Horizon Privacy Notice

Effective Date: April 14, 2003 - Revised: July 5, 2017, July 1, 2023

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.

Your Privacy is Important to Us: Horizon is required by law to protect the privacy of health information, to provide this notice to you, and to abide by the terms of this notice. Horizon reserves the right to change this privacy notice and must notify you if this notice is changed. Individuals served by Horizon will be notified of material changes to the notice during regular updates of the Orientation Guide, via service contact visits, or by mail. By signing the Orientation Checklist upon admission and during regular updates, you acknowledge that this notice was shared with you and that you were provided a copy.

Uses and Disclosures of Protected Health Information

Documentation: Each time you receive services from Horizon, Horizon make a record of the contact. Types of information kept in your record may include written assessments, individual service plans (ISP), progress notes, diagnoses, treatment records, correspondence, and transition or discharge plans.

Minimum Necessary Rule: Horizon and its business associates use the minimum amount of health care information necessary when responding to appropriate needs for information.

Your Consent to be Treated and Permit Sharing of Your Information for Treatment, Payment, and Healthcare Operations: Upon signing the agency's ***Consent to Treat*** form, you are allowing Horizon to use or share your health information to provide direct care to you, provide coordination of services within and outside of the organization, and assist in urgent or emergency situations. For example, Horizon will share health information about you with your insurance provider, doctors, nurses, therapists, other organizations assisting you such as Department of Social Services, housing assistance agencies or companies, other healthcare providers or individuals critical to your care as needed. Horizon may contact you to communicate treatment options and other related benefits or services and to provide feedback on you satisfaction with services.

For Healthcare Operations: Horizon can use and share your health information in writing, verbally, and through release of health records to coordinate a broad range of services appropriate for your care and to contact you when necessary. Horizon may use your health information to review our treatment and services, to perform business planning activities, and to evaluate and improve our staff and the quality of care you receive.

Billing and Payment Use of Your Health Information: To receive payment of services, your health information may be sent to insurance companies, managed care organizations or insurance clearing houses responsible for payment of your fees. You will receive a monthly bill from Horizon for the services you received. is sent to the responsible party you have identified. Talk with your Primary Service Coordinator if you have any questions about your bill.

Email and Text Messages: You may elect to have appointment reminders and other limited service information sent to you by email or text message. Email and text messages could be inadvertently or intentionally intercepted, read, and/or copied by unintended recipients. Let your Primary Service Coordinator know if you have questions about communication through email or text messages or any other means of communication.

Sign In: Horizon may have you sign in when you arrive at one of our facilities. Horizon may also call out your name when Horizon are ready to see you.

Other Ways Horizon May Use Your Health Information

Consultation: In order to effectively provide services, our staff may consult with various service providers within the agency. During consultation health information about you may be shared. Horizon is a Virginia Community Services Board and if 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. In our day-to-day business practices, our administrative staff may handle and use your health information for business operations, facilitate services, process insurance information, perform billing functions, or assure that your information is current and readily accessible to our clinical staff.

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Specific Circumstances for Disclosure: Horizon is allowed by federal and state law in certain circumstances to disclose specific health information about you. Communication or sharing of information may occur for the following:

- **Judicial and Administrative** proceedings including an order from a court, administrative tribunal, legal counsel to the agency, or the Inspector General
- **As required by law** such as court-ordered warrant, Virginia Health Information laws, court ordered treatment, other court order,
- **Mandated Reports** of reported suspected or actual child or adult abuse, neglect, and exploitation to the Department of Social Services.
- **Law Enforcement** purposes such as reporting of gun-shot wounds, limited information requested about criminal suspects, fugitives, material witnesses, missing persons, or criminal conduct on agency premises.
- **Public Health** concerns such as communicable diseases or other exposures that may present potential harm to you**.**
- **Licensing, Certifying, Credentialing, or Accrediting Organizations** for the purpose of audits, investigations, inspections, credentialing, certification, licensure.
- **To avert a serious threat to health and safety** such as a response to a statement made by a client to harm self or another person, or substantial property damage, threats to your environmental stability such as, the potential or actual loss of housing, unsafe housing, or homelessness.

Specialized Government Functions: Horizon may communicate with state and federal government in certain situations and for certain purposes. 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.

Business Associates: Some services are provided by Horizon business associates. For example, Horizon may contract with outside companies to provide nursing services. Horizon may disclose your health information to these companies so that they can perform these services for us. Horizon has a written contract with each of these business associates that require them and their subcontractors to protect the confidentiality and security of your protected health information.

Other Providers: Horizon may disclose health information to health care professionals who have cared or currently caring for you, such as hospitals for their use in your treatment, obtaining payment, or their health care operations.

Individuals Involved in Your Care: Horizon may share or contact a family member, a personal representative, or another person responsible for your care to tell them where you are unless you object.

Fundraising and Marketing: If you are contacted to raise funds for Horizon programs you can tell us not to contact you again. Horizon will not condition treatment or payment on your choice. Unless you give us written permission, Horizon will never sell your information, and Horizon will not share it for marketing purposes other than Horizon internal marketing efforts.

Your Rights Regarding Health Information

Right to Inspect and Copy Your Health Records: You have the right to inspect and receive a copy of your health information. This right is not absolute. In certain situations, access may be denied if a physician or psychologist believes that reviewing your records would result in harm to self or others. Make this request by contacting your Primary Service Coordinator or the

agency's Health Information Department. If denied access, you will receive a timely, written notice of the decision and reason. A copy of this written notice becomes a part of your record. You have the right to gain a copy of any document that you have signed including your treatment plan. You have a right to have a copy sent to another person that you designate. You may request copies of records in an electronic format. If the records are available in electronic format, Horizon will accommodate that request. Otherwise, Horizon will provide an alternative format. You have a right to obtain copies for a reasonable fee. Contact Health Information for details.

Right to Amend Your Health Records: You have the right to ask to amend your health information if you believe our records are inaccurate or incomplete. You must make the request in writing and include a reason for the request. Horizon may deny your request. For example, Horizon may deny a request to amend information that Horizon did not create, or that is accurate and complete. If denied, Horizon will provide you with a written reason for the denial.

Right to Receive an Accounting of Disclosures of Your Health Records:: You have the right to ask for an Accounting of Disclosures. This is a list of times Horizon shared your information for reasons other than treatment, payment, or health care operations, and certain other reasons such as disclosure you asked us to make. You must submit your request in writing. Clients of Horizon are permitted to use one accounting of disclosure list free of charge in any 12-month period. Additional requests made in the same period may result in allowable administrative charges.

Right to Request Restrictions on the USE Your Health Records: You have the right to restrict disclosure of your health information to your health plan for services paid out of pocket in full prior to the services being provided. This restriction applies if the disclosure to the health plan is for purposes of payment or health care operations and the health information relates to the health care item or service for which Horizon has been paid in full prior to the service.

You have the right to request limits on how Horizon share certain health information for treatment, payment, or health care operations. Horizon is not required to agree to your request. For example, Horizon will not be able to meet requests that would interfere with your treatment or billing for services.

Right to Request Alternative Communication: You have the right to request that Horizon communicate with you about medical matters in a particular manner or at a certain location. For example, you may ask that Horizon contact you at home rather than at work. You must make requests for alternative communication in writing.

Breach Notification: Horizon will notify you in writing and take other steps required by law if there has been a breach of, or unauthorized access to your health information.

Right to a Paper Copy of This Notice: You have the right to a printed copy of this Notice.

Right to Complain: You have the right to file a complaint with Horizon and/or the Secretary of the United States Department of Health and Human Services if you believe that Horizon has violated your privacy rights. To complain to Horizon, contact our Client Privacy and Rights Officer at 434-455-3422. You will not be penalized for filling a complaint.

Disposition and Retention of Health Information: As directed by the Code of Virginia and retention requirements as listed in the Records and Retention and Disposition Schedule Number GS-18 for Community Services Boards of the Library of Virginia, Horizon Behavioral Health adheres to the following record retention requirements for client case files. Following the required retention period records may be destroyed in accordance with the requirements of the Code of Virginia.

1. **Client Case Files for Adults:** This series documents treatment and services provided to adult patients, both court ordered and non must be retained for a minimum of ten (10) years after the last action. This series may include but is not limited to authorization/consent to release form, insurance and payment information, raw data used to evaluate clients, summary of prescreening reports, counseling, emergency, medical, or treatment records. COV 54.1-2910.4; 42CFR438.3(u)

2. **Client Case Files for Minors:** This series documents treatment and services provided to minor patients, both court ordered and non is required by the Library of Virginia to be retained until 28 years after birth. This series may include but is not limited to authorization/consent to release form, insurance and payment information, raw data used to evaluate clients, summary of prescreening reports, counseling, emergency, medical, or treatment records. COV 54.1-2910.4; 42CFR438.3(u),

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3. **Case Files: Referred but Not Accepted as Clients:** Retained for a minimum or 2 years.

4. **Claims and Billing Records:** Retained for a minimum or 6 years.

5. **Health Insurance Portability and Accountability Act (HIPAA) Records**: This series documents compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations must be retained for a minimum of six (6) years. This series may include, but is not limited to correspondence, reports, plans, policies, procedures, complaints, disclosure forms, and training material. 45 CFR 164.530(j).

6. **Service Logs:** This series documents the control, scheduling, or monitoring of services provided must be retained for a minimum of 2 years after the last action. This series may include, but is not limited to admission, closing, and crisis/emergency logs.

Substance Use Treatment Information under Federal Code: 42 CFR Part 2 - This regulation provides special protection of the confidentiality of substance use treatment information. All disclosures of this information will be subject to permission from the client, or the exceptions allowed in the regulations. The exceptions are disclosures for research, child abuse and neglect reporting, internal communications, audits, crimes on program premises or against program personnel, medical emergencies, Qualified Service Organizations, and certain court orders. To report any suspected violations, you may contact the United States Attorney's Office at 255 West Main St., Room 130, Charlottesville, VA 22902, or call (434) 293-4283. For any violations by an opioid treatment program, you may contact SAMHSA Center for Substance Abuse Treatment at (866)287-2728 or **infobuprenorphine@samhsa.hhs.gov**.

This Notice of Privacy Practices applies to the following organizations:
Horizon Behavioral Health and Horizon Opportunities, Inc.

You can expect your service provider to discuss all missed appointments with you to determine why you are missing appointments and to plan remedies such as:

- Changing service plans to focus on reducing repeated crises;
- Finding solutions to transportation problems;
- Negotiating changes in services that would make them more valuable to individuals;
- Agreeing to terminate services for individuals who are not yet ready for change; or
- Discussing payment options to make the cost of services more manageable.

Changes to the terms of This Notice: Horizon can change the terms of this notice, and the changes will apply to all information Horizon has about you. The new notice will be available upon request, in our office, and on our web site. Horizon are required by law to maintain the privacy and security of your protected health information. Horizon will let you know promptly if a health record breach or unauthorized access occurs that may have compromised the privacy or security of your information. Horizon must follow the duties and privacy practices described in this notice and give you a copy of it. Horizon will not use or share your information other than as described in this notice unless you tell us Horizon can in writing. If you change your mind let us know in writing.

If you have any questions you may contact:

Judy Hedrick
Phone: 434-455-3422
Horizon Behavioral Health
2215 Langhorne Road
Lynchburg, VA 24501
Email: Judy.hedrick@horizonbh.org.