclose psychotherapy notes.

Substance Use Disorder (SUD) Counseling Notes (if we maintain them). SUD counseling notes are process notes recorded by an SUD counselor during individual or group counseling sessions and kept separate from your medical record. Under federal law (42 CFR Part 2), we need your specific written authorization to use or disclose SUD counseling notes, ***even for your treatment***. You have the right to access your SUD counseling notes (42 CFR §2.23).

***Uses and disclosures for marketing purposes*.** We need your authorization before we can use or disclose your health information to market products or services to you, with limited exceptions.

***Disclosures that constitute a sale of protected health information*.** We need your authorization if we receive payment in exchange for disclosing your health information, with certain exceptions.

When we do not have your written permission. Sometimes we will disclose information without your permission. In each of these cases, we will attach a statement that tells the person receiving the information that they cannot disclose it to anyone else unless you give them permission or unless a law allows or requires them to disclose the information without your permission.

If the disclosure is not required by law, we will give strong consideration to any objections from you in making the decision to release information.

Before we disclose information to anyone, we will verify the identity and authority of the person receiving the information.

The following categories describe different ways that we may use and disclose health information about you *without your written permission.* Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information without your permission will fall within one of these categories.

***To find someone to make decisions on your behalf*.** If you are not capable of making medical decisions, we may disclose your health information in order to identify someone to make those decisions for you (called a "authorized representative" or "AR"). Before we disclose any information, we must determine that disclosure is in your best interests.

***To individuals involved in your care*.** Unless you object, we may disclose to a family member or personal representative information that is directly relevant to such person's involvement with your health care, which may include your location and general condition. In the case of your incapacity or an emergency circumstance, we may notify a family member or personal representative of information that is directly relevant to such person's involvement with your health care, which may include your location and general condition, if in the exercise of professional judgment, we determine that the notification is in your best interests.

***Treatment*.** We may use health information about you to provide you with medical and mental health treatment or services, and we may disclose this information to other health care providers to help them treat you. *For example:*

- We may disclose health information about you to doctors, treatment workforce members, medical students, or other facility personnel who are involved in your treatment here. Different facilities and different departments or offices within this facility may share

health information about you in order to coordinate the different things you need, such as medication orders, lab work, and various tests.

- We may disclose to community services boards or to other providers health information they may need to prescreen you for services or to prepare and carry out your individualized services or discharge plan.

***Payment*.** We may use and disclose health information about you so that we can bill and receive payment for the treatment and services you receive at the facility and so that other providers can bill and be paid for the treatment services they provide. We have to follow Virginia law that limits the amount of health information we can disclose about you. *For example, w*e may send a bill to you or someone who has agreed to pay your medical bills, such as an insurance carrier or Medicaid. The information we send to an insurer may include your name; the date you were admitted to our facility; the date you became ill; the date you are discharged from our facility; your diagnosis; a brief description of the type and number of services we provided you; your status; and your relationship to the person who has agreed to pay your bills.

Health Care Operations. We may use and disclose health information about you to operate the facility and DBHDS and to make sure that all individuals in the facility and in other DBHDS facilities receive quality care. *For example*, we may disclose information to physicians and other treatment professionals so that they can review and make suggestions about your care or so they can learn something new about treatment. We may combine the health information we have with health information from the other facilities DBHDS operates to compare how we are doing and see where we can make improvements in care and services or to conduct business planning and management activities.

***Important Exception for Substance Use Disorder (SUD) Records:**
The treatment, payment, and health care operations uses described above apply to most of your health information. However, if you are receiving substance use disorder treatment, federal law (42 CFR Part 2) provides additional protection for those records. We generally need your specific written consent before we can use or disclose substance use disorder treatment record for treatment, payment, or health care operations, unlike other health information. Please see Section 3 below titled "Special Rules for Substance Use Disorder Records" for more information about these enhanced protections.

Business Associates. Some of our services are provided through contracts or agreements with other public and private entities, and some of these contracts or agreements require that health information be disclosed to the contractor. These contractors are known as "business associates." Examples include physician consultants, laboratories, dentists and lawyers from the Office of the Attorney General. We may disclose your health information to these people so that they can perform the job we have asked them to do.

Facility Directory. We may include your name, your location, and a general description of your medical condition in a facility directory. This directory will not be shared with anyone outside the facility unless you give us permission to disclose it. You have the right to restrict the use of the health information contained in the directory.
This Facility does ☐ does not ☐ maintain a facility directory at this time.

Required by Law. We will disclose health information about you when we are required to do so

by a federal, state, or local law or regulation.

Public Safety. If we reasonably believe that you pose a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person or the public, we may communicate those facts necessary to prevent or lessen the potential threat.

Threat Assessment. To a threat assessment team established by a local school board, public institution of higher learning, or by a private nonprofit institution of higher education as permitted by law.

Public Health. As authorized by law, we will disclose your health information to public health authorities charged with preventing or controlling disease, injury, or disability.

Organ, Eye, and Tissue Donation. We may release health information to organizations that handle organ procurement, as permitted by law.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness, as authorized by, and to the extent we are required to do so to comply with, law.

Food and Drug Administration (FDA). We may disclose information about you to the FDA as necessary for product recalls, withdrawals, and other problems with a product; to track products; or to report adverse events, product defects, or other problems with products.

Health Oversight Agencies. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, proceedings regarding a health care entity's conduct, and licensing. Information may be disclosed to the Office of the State Inspector General, the Department of Health, the Department of Health Professions, the Disability Law Center of Virginia, the DBHDS Office of Licensing, the DBHDS Office of Human Rights, and other similar oversight agencies.

Coroners, Medical Examiners and Funeral Directors. We may disclose health information regarding decedents to coroners, medical examiners, or funeral directors, as authorized by law. *For example*, Virginia law requires us to notify the medical examiner when an individual dies in one of our facilities. We are also required to report to a funeral director any infectious disease that someone who died may have had.

National Security, Intelligence Activities and Protective Services for the President. We may disclose health information to a public official for national security activities and the protective services of the President and others when we are required to comply with a valid subpoena or other legal processes, or if such disclosure is required by state or federal law.

Correctional Institutions and Other Law Enforcement Custodial Situations. We may disclose health information to a correctional institution if it is necessary for your care or if the disclosure is required by state or federal law.

Judicial and Administrative Proceedings. When a court orders us to disclose health information, we will disclose the information that the court orders. We will also disclose health information in

response to a subpoena that meets the requirements of Virginia law. We will also disclose health information to a *guardian ad litem* or attorney representing you in a guardianship, commitment, or judicial authorization for treatment proceeding if required by law.

Law Enforcement Officials. We may disclose health information to a law enforcement official in response to a valid subpoena or other legal process or if the disclosure is required or permitted by state or federal law. This may include providing limited information in response to their request for the purpose of identifying or locating a suspect, fugitive, person required to register pursuant to § 9.1-901 of the Sex Offender and Crimes Against Minors Registry Act, material witness, or missing person, information regarding the death of an individual if such death may have resulted from criminal conduct, or information that we believe in good faith constitutes evidence of a crime on our premises.

Research. We may disclose aggregate health information to researchers, when this information does not identify you or any other person or when informed consent has been given for you to participate in research that has been approved by an institutional review board that has established procedures to ensure the privacy of your health information.

Victims of Abuse and Neglect. If we reasonably believe that you are a victim of abuse or neglect, we will disclose health information about you to a government agency authorized by law to receive such information, to the extent that we are required to do so by law.

Decedents. If you pass away, your health information may be disclosed to your personal representative or executor, or, if you don't have one, to the following persons in the following order of priority: a spouse, an adult son or daughter, either parent, an adult brother or sister, or any other relative of the deceased individual in order of blood relationship. Your information may be disclosed to family members and others who were involved your care or payment for your care prior to your death, unless doing so is inconsistent with any prior express preferences that are known to us.

Student Disclosures (Immunizations). With the agreement of a parent or guardian, or the student, if the student is an adult or emancipated minor, we may disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student.

Health Care Benefits. We may disclose your health information as necessary to support an application for receipt of health care benefits from a governmental agency or as required by an authorized governmental agency reviewing such application or reviewing benefits already provided. a

Other uses and disclosures will be made only with your written authorization (permission). You may revoke your authorization in writing at any time, except to the extent that we have acted in reliance on the authorization.

SECTION 3: SPECIAL RULES FOR SUBSTANCE USE DISORDER RECORDS

If you are receiving substance use disorder (SUD) treatment from us, federal law (42 CFR Part 2) provides your SUD treatment records with additional privacy protections beyond what HIPAA and state

law requires. These protections apply only to portions of your record created or received in connection with your SUD diagnosis, treatment, or referral for treatment.

WHAT MAKES SUD RECORDS DIFFERENT:

Written Consent Generally Required. Unlike other health information that we can use for treatment, payment, and health care operations without your authorization, we generally need your specific written consent to use or disclose SUD treatment records for these same purposes. You may provide a single consent that allows us to use and disclose your SUD treatment information for all future treatment, payment, and health care operations purposes. You may also limit your consent to specific uses or recipients.

Limited Exceptions. We may use or disclose your SUD treatment records without your consent for very limited purposes, including:

- Medical emergencies
- Research (with additional protection)
- Audits and evaluations required by law
- Reporting under state law of incidents of suspected child abuse and neglect to state authorities
- Reporting certain crimes committed at our facility or against our personnel

How to Provide Consent. If you would like us to use or disclose your SUD treatment records, you will need to sign a written consent form. The consent form will specify what information can be disclosed, to whom, for what purpose, and for how long the consent is valid. You may revoke your consent at any time.

Protection for SUD Records in Legal Proceedings. Substance use disorder 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 specific 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. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

SECTION 4: YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

Right to Access, Inspect, and Copy. You have the right to access, inspect, and copy health information that we maintain about you as allowed by state and federal law. If you request a copy of your information, we may charge a fee for copying, labor, supplies and mailing. If we maintain your health information electronically, you may request an electronic copy.

We may deny your request in certain circumstances. If you are denied access to your health information, you may request that the denial be reviewed. A physician, licensed clinical

psychologist, clinical social worker, or licensed professional counselor not involved with your care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If you are denied access to any portion of your record, you have the right to ask that a psychiatrist, doctor, psychologist or lawyer of your choosing get a copy of what has been denied to you.

Right to Amend. If you feel that health information that we have about you is incorrect or incomplete, you may ask us in writing to amend, or correct, the information. You have the right to request an amendment for as long as the information is kept by or for us.

We may deny your request to amend information that:

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

If your request is denied, you have the right to ask us to put a statement of disagreement in your record.

Right to an Accounting of Disclosures. You have the right to request and receive a list of the disclosures that we have made of your health information except for the following disclosures:

- To employees of the Department or its facilities, CSBs, or other providers;
- To carry our treatment, payment, or health care operations;
- That are incidental to a disclosure that is already permitted or required;
- To you or your authorized representative;
- That are made following receipt of a written authorization;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials; or
- That were made more than six years prior to the date of your request.

Your request may indicate a time period, and you should tell us the form in which you want the list (for example, on paper or electronically).

* **Important Exception for Substance Use Disorder (SUD) Records:** For SUD treatment records, you must be provided upon request an accounting of disclosures from up to three years prior to the date of the request made following receipt of a written authorization. This includes an accounting of disclosures made for treatment, payment, or health care operations only where such disclosures are made through an electronic health record.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you, including for treatment, payment or health care operations. For SUD treatment records, you have the right to request restrictions made with your prior consent for treatment, payment, and health care operations.

You have the right to restrict certain disclosures of Protected Health Information to a health plan

where you pay out of pocket in full for the health care item or service. If you wish to restrict disclosures concerning a prescribed medication, you may request that we provide you with a paper prescription to allow you an opportunity to request a restriction and pay for the prescription with our pharmacy before the pharmacy has submits a bill.

We are not required to agree to your request, with the exception of requests to restrict disclosure of SUD treatment records to a health plan if the disclosure is not otherwise required by law, is made for the purpose of payment or health care operations, and you or someone on your behalf has paid us in full for that health care service. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

Facility Privacy Officer.

In your request you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate reasonable requests.

Right to Opt Out. You have the right to opt out of fundraising communications and we may not condition treatment based on your opting decision to opt out. If we create or maintain substance use disorder treatment records protected by 42 CFR Part 2 and intend to use such records for fundraising, we will provide you with a clear and conspicuous opportunity to opt out of receiving fundraising communications BEFORE we use your SUD records for fundraising purposes.

Your Authorization is required for most uses and disclosures of psychotherapy notes.

Your Authorization is also required for marketing purposes and disclosures that constitute a sale of Protected Health Information.

We may not use or disclose genetic information for underwriting purposes.

To request confidential communications, you must make your request in writing to

Facility Privacy Officer.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. Upon your request, you have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice at the DBHDS website, http://www.dbhds.virginia.gov To obtain a paper copy of this notice, contact:

Facility Privacy Officer _____.

We use photography including Ipads, digital cameras and webcams to document certain aspects of your treatment and care while you are here. Your photograph provides a form of identification for general and specified treatment delivery, medication administration, point of care testing and quality of care validation.

SECTION FIVE: OUR LEGAL DUTIES

We are required to abide by all of the terms of the Notice of Privacy Practices currently in effect.

Potential for Redisclosure. Once we disclose your health information to someone outside our organization, that information may be redisclosed by the recipient and may no longer be protected by federal privacy laws. We cannot control how others use information after we disclose it to them.

We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all health information we maintain, including information created or received before we made the change. If we make a material change to this Notice, a revised notice will be displayed at a prominent location in your living area, make the revised Notice available on our website, and you may get a copy if you request one.

SECTION SIX: ADDITIONAL INFORMATION & HOW TO FILE A COMPLAINT

For more information: If you have questions and would like additional information,

you may contact the DBHDS Privacy Officer

at telephone number 804-873-4180 or at email privacy.org@dbhds.virginia.gov

If you believe your privacy rights have been violated, you can file a complaint by contacting any of the following people:

the Human Rights Advocate,

Riley Curran, Northern Virginia Mental Health Institute, 540-569-3193

the Facility Director, or

Melissa Garcia, Northern Virginia Mental Health Institute, 703-207-7337

the Facility Privacy Officer,

Richard Mapp, Northern Virginia Mental Health Institute, 703-207-7158

The Secretary of the United States Department of Health and Human Services, at toll free - 1-800-368-1019 or through the OCR Complaint Portal at https://ocrportal.hhs.gov

No one will retaliate against you in any way for filing a complaint.