

regionten

innovative services for mental health, developmental
disabilities and substance use disorders

a better life, a better community

“Working Together To Enrich our Community One Life at a Time”

Welcome! Thank you for choosing Region Ten Community Services Board to provide you with Mental Health, Intellectual Disability, Substance Abuse and Crisis services.

We hope this packet will answer the questions you have about services and your rights. Needing help can be difficult. We hope now that you've found us, we can help you achieve your treatment and service goals.

Region Ten itself has values and goals. Please read about them below. If you'd like to know more, visit our website at:

www.regionten.org

Affirmed Core Values

Accountability, Empowerment, Community, Respect,
Person-Centeredness/People First and Excellence.

Strategic Goals

Organizational Effectiveness, Services, Advocacy,
Partnerships and Workforce.

Region Ten is a tobacco free campus.

Phone: (434) 972-1800 Toll Free: (866) 694-1605 Fax: (434) 970-1256

SERVICES

Emergency Services	Day Support Services
Psychiatric-Medical Services	Residential Services
Case Management Services	Outpatient Services
Infant Services	Contract Services
Child/Adolescent Services	Crisis Stabilization

EMERGENCIES

Emergency Services are available 24 hours a day. Emergency services are available at all five clinic sites during regular business hours. Call 434-972-1800 or the toll free number for those not local to Charlottesville (866)-694-1605.

APPOINTMENTS

Please call the clinic where you would like to receive services.

Charlottesville/Albemarle: (434)972-1800 TTY (434)220-2842
• Toll Free Number for persons not local to Charlottesville (866) 694-1605

Fluvanna: Route 15, Palmyra VA 22963 (434) 589-8276 TTY (434) 591-0274
Greene: 9963 Spotswood Trail, Stanardsville VA 22973 (434) 481-3890 TTY (434) 481-3890
Louisa: 101 Ashley Street, Louisa VA 23093 (540) 967-2880 TTY (540) 967-4305
Nelson: 71 Tan Bark Plaza, Lovingston VA 22949 (434) 263-4889 TTY (434) 263-8794

Our phone lines are answered by friendly and courteous staff between the hours of 8:30 am and 5:00 pm Monday through Friday. Staff will make every effort to schedule an intake appointment as quickly as possible at a time that is convenient for you. We ask that you call to cancel, if you are unable to keep your appointment.

HOURS OF OPERATION

Hours of operation vary depending on the type of service; however, our standard office hours are 8:30 am – 5:00 pm. Please call ahead to check specific hours.

FEES

There is a fee for all services. Region Ten accepts Medicare, Medicaid and most major health insurance providers. Many services utilize a sliding scale fee for those with no insurance (based on income and the number of household members). If you are unable to pay your fee, our staff will work with you to set up a payment plan. Copies of the fee schedule are available upon request.

TRANSLATION SERVICES

- Region Ten has several forms that are available in Spanish.
- Region Ten has several forms that are available in Braille.
- Persons who are deaf or hard of hearing may access services using the TTY number (434) 220-2842 or by accessing the Virginia Relay System by dialing 711.
- Region Ten has access to translation/interpreter services for a variety of languages, and would be glad to assist you in accessing these services if needed.

YOUR SERVICES

- At your first appointment you will meet with staff to discuss what your needs are for services. Staff will talk with you about your medical and family history, problems you've been having and what you want from Region Ten services.
- After your appointment, if you still need and want services, you will be referred to a primary provider/case manager. This person will work with you to develop a plan (**Individual Service Plan**) for helping you with your needs and goals.
- While you are getting services it is important for you to let staff know how you feel about the care you are receiving, whether you like the services, if they are helping and if you are satisfied with the services. **You may be asked to complete various surveys to help determine your satisfaction with the services you receive(d).**
- As early as possible, we would like for you to help staff develop a plan for what will happen after your services end. We would like for you to tell us what you hope will happen and what life will be like when you are no longer in need of services from Region Ten.
- If you have a general complaint about your services, you may contact Sheri Gauthier, Compliance Services Program Manager at (434) 972-1868.

HEALTH AND SAFETY

- It is important to us that people in our buildings are safe. Please report any safety hazards to staff.
- **If you are asked to evacuate a building, or hear a fire alarm, please:**
 - Remain Calm
 - Stay with your service provider or other Region Ten staff
 - Follow all instructions for leaving the building
 - Do not use an elevator. If you need assistance going up or down the stairs, please let a staff member know.
- We are a tobacco free facility. (Detailed policy available upon request)
- The use of drugs, alcohol, or other illegal substances is prohibited on our property.
- The carrying of firearms, pellet guns, air rifles or other weapons is prohibited on any Region Ten site unless they are in the possession of law enforcement officers or licensed security personnel.
- In an emergency, an individual may be briefly physically restrained to prevent harm to self or others until assistance arrives or the individual demonstrates control.
- The law states that whenever a person is exposed to body fluids of a person served, the person whose body fluids were involved in the exposure shall be tested for infection with HIV.
- The test results will be told to the person who was exposed.

YOUR RIGHTS

Right to Services:

You have the right to ask for services provided by our agency as long as they are appropriate for your needs. You will not be barred from any services based upon race, religion, sex, age, ethnic background, disability, or ability to pay for services. You have the right to be treated in the least restrictive setting to meet your needs.

Dignity:

You have the right to be: treated with dignity, called by your preferred name, free from abuse, neglect, and exploitation and free from un-needed physical restraint or isolation.

Privacy:

You have the right to have all information about you, even that you are receiving services, kept private. If there is a need to share information about you, we will ask for your written permission first, unless the law says otherwise. You may refuse the use of any form of recording device or observation of your activities.

You can see and obtain a copy your records, except if it is determined that would be harmful to you. In that event, you can choose a lawyer, doctor or psychologist to review your records on your behalf.

Right to a Prompt Evaluation:

You have the right to receive a prompt evaluation and, if indicated, admission to an appropriate service. You also have the right to withdraw from any service that you have voluntarily entered.

Participation in Service:

Participating in your treatment is important. Please be open and honest with your service provider. Let them know how you feel about the services you receive. You have the right to: be a part of planning and implementing your individualized service plan (ISP), know about all aspects of your treatment, review your service plan, progress in service and your service needs, refuse any form of treatment unless so ordered by a court of law and to not be part of research projects, without your written and informed consent.

Pay for Work:

You have the right to be paid fairly for the work you do.

Residential Services

You have a number of specific rights, some of which are listed below. You have the right to:

- * A safe and clean environment
- * A nutritional, well-balanced meal
- * Personal belongings
- * Send and receive unopened mail
- * Make and receive, at reasonable hours and your own expense, a reasonable amount of phone calls
- * Attend, or not attend, religious services
- * Receive or refuse visitors, as long as it does not conflict with your service needs, the safety of the program, or the rights of others. Staff reserves the right to ask visitors to leave when warranted.

Your Legal Rights:

You keep all of your legal rights when receiving our services, unless those rights have been limited by a court of law. If you do not know what your legal rights are, ask one of our staff. Don't be afraid to ask...these are your rights!

Right to Consult:

You have the right to consult a private physician, Attorney, Human Rights Advocate, Department of Behavioral Health and Developmental Services, Office of Licensure, or any of Region Ten's oversight agencies. Please ask, if you need a telephone number.

Right to Complain:

If you believe any Region Ten staff member has violated your rights, or that your rights are being denied, you have the right to a fair review of your complaint. You will not suffer any retaliation for voicing your complaint.

You may contact: Your service provider or the Director of your program, Sheri Gauthier, Region Ten, 500 Old Lynchburg Rd., Charlottesville, VA 22903 (434-972-1868), OR the Regional Human Rights Advocate, P.O. Box 2500, Staunton, VA 24401 (1-877-600-7437)

MEDICAID RIGHT TO APPEAL

You may **appeal** any decision that affects your getting Medicaid-covered services. You may contact the Department of Medical Assistance Services, in writing, at the Appeals Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

A written note for an appeal must be filed within thirty (30) days of your getting a notice that your Medicaid services have changed. If you appeal before the date of the service change, services may continue during the appeal process. However, if this decision is upheld by the Appeals Division; you must pay back the Medical Assistance Program for the services provided after the date of the service change. **Whenever a service is ended or you are to receive less service, you must get a written notice of the future change within 10 days, except when:**

1. The change is because of the chance of fraud. Advance notice will then be reduced to five days.
2. Advance notice does not need to be sent if:
 - * You have said in writing that you no longer wish to get Medicaid services;
 - * You know that information you give Medicaid will end your benefits;
 - * You are going to an institution where Medicaid will not pay for the services under the Virginia State Plan for Medical Assistance;
 - * You move to another state and are no longer eligible for Medicaid; or
 - * We don't know where you are living. (Your mail is returned)

YOUR RESPONSIBILITIES

- To provide accurate and honest information and to ask questions about anything you do not understand.
- To clearly communicate your wants and needs in the development of your service plan and to inform your primary provider of any events or concerns that affect your service delivery and needs.
- To actively work on your service plan's goals and objectives.
- To participate in community supports and services that can assist you.
- To be familiar with and follow rules and policies governing your care and conduct.
- To be aware of your rights and grievance procedure.
- To respect other individual's rights, confidentiality, beliefs, and environment.
- To share with us what has gone well with your services at Region Ten, and what might be improved.
- To keep scheduled appointments or telephone in advance to cancel.
- To make a good faith effort to meet your financial obligations.

REGION TEN'S CODE OF ETHICS

Violations of this code should be reported to the Corporate Compliance Officer @ 970-1450. The following are guidelines; they do not address every situation that might arise.

- Employees will promote fair practice and non-discrimination on the basis of race, color, gender, sexual orientation, age, ethnicity, religion, or mental or physical disability.
- Employees will engage in activities that are not physically, emotionally, or verbally abusing to persons served or their family members or guardian.
- Employees will be aware of and avoid personal and professional situations that may hinder judgments in the best interests of a person receiving services, her/his family member(s) or guardian(s).
- Employees will not use relationships for personal or professional gain by:
 - Receiving gifts or favors from, and giving gifts or favors to persons served, their family members or guardians, vendors or referral sources when to do so would be improper.
 - Asking persons served, their family members or guardians to be customers for goods or services the employee may offer for sale on a private basis.
 - Encouraging the transfer of a person to an employee's private practice.
 - Encouraging a person to follow them to another service provider.
 - Recommending that people we serve, their family members or guardians participate in illegal activity.
 - Establishing social relationships with persons we serve, their family members or guardians beyond the expectations of one's job that could compromise the services provided to the person.
 - Allowing persons we serve to visit staff homes.
- Employees who have a service relationship with a person will not have romantic or sexual associations with those persons, their family members or guardians.
- Employees will forego any activity that might violate the legal and/or civil rights of the persons we serve, their family members or guardians.
- Employees will respect the privacy of the persons we serve.
- Employees will provide services for which they have both the abilities and qualifications.
- Employees will refrain from retribution against persons we serve or colleagues for reports of alleged unethical, unprofessional or illegal activity.

PRIVACY NOTICE

This notice describes how medical information about you may be used and how you can get access to this information. Please review it carefully

Region Ten Community Services Board address:
500 Old Lynchburg Road, Charlottesville, VA 22902
Privacy Officer: Genhi Whitmer
Privacy Officer Email Address: genhi.whitmer@regionten.org
Privacy Officer Phone Number: (434) 970-1462

This notice describes how medical information about you may be used and how you can get access to this information. Please review it carefully.

Your Privacy is Important

Persons served at Region Ten Community Services Board (Region Ten) have the right, by state and federal law, to expect that what they tell their service providers remains private. Your Region Ten service(s) record(s) contain personal information about you and your health. This information may identify you and speak of your past, present, and future health and or condition. This information is called “protected health information” or “PHI” for short.

We are required by law to keep your PHI private and to let you know of our practices regarding PHI. We will handle this information only as allowed by federal/state law and agency policy, adhering to the most stringent law that protects your health information.

Your Rights Regarding Your Protected Health Information (PHI)

Right of Access to Inspect and Copy. 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 will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Ask your service provider for more details.

Right to Amend. You can ask to amend health information about you that you think is incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days. Ask your service provider for more details on amending a record.

Right to an Accounting or Disclosures. You can ask for a list (accounting) of the times we’ve 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). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12-months.

Right to Request Restrictions. 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.

Right to 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.

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

Right to Have Someone Act on your Behalf. 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.

Right to File a Complaint. You can complain if you feel we have violated your rights by contacting Sheri Gauthier at (434) 972-1868. 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/. Under HIPAA law, Region Ten or its business associates cannot retaliate against any person 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 to do, and we will follow your instructions. In these cases, you have both the right and the choice to tell us to:

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

If you are not able to tell us your preferences, 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.

How We May Use and Disclose Your Information

Upon signing the agency’s *Consent to Treatment* form, you are allowing Region Ten to **use and disclose** necessary health information about you within the agency and with business associates in order to provide services, collect payments for services provided, and conduct other day to day business practices. The Consent to Treatment form is valid for one year. The HIPAA Privacy Rule permits providers like Region Ten to use and disclose health information when you provide your written consent to receive treatment from a provider. If you receive services from Region Ten for more than one year without stopping treatment, you will need to sign a new *Consent to Treatment* form for each year your case is open in order to continue receiving services at our agency.

The type of health information use you agree to by signing the *Consent to Treatment* form is referred to as “**treatment, payment and operations**” use (also called TPO). This type of use is necessary for Region Ten to provide and bill for services. When we use health information in this way you do not need to provide additional permission each time your information is used while your case is open and you may not be informed each time your information is used in this way.

Treatment, payment and operations use (TPO) includes Region Ten communications with any of our business associates who participate in providing services to you or are involved in business functions related to the services you receive. Examples of business associate relationships include:

Authorization for Disclosure of PHI: Region Ten uses both written and electronic Authorization for Release of Health Information agreement that specifically states what information will be given to whom, for what purpose, and is signed by you or the person legally acting on your behalf. This form is used for disclosures not covered under TPO. We are required to get your written authorization to use or disclose your protected health information when it is shared outside of the agency. Communication and coordination of services with other providers or agencies may be necessary during the course of providing care.

You have the right to change your mind and revoke a signed authorization but the revocation only applies to information disclosed after the date you revoke the authorization. Any information released prior to the date you revoke an authorization is not retractable. All revocations, must be submitted in writing. You have a right to obtain a copy of any authorization forms that you sign.

When Region Ten Cannot Confirm or Deny: If Region Ten employees or business associates are approached with a request for your health care information that we believe to be unauthorized or for which we have no current or active authorization to disclose information signed by you, then *we cannot confirm or deny* either that you are a client of Region Ten or that we possess health care information about you.

If you have needs that require our staff to communicate with others for any purpose, such as transportation or appointment dates and times, please notify us so that we can gain an appropriate authorization for the specific type of communication necessary.

Substance Use Treatment Information: Any information approved for disclosure by a written authorization for disclosure of health information that includes substance use treatment information (including drug screens) may be protected by the Code of Federal Regulations 42, Part 2 which prohibits a recipient of such information from making any further disclosure of alcohol or substance abuse treatment information unless expressly permitted by written authorization of the person to whom it pertains or otherwise permitted by Code of Federal Regulations 42, Part 2. These Federal Regulations also restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Per 42 C.F.R., Part 2, "Treatment, Payment, and Operations, as described above does not apply to any individuals with an SA/SU diagnosis or those who are receiving or referred to SA/SU treatment. In such cases, you will be asked to sign a release of information for any 3rd party who we release your PHI to.

Other Ways Region Ten May Use or Share Your Information

Consultation: In order to effectively provide services, our clinical staff may consult with various service providers within the agency. During consultation, health information about you may be shared. When you receive regionally based services and more than one Community Service Board (CSB) is involved in your care, your health information may be shared among participating providers without your written authorization. However, whenever possible, the coordinating or providing organization will either inform you that information was shared or ask you to authorize the sharing of information. In day-to-day business practices, our trained administrative staff may handle and use your health information when filing documents, storing and securing files and folders, process insurance authorizations, perform billing functions, or assure that your information is current and readily accessible to our clinical staff.

Quality Improvement: As a part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional auditing staff to assure accuracy, completeness and organization. Your health information may also be reviewed during audits by state and private oversight or regulatory entities.

Specialized Government Functions: Region Ten may communicate with state and federal government in certain situations and for certain purposes without your permission. These include: Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission); National Security and Intelligence activities (ex: in relation to protective services to the President of the United States); State Department (ex: medical suitability for the purpose of security clearance); Correctional Facilities (ex: to correctional facility about an inmate); Workers Compensation to facilitate processing and payment; Coroners and Medical Examiners for identification of a deceased person or to determine cause of death. Documentation will be included in your health record of information disclosed without authorization or those not covered under the permissions granted in the *Consent to Treatment Agreement* or by a specific *Authorization for Release of Health Information*.

Breach Notification: The *Health Information Technology for Economic and Clinical Health Act* (HITECH), which is part of the American Recovery and Reinvestment Act of 2009 (ARRA) enacted February 17, 2009, requires that Region Ten notify you if we discover that your health care information is ever disclosed to, accessed by, or used by an unauthorized person or entity. It also applies to disclosures of protected health information, which compromises the security or privacy of the health information. This type of unauthorized exposure to PHI is referred to as a “breach” and applies to Region Ten and its business associates. Region Ten must respond to breach events by notifying any and all clients whose information was accessed or disclosed and notify the federal government by informing the Department of Health & Human Services. In the event of a privacy breach of your health information you will receive formal written notification.

Use or disclosure of protected health information that is incident to an otherwise permissible use or disclosure and occurs despite reasonable safeguards and proper minimum necessary procedures would not be a violation of the *Privacy Rule* pursuant to 45 CFR 164.502(a)(1)(iii) and, therefore, would not qualify as a potential breach. Violations of administrative requirements, such as a lack of reasonable safeguards or a lack of training, do not themselves qualify as potential breaches under this law.

Disposition and Retention of Medical Records Upon Discharge: As directed by the Code of Virginia, Region Ten Community Services Board includes this information to inform you of how we handle medical records of persons who are no longer receiving services from our agency. You are welcome to contact us at the address or phone number listed below if you have any questions. Region Ten’s standard procedure is based on Virginia records retention laws. Region Ten retains medical records for a period of at least six (6) years past the date of discharge. At that time, if there is no indication that the discharged individual is planning to return to our agency to receive services, then the medical records for that individual may be destroyed per Virginia (18VAC85-20-26) which state that practitioners must maintain a patient record for a minimum of six (6) years following the last patient encounter with the following exceptions:

- Records of a minor child, including immunizations, must be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six (6) years from the last patient encounter regardless of the age of the child;
- Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or
- Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

Upon expiration of the retention period, only summary information may be maintained. Summary information includes: person’s name, date of birth, dates of admission to and discharge from Region Ten services, and, the name and address of legal guardian (if applicable).

Special Circumstances: There are certain Federal and State Laws which allow us to disclose PHI about you in certain situations, without your consent, authorization, or opportunity to agree or object. Communication or sharing of information may occur for the following:

- **As required by law** (ex: Virginia Code §32.1-127.1:03, commitment proceedings, court issued subpoenas, etc.)
- **Public Health and Safety Issues** (ex: preventing disease, helping with product recalls, reporting adverse reactions to medications)
- **Research** (ex: We can use or share your information for health research)
- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director** (ex: We can share health information about you with organ procurement organizations)
- **Judicial and Administrative** proceedings (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General)
- **Law Enforcement** purposes (ex: reporting of gun-shot wounds; limited information requested about suspects, fugitives, material witnesses, missing persons; criminal conduct on agency premises)
- **To avert a serious threat to health and safety** (ex: in response to a statement made by client to harm self or another, or substantial property damage)
- **To protect children or incapacitated adults** who are victims of abuse, neglect or exploitation by reporting suspected abuse to the Department of Social Services - Child or Adult Protective Services.

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

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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Privacy Officer and Complaints

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, in our office and on our website.

To make a privacy complaint to the Region Ten Privacy Officer: If you have any questions about privacy or wish to make a privacy related complaint please contact the **Region Ten Privacy Officer** by phone at **(434) 970-1462** or Fax at (434) 293-6781.

To make a privacy complaint to the Regional Human Rights Advocate: If you prefer to contact the Regional Human Rights office to make a complaint, you may do so by calling the Department of Behavioral Health and Developmental Services at **(877) 600-7437**

Federal level privacy complaints: If any individual believes that Region Ten or a Region Ten business associate violated their or someone else's health information privacy rights or committed another violation of the HIPAA Privacy or Security Rules, that individual may file a complaint with the Department of Health and Human Services (HHS), Office of Civil Rights (OCR). OCR can investigate complaints against any covered entity or business associates. Anyone can file a complaint alleging a violation of the Privacy or Security Rule. HHS recommends that individuals making a complaint use the *OCR Health Information Privacy Complaint Form Package* accessible from the HHS website: www.hhs.gov.

Again, under HIPAA law, Region Ten or its business associates cannot retaliate against any person for filing a complaint. You should notify OCR immediately in the event of any retaliatory action. If you mail or fax the complaint, be sure to send it to the appropriate [OCR regional office](#) based on where the alleged violation took place. OCR has ten regional offices, and each regional office covers specific states. Send your complaint to the attention of the OCR Regional Manager. You do not need to sign the complaint and consent forms when you submit them by e-mail because submission by e-mail represents your signature. Individuals may also request a copy of this form from an OCR regional office.

The regional OCR office for Region Ten Community Services Board area is:

OCR Region III office based in Philadelphia covers Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Barbara Holland, Regional Manager, Office for Civil Rights

U.S. Department of Health and Human Services

150 S. Independence Mall West

Suite 372, Public Ledger Building

Philadelphia, PA 19106-9111

Main Line (800) 368-1019 FAX (215) 861-4431 TDD (800) 537-7697 Email: OC-RMail@hhs.gov.

Alternate Federal Contact Information:

Secretary of Health & Human Services

Immediate Office of the Secretary

Hubert Humphrey Bldg.

2000 Independence Ave. SW

Washington, DC. 20201

Consent to Treatment

Region Ten provides Mental Health, Alcohol and Drug, and Intellectual Disability services. The type and extent of services I receive will be determined following a discussion with me and an assessment of which services may benefit me. I will work with my service provider(s) to develop a plan designed to assist me in attaining my goals. I understand that this is a collaborative effort between Region Ten staff and me.

Region Ten may use and disclose necessary health information about me within the agency and with business associates in order to provide services, collect payments for services provided, and conduct other day to day business practices. The HIPAA Privacy Rule permits providers like Region Ten to use and disclose health information when you provide your written consent to receive treatment from a provider.

The type of health information use you agree to by signing this acknowledgement form is referred to as “**treatment, payment and operations**” use (also called TPO). This type of use is necessary for Region Ten to provide and bill for services. When we use health information in this way you do not need to provide additional permission each time your information is used while your case is open and you may not be informed each time your information is used in this way. Treatment, payment and operations use (TPO) includes Region Ten communications with any of our business associates who participate in providing services to you or are involved in business functions related to the services you receive. Examples of business associate relationships include:

- Private providers of services with whom we contract to provide services that are not offered by Region Ten such as: occupational therapist, speech therapist, interpreter services, or temporary clinical, medical, and administrative staff.
- Private organizations such as: administrative consultants, billing and collection agents, financial auditors, or accrediting organizations such as the Commission on Accreditation of Rehabilitation Facilities (CARF).

The CSB will keep my health records in the manner described in HIPAA, Region Ten’s Notice of Privacy Practices (NPP), and 42 C.F.R. Part 2. I understand that Region Ten uses an electronic health record. Information about me will not be disclosed to any other agencies or individuals without my written authorization or the written authorization of my authorized representative. Exceptions may be made, as described in the NPP, such as when there is a clear and imminent danger to myself or others or when disclosure is legally authorized or required. Please see the Notice of Privacy Practices (NPP), which is located in the *Welcome to Region Ten Brochure*, for full information on use and disclosure guidelines. Per 42 C.F.R., Part 2, “Treatment, Payment, and Operations, as described above does not apply to any individuals with an SA/SU diagnosis or those who are receiving or referred to SA/SU treatment. In such cases, you will be asked to sign a release of information for any 3rd party who we release your PHI to.

Some Region Ten programs require a medical screening. I agree to submit to urine screens for drugs and breathalyzer tests for alcohol if deemed appropriate for treatment purposes. I will also participate in medical screenings as required by State/Federal regulations for program placement, i.e. TB testing. I understand that certain Region Ten services will require that I obtain a recent Physical Examination from a physician and that I will provide the results of this examination to Region Ten, if so required.

According to the Code of Virginia, Section 32.1 - 45.1

- A. Whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the patient whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such patient shall also be deemed to have consented to the release of such test results to the person who was exposed. In other than emergency situations, it shall be the responsibility of the health care provider to inform patients of this provision prior to providing them with health care services which create a risk of such exposure.
- B. Whenever any patient is directly exposed to body fluids of a health care provider, or of any person employed by or under the direction and control of a health care provider, in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to

C. For the purposes of this section, "health care provider" means any person, facility or agency licensed or certified to provide care or treatment by the Department of Health, Department of Behavioral Health and Developmental Services, Department of Rehabilitative Services, or the Department of Social Services, any person licensed or certified by a health regulatory board within the Department of Health Professions except for the Boards of Funeral Directors and Embalmers and Veterinary Medicine or any personal care agency contracting with the Department of Medical Assistance Services.

D. "Health care provider," as defined in subsection C of this section, shall be deemed to include any person who renders emergency care or assistance, without compensation and in good faith, at the scene of an accident, fire, or any life-threatening emergency, or while en route therefrom to any hospital, medical clinic or doctor's office during the period while rendering such emergency care or assistance. The Department of Health shall provide appropriate counseling and opportunity for face-to-face disclosure of any test results to any such person.

E. For purposes of this section, if the person whose blood specimen is sought for testing is a minor, and that minor refuses to provide such specimen, consent for obtaining such specimen shall be obtained from the parent, guardian, or person standing in loco parentis of such minor prior to initiating such testing. If the parent or guardian or person standing in loco parentis withholds such consent, or is not reasonably available, the person potentially exposed to the human immunodeficiency virus or hepatitis B or C viruses, or the employer of such person, may petition the juvenile and domestic relations district court in the county or city where the minor resides or resided, or, in the case of a non-resident, the county or city where the health care provider, law-enforcement agency or school board has its principal office or, in the case of a health care provider rendering emergency care pursuant to subsection D, the county or city where the exposure occurred, for an order requiring the minor to provide a blood specimen or to submit to testing and to disclose the test results in accordance with this section.

F. Except as provided in subsection E, if the person whose blood specimen is sought for testing refuses to provide such specimen, any person potentially exposed to the human immunodeficiency virus or hepatitis B or C viruses, or the employer of such person, may petition the general district court of the county or city in which the person whose specimen is sought resides or resided, or, in the case of a nonresident, the county or city where the health care provider, law-enforcement agency or school board has its principal office or, in the case of a health care provider rendering emergency care pursuant to subsection D, the county or city where the exposure occurred, for an order requiring the person to provide a blood specimen or to submit to testing and to disclose the test results in accordance with this section. At any hearing before the court, the person whose specimen is sought or his counsel may appear. The court shall be advised by the Commissioner or his designee prior to entering any testing order. If a testing order is issued, both the petitioner and the person from whom the blood specimen is sought shall receive counseling and opportunity for face-to-face disclosure of any test results by a licensed practitioner or trained counselor.

(1989, c. 613; 1993, c. 315; 1994, cc. [230](#), [236](#); 1997, c. [869](#); 2003, c. [1](#); 2008, cc. [191](#), [339](#); 2009, cc. [96](#), [478](#), [552](#), [813](#), [840](#).)