

# Department of Behavioral Health and Developmental Services

**Piedmont Geriatric Hospital**  
A LEADER IN GERIATRIC PSYCHIATRY

## Notice of Privacy Practices

EFFECTIVE SEPTEMBER 23, 2013

(Updated 1/31/2025)

***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.***

This notice describes the privacy practices of the Department of Behavioral Health and Developmental Services (DBHDS), including the Central Office and each of the psychiatric hospitals and training centers DBHDS operates. DBHDS is 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.

### **Explanation of Your Rights**

**You have certain rights to your health information.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of your paper or electronic 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. 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 or licensed clinical psychologist 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. We will provide a copy or a summary of your health information, usually within 30 days of your request. If we are unable to provide the summary to you within 30 days, we are permitted to request an extension in writing of an additional 30 days. We may charge a reasonable, cost-based fee.

**Ask us to correct your paper or electronic medical record.** You may request an amendment of your medical record in writing, if you think it is incorrect or incomplete. 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 the information we 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 insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we have shared your 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 believe your privacy rights have been 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 [HIPAA What to Expect | HHS.gov](#)

**You will not be retaliated against 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, tell us.

**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.
- Include your information in a hospital directory.
- Provide mental health care.

*If you are not able to tell us your preference, for example if you are unconscious, we may 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:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- We will never share any substance abuse treatment records without your written permission except for these instances:
  - To medical personnel to the extent necessary to meet a bona fide medical emergency.
  - To qualified personnel for the purpose of conducting scientific research, management or financial audits, or program evaluations (but individual patients cannot be identified by those personnel in any report or otherwise disclosed).
  - If authorized by a court order showing good cause (e.g., need to avert a substantial risk of death or serious bodily harm).
- Except as authorized by court order, no record may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

**How do we typically use or share your health information?** We may use or share your health information in the following ways *without your written permission*.

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

**Treat you.** We can use your health information and share it with other professionals who are treating you.

**Healthcare Operations.** We can use and share your health information for running our agency, improving your care, and to contact you when necessary. We can use and share your health information to bill and get payment from health plans or other entities.

**Facility Directory.** We may include your name, location, and a general description of your medical condition in a facility directory. This directory will not be shared with anyone outside of the facility unless you give us permission to disclose it.

This facility \_\_\_ does  X  **does not maintain a directory** at this time.

**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 (business associate).

**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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues such as:**

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

**Food and Drug Administration.** 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.

**Research.** We may use or share your information for health research.

**Decedents.** Your protected health information is no longer protected once you have been deceased more than 50 years. Your information may be disclosed to family members and others who were involved in 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.

**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.

**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.

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

- For workers' compensation claims
- For law enforcement purposes or with law enforcement officials
- For health oversight agencies and 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 to a correctional institution if it is necessary for your care or if the disclosure is required by state or federal laws.

**Student Disclosures (Immunizations).** 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. Written authorization is no longer required to permit this disclosure.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to obtain a signed attestation from the requesting party before disclosing PHI related to reproductive care for certain purposes. This attestation will ensure that the requesting party will not use or disclose PHI for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502(a)(5)(iii).
- 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.

**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 new notice will be available upon request, will be displayed in your living area, and will be uploaded to our website.

## **Other Instructions for Notice**

**If you have any questions and would like additional information, you may contact the Facility Privacy Officer: Sharon Landry at 804-766-3193.**

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

**Tony Davis, Human Rights Advocate      804-524-4463**

**Emma Lowry, Facility Director              804-766-3392**

**Sharon Landry, Facility Privacy Officer    804-766-3193**

**The Secretary of the United States Department of Health and Human Services**

**Toll Free 1-800-368-1019**