

# Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

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<b>Purpose</b>	This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
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<b>Applicability</b>	This notice pertains to individuals receiving covered services. All vocational rehabilitation services for which Federal funding is provided are considered covered services under the Health Insurance Portability and Accountability Act (HIPAA).
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<b>Privacy Notice</b>	<p>Please review this information carefully. Rappahannock Goodwill Industries, Inc. (RGI) understands that the medical information about you and your health is personal. Protecting that information is important to us. We are required by law to maintain the privacy of protected health information and to provide you with a notice of our legal duties. We will use and disclose your protected health information only as allowed or required by state and federal laws.</p>
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If at any time, you believe your privacy rights have been violated, you have the right to file a complaint. RGI's Chief Compliance Officer (CCO) is charged with responsibility for all compliance issues, including those with respect to HIPAA. You or your authorized representative may contact:

- Donald K. Tolson  
Rappahannock Goodwill Industries  
Chief Compliance Officer  
4701 Market St., Suite A  
Fredericksburg, VA 22408  
540.371.3070 ext. 221  
[donnie.tolson@fredgoodwill.org](mailto:donnie.tolson@fredgoodwill.org)

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<b>Your Rights</b>	<p><b>You have the right to:</b></p> <ul style="list-style-type: none"><li>• Get a copy of your paper or electronic medical record</li><li>• Correct your paper or electronic medical record</li><li>• Request confidential communication</li><li>• Ask us to limit the information we share</li><li>• Request a list of those with whom we've shared your information</li><li>• Get a copy of this privacy notice</li><li>• Choose someone to act for you</li><li>• File a complaint if you believe your privacy rights have been violated</li></ul>
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**See pages 2 and 3** for more information on these rights and how to exercise them

<b>Your Choices</b>	<p><b>You have some choices in the way that we use and share information as we:</b></p> <ul style="list-style-type: none"> <li>• Tell family and friends about your condition</li> <li>• Provide disaster relief</li> <li>• Include you in a hospital directory</li> <li>• Provide or obtain mental health care on your behalf</li> <li>• Market our services</li> <li>• Raise funds</li> </ul> <p><b>See pages 3 and 4</b> for more information on these choices and how to exercise them</p>
<b>Our Uses and Disclosures</b>	<p><b>We may use and disclose your information as we:</b></p> <ul style="list-style-type: none"> <li>• Treat you</li> <li>• Run our organization</li> <li>• Bill for your services</li> <li>• Help with public health and safety issues</li> <li>• Do research</li> <li>• Comply with the law</li> <li>• Respond to organ and tissue donation requests</li> <li>• Work with a medical examiner or funeral director</li> <li>• Address workers' compensation, law enforcement, and other government requests</li> <li>• Respond to lawsuits and legal actions</li> </ul> <p><b>See pages 4 and 5</b> for more information on these uses and disclosures</p>
<b>Your Rights</b>	<p>When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.</p>
<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>• We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>• We may deny your request, but we will tell you why in writing within 60 days.</li> </ul>
<b>Request</b>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or</li> </ul>

**confidential communication**

office phone) or send mail to a different address.

- We will not deny reasonable requests.
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**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree with your request, and we may deny your request 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 grant your request unless otherwise required by law.
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**Get a list of those with whom we've shared information**

- We will not use or share your health information other than as permitted or without your signed consent.
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**Get a copy of this privacy notice**

- You can request a paper copy of this notice at any time, even if you have agreed to receive this notice electronically.
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**Choose someone to 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 on your behalf before we take any action.
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**File a complaint if you feel your rights have been violated**

- You can complain if you feel we have violated your rights. Contact us using the information on page 1.
  - 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.
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**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 information in the situations described below, tell us.

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**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
  - Share information in a disaster relief situation.
  - Include your information in a hospital directory.
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*If you are not able to tell us your preference, 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 or imminent threat to health and safety.*

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**In these cases we never share your information without your written permission**

- Marketing purposes.
- Sale of your information. We will never sell your information!
- Most sharing of psychotherapy notes.

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
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**Our uses and disclosures**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

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**Treatment**

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

**Example:** A doctor who is treating you for an injury can ask another doctor about your overall health condition.

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**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

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**Bill for services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public benefit, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

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**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing the spread of disease
- Helping with product recalls
- Reporting adverse reactions to medications

- Reporting suspected abuse, neglect, exploitation, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety
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**Conduct research**

- We can use or share your information for health research
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**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to ensure that we're complying with federal privacy law.
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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.
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**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security and presidential protective services.
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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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# Notice of Privacy Practices

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**Acknowledgement of Receipt** By signing this document, I acknowledge that I have received a copy of Rappahannock Goodwill Industries' Notice of Privacy Practices.

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\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RGI Use Only:

Date acknowledgement received: \_\_\_\_\_

-Or-

Reason acknowledgement was not obtained: \_\_\_\_\_

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