regionten

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

a better life, a better community

REGION TEN SERVICES

WELCOME

Thank you for choosing **Region Ten Community Services Board (CSB)**. We're honored to support you on your journey toward health, growth, and empowerment.

Our mission statement is: "Working Together to Enrich our Community One Life at a Time"

We hope your time with us is a positive and helpful experience. We're excited to work with you to reach your goals. If you have any questions that aren't answered in this handbook, please ask a staff member—we are always happy to help!

SERVICES

Our team is here to work alongside you in reaching your personal goals. We do this by talking with you during an assessment to understand your concerns, strengths and abilities, and what is important to you. Then we work together to create a plan, called a service or treatment plan that will support your goals.

At Region Ten CSB, we provide a wide range of **mental health**, **developmental disability**, and **substance use** services tailored to meet varying needs. Our services are person-centered; we treat everyone with respect and believe each person is important and has the ability to grow and succeed. If you need the assistance of a translator, please ask staff as Region Ten has access to translation services.

Region Ten offers the following services to the communities of the City of Charlottesville, Albemarle, Fluvanna, Greene, Louisa or Nelson Counties:

- Behavioral Health Services
- Developmental Services (ID/DD)
- Substance Use Services (SUD)
- Emergency Services
- Prevention Services
- Early Intervention

Emergency Services are available at all five counseling center sites during regular business hours. After hours services are available by calling **988**, (434) 972-1800 or toll free (866) 694-1605.

HOURS OF OPERATION

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

FEES AND PAYMENT PLANS

There is a fee for all services. Region Ten accepts Medicare, Medicaid, and most major health insurance providers. If you have health insurance, it is your responsibility to provide Region Ten with this information so that we can bill appropriately for the services you receive. If you do not provide the information, or do not provide it promptly enough for Region Ten to bill your insurance company, you will be responsible for charges.

There are some instances when a specific service may not be covered by your insurance. For those uncovered services and for anyone without health insurance Region Ten uses a sliding scale fee 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.

CONSENT FOR TREATMENT

You will work with your service provider(s) to develop a plan designed to assist in attaining your goals. Please understand that this is a collaborative effort between Region Ten staff and yourself.

Region Ten may 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 Health Insurance Portability and Accountability Act (HIPAA) permits providers like Region Ten to use and disclose health information when you provide your written consent to receive treatment from a provider.

The CSB will keep your health records in the manner described in HIPAA, Region Ten's Notice of Privacy Practices (NPP), and 42 C.F.R. Part 2. Please note that Region Ten uses an electronic health record. Information about you will not be disclosed to any other agencies or individuals without your written authorization or the written authorization of your authorized representative. Exceptions may be made, as described in the NPP, such as when there is a clear and imminent danger to self 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 a SUD diagnosis or those who are receiving or referred to SUD treatment. In such cases, you will be asked to sign a release of information for any 3rd party who we release your PHI to. This release must specifically include the release of drug or alcohol related treatment and cannot be just a release for "all records". SUD records will be released to insurance companies for payment.

Some Region Ten programs require a medical screening. You may be required to submit to urine screens for drugs and breathalyzer tests for alcohol if deemed appropriate for treatment purposes. You may also be required to participate in medical screenings as required by State/Federal regulations for program placement.

HEALTH AND SAFETY

It is important to us that people in our buildings are safe, please report any safety hazards to staff. Our facilities are equipped with security cameras.

To support safety the following items are not permitted in our facilities:

- Tobacco/Nicotine products including smokeless tobacco and smoking simulators. (some exceptions related to Day Support and Residential facilities)

- Drugs, Alcohol, and other illegal substances
- Weapons of any kind, firearms, pellet guns, air rifles, knives, etc.

CODE OF ETHICS

Violations of this code should be reported to Rachel Kozella, Compliance Director, at (434) 972- 1895 or to compliancereviewteam@regionten.org. 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 individuals 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 interest of an individual receiving services, their 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 individuals served, their family members or guardians, vendors, or referral sources when to do so would be improper.
    - Asking individuals served, their family members, or guardians to be consumers 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 relationship with people we serve, their family members or guardians beyond the expectations of one's job that could compromise the services provided to the person.
    - Allowing people, we serve to visit staff homes.

- Employees who have a service relationship with a person will not have romantic or sexual associations with those individuals, their family members or guardians.
- Employees will forego any activity that might violate the legal and/or civil rights of the people we serve, their family members or guardians.
- Employees will respect the privacy of the people we serve.
- Employees will provide services for which they have both the abilities and qualifications.
- Employees will refrain from retribution against people we serve or colleagues for reports of alleged unethical, unprofessional or illegal activity.

WE LOOK FORWARD TO WORKING WITH YOU

Region Ten CSB staff are committed to providing you with quality services, resolving any concerns that you may have and ensuring that your rights are not violated. We look forward to working with you in attaining your goals.

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RIGHTS & RESPONSIBILITIES

OUR COMMITMENT TO EACH OTHER

YOUR RIGHTS

Region Ten strives to provide high quality services. When you participate in services, you retain all of your legal, civil and human rights that are granted to you by federal and state laws. We want to ensure that you know about your rights as a service participant.

You have the right to:

- Be treated with dignity and respect.
- Receive services regardless of race, color, national origin, age, sex, sexual orientation, disability or ability to pay.
- Receive confidential treatment.
- Participate in developing your treatment plan.
- Have your treatment and possible effects explained to you.
- Receive a copy of your records and add corrections.
- Have a prompt review of any complaints you make.
- Be given a copy of your rights and responsibilities.
- Exercise your rights and receive help in doing so.
- File a complaint without retaliation.
- Receive fair pay in CSB employment programs.
- Discuss your diagnosis with your provider.

If you would like a copy of your rights and responsibilities, please ask a staff member at any time.

<u>Medicaid Right to Appeal</u>

You may appeal any decision that affects receiving 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 receiving 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 service provided after the date of service change. Whenever a service is ended or you are you receive less service, you must get a written notice of the future change within 10 days, except when:

The change is because of the chance of fraud. Advance notice will then be reduced to five (5) days.

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)

VIOLATION OF YOUR RIGHTS

If you believe your rights have been violated there are a number of ways to address this:

First discuss the problem with your provider or other staff member in the program. If this does not resolve the problem, ask to speak to a supervisor. By making staff aware of your concerns, it is likely that the problem can be resolved.

If you are uncomfortable talking with program staff or you were unable to resolve your problem by talking with them, you may contact the CSB's human rights advocate at the number listed below. The CSB Human Rights Advocate will offer to speak with you about your complaint, help you exercise your right and work to resolve the problem. The CSB Human Rights advocate will also notify the Virginia human rights advocate of the complaint. You may also contact the Regional Human Rights Advocate at any time at the number listed below.

Region Ten Human Rights Advocate: Rachel Kozella, Compliance Director: (434) 972-1895 or Rachel.Kozella@regionten.org or compliancereviewteam@regionten.org.

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

YOUR RESPONSIBLITIES AS A PROGRAM PARTICIPANT

To make sure our services work well and keep everyone safe, we need everyone to follow some simple rules. This helps keep you, the staff, and other people in the program safe and healthy. The best way to have a good treatment experience is by being involved and working with us. This means helping us keep things safe and following the rules we all agree on:

- To provide accurate and honest information and to ask questions if 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 needs.
- To actively work on your service plan's goals and objectives.
- To avoid behaviors that are disruptive, could cause harm or make others to feel unsafe.
- To participate in community supports and services that can assist you.
- 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.

VIOLATION OF RESPONSIBILITIES

Sometimes, we may need to limit or discontinue treatment services to protect the health and safety of program participants and staff. Each situation may have different solutions and needs depending on the circumstances. Usually, violations are addressed by a meeting with you and your service provider and reviewing or changing the service plan. When this is not successful, or the violation is severe the following process may be followed:

- A verbal or written warning.
- A meeting with a supervisor.
- Temporary suspension of services or adjustment to services until there is reasonable assurance that the behavior in question is resolved and will not happen again. This may involve a Service Participation Agreement.
- Termination of services by the program and/or agency.

If you disagree with the decision, you may request that the program staff review your case.

LEGISLATIVE ADVOCACY

Individuals have many ways in which they may wish to advocate, and one of those options is to contact state and/or local representatives. The following website allows individuals to enter their address to find their local representatives and the contact information for each: https://whosmy.virginiageneralassembly.gov/ . Please use the code below for to take you directly to this link.

Find Your Legislator

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PRIVACY PRACTICIES
CONFIDENTIALITY AND YOUR HEALTH RECORD

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

If you have any questions about this notice, please contact our Privacy Officer.
Privacy Officer: Rachel Kozella
Privacy Officer Email Address: Rachel.Kozella@regionten.org
Privacy Officer Phone Number: (434) 972-1895

This information tells you about your health information and how we keep it safe. As a health care entity, we are required to follow the HIPPA (Health Insurance Portability and Accountability Act) to ensure we maintain the safety of your information. HIPAA explains how we can use or share your health information, who we can share it with, and how we protect it. It also tells you about your rights, like seeing your health information or asking us to fix it. You can say "yes" or "no" to sharing your information with others, unless the law says we have to share it.

OUR DUTIES TO YOU REGARDING YOUR PROTECTED HEALTH INFORMATION

- "Protected health information" is individually identifiable health information. This information includes demographics, for example, age, address, and relates to your past, present, or future physical or mental health and related health care services. Region Ten is required by law to do the following:
- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.

Upon signing the agency's Consent to Treatment, you are allowing Region Ten to use and disclose necessary health information about you within the agency and business associates in order to provide services, collect payments for services, and conduct other day to day business practices. The Consent to Treatment 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 for each year your case is open in order to continue receiving services at our agency.

Authorization for Disclosure of Protected Health Information (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 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 the information disclosed after the date your revoke the authorization. Any information released prior to the date you revoke an authorization is not retractable. All revocation must be submitted in writing. You have a right to obtain a copy of any authorization forms that you sign.

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.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

The following is a description of how we are most likely to use and disclose necessary information about you in order to provide treatment and services, receive payment for provided treatment and services, and conduct our day-to-day operations. Any uses or disclosures not described below require the consumer's authorization.

Treatment
We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with third parties, including Business Associates. For example, we may disclose your protected health information from time-to-time to another CSB, physician, or health care provider who, at the request of your primary staff, becomes involved in your care. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.
In emergencies, we access and disclose your protected health information to provide the treatment you require.

Payment
Your protected health information will be used, as needed, to obtain payment from you, an insurance company, or a third party, for your health care services. This may include certain activities Region Ten might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Your protected health information is not for sale in exchange for remuneration without a valid authorization.

Health Care Operations and Oversight
We may use or disclose, as needed, your protected health information to support our routine activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, audits, licensing, oversight or staff performance reviews, communications about a product or service, and conducting or arranging for other health care related activities. Certain data elements are entered into electronic systems for billing and statistical reporting to the Virginia Department of Behavioral Health and Developmental Services.

OTHER WAYS REGION TEN MAY USE OR SHARE YOUR INFORMATION

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information:

Required by Law
We may use or disclose your protected health information without a release to the extent that the use or disclosure is required by law. The use and disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health
We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to:

1. Prevent or control disease, injury, or disability.
2. Report births and deaths.
3. Report child abuse or neglect.
4. Report reactions to medications or problems with products.
5. Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
6. Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases
We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition. In addition to the above, the law states that whenever a person is exposed to bodily fluids of a person served, the person whose bodily 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.

Legal Proceedings
We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, or other lawful process.

Law Enforcement
We may disclose protected health information for law enforcement purposes, including the following:

1. Responses to legal proceedings
2. Information requests for identification and location
3. Circumstances pertaining to victims of a crime
4. Deaths suspected from criminal conduct
5. Crimes occurring at a Region Ten site
6. Medical emergencies believed to result from criminal conduct

Coroners, Funeral Directors, and Organ Donations
We may disclose protected health information to coroners or medical examiners for purposes of identifying a deceased person or determining the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health

information may be used and disclosed to organizations that handle organ, eye, or tissue donation and transplantation. Protected health information remains protected for 50 years past the time of death. We will disclose information to known people for whom a release of information was present prior to death and to estate executors.

Research
We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the protected health information and (2) approved the research.

Duty to Warn (Criminal Activity)
Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security
Under certain circumstances, we may use or disclose protected health information of individuals who are, or were, Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President, or other authorized persons, or heads of state.

Workers' Compensation
We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

Inmates
We may use or disclose your protected health information if you are an inmate of a correctional facility. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Fundraising
We must include in any fundraising materials we send to you, a description of how you may opt out of receiving any further fundraising communications.

Marketing
In most circumstances, we are required by law to obtain your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with face-to-face communication and promotional gifts of nominal value.

Others Involved in Your Health Care
Unless you object, we may disclose your protected health information to a friend or family member that you have identified as being involved in your health care. We may also give information to someone who helps pay for your care. Additionally, we may also disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or

able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the decision is in your best interest.

Enhancing Your Healthcare
Some agency programs provide the following support to enhance your overall healthcare and may contact you to provide:

1. Appointment reminders by call, automated system or letter,
2. Information about treatment alternatives,
3. Provide telehealth that comply with HIPAA rules.
4. Information about health-related benefits and services that may be of interest to you.

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 15 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 and 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 sixty (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 asked, 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 disclosers (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within twelve (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 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 a 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 Rachel Kozella, Compliance Director, at (434) 972-1895 or Rachel.Kozella@regionten.org or compliancereviewteam@regionten.org. You can file a complaint with the U.S. Department of health and Human Services Offices 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.

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) 972-1895, by email at Rachel.Kozella@regionten.org or by Fax at (434) 972-1864.

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 (804) 382-3889.

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 email 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: OCRMail@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

ACCESSING AND AUTHORIZING DISCLOSURE OF THE RECORDS OF MINORS

Minor Receiving Services Without the Knowledge of a Parent or Guardian: In most cases, if a minor seeks services at the CSB without the knowledge of a parent or guardian, he/she will be asked to include a parent or guardian in the treatment. The minor has the right not to include anyone, in which case the CSB may not contact the parent or guardian or share any information with them. If the minor agrees to treatment for which they are lawfully authorized to consent, the parent is allowed access to the minor's mental health record unless it is determined that disclosure is reasonably likely to cause harm to the child or other person. The parent is not allowed access to the minor's substance use record. The minor may consent to disclosure of either record. A minor over the age of 14 who is receiving SUD services must also authorize release of those records in addition to any parent/guardian permission.

The parent alone may not authorize disclosure of substance use or mental health records when the minor consented to treatment.

Minor Receiving Services With the Knowledge of a Parent or Guardian: If a minor receives mental health services with the knowledge and consent of a parent, the parent and the minor both have the right to access the record and either the parent or minor may authorize disclosure. If a minor receives substance use services with the knowledge and consent of a parent, the parent does not have the right to access or authorize disclosure of records without the minor's authorization.

OBTAINING A COPY OF YOUR RECORDS

Consumers can access their medical records by contacting the Medical Records Department through compliancereviewteam@regionten.org or MedicalRecords@regionten.org or by phone at 434-970-1470, or speak with your case manager. Your records are kept for six years after your last date of service. Minors' records are kept until age 24 and for at least six years from the last date of service. Records will be provided for you unless a physician or psychologist determines that seeing the records may be harmful to you. In this case, only the potentially damaging information will be withheld. You have the right to appeal this decision by seeking a second opinion from an outside provider, at your cost for copies of your records to be sent to the provider. Minors have the right to access their outpatient mental health or substance use records no matter who consented to treatment. Individuals requesting to review their records may be asked to read the record with a provider who will be able to answer any questions.

GROUP CONFIDENTIALITY

Everyone who participates in group services such as support groups, group counseling or while attending any Region Ten programs, must agree to mutual confidentiality. This means that no one may discuss any information about another or let it be known that another person is receiving services.

CONFIDENTIALITY VIOLATIONS

If you believe your confidentiality rights have been violated, please tell your service coordinator or contact the Privacy officer. For more information, consult the Rights and Responsibilities.