

Richmond Behavioral Health Authority (RBHA)

Notice of Privacy Practices

Effective: 2/16/2026

HIPAA STATEMENT

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

42 C.F.R. PART 2 STATEMENT

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH YOUR RBHA PROVIDER IF YOU HAVE ANY QUESTIONS.

I. WHO WE ARE

This Notice describes the privacy practices of RBHA (“We” or “Us”), and our medical staff, employed or contracted doctors, nurses, employees and other workforce member. This Notice applies to all services that are provided to you at any RBHA program and/or facility.

II. WHY YOU NEED THIS NOTICE

When you receive services from us, we may create, collect and maintain information about you such as your medical record, billing record and other information related to the care and services we may provide to you. We need this information to provide

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you with the appropriate level of care and also to comply with certain legal obligations we may have. We are required by law to provide you with this Notice of our legal duties and privacy practices with respect to certain health information that we maintain about you.

The Health Insurance Portability and Accountability Act of 1996 (**HIPAA**), as amended by the Health Information Technology for Economic and Clinical Health Act and the laws of the State of Virginia place certain obligations upon us with regard to your protected health information and require that we keep private and confidential any such information that identifies you. If you receive services from our dedicated substance use disorder (SUD) program ("**Part 2 Program**") and your record contains SUD information protected by Part 2 (your "**Part 2 Record**"), the federal Confidentiality of Substance Use Disorder Patient Records regulations at 42 C.F.R. Part 2 ("**Part 2**") place certain **additional** obligations upon us with regard to your Part 2 Record and requires that we keep private and confidential any such SUD information that identifies you.

Under these laws, we may not use or disclose your protected health information or Part 2 Record except as allowed by law. We take this obligation and your privacy seriously. When we need to use or disclose your protected health information or Part 2 Record, we will comply with the terms of this Notice. Anytime we are permitted to or required to share your protected health information or Part 2 Record outside of RBHA, we only provide the **minimum amount necessary** to respond to the need or request, unless otherwise permitted or required by law.

III. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION

Note: *the following applies only to our use and disclosure of your protected health information, generally. If you receive services from a Part 2 Program, your Part 2 Record may not be used and disclosed, in whole or in part, without your written consent except as is described in Section IV. below. In addition, state law may require us to obtain your specific consent before we can use or disclose certain special categories of health information about you, like reproductive health information. Those special categories of information are described below in Section V.*

We are permitted by law to use and disclose your protected health information without your written or other form of Authorization under certain circumstances. This means that we do not have to ask you before we use or disclose your protected health information for purposes listed below.

Treatment. We may use and disclose your protected health information in order to provide you with medical treatment or services. We will record your name, your diagnosis and other information in order to determine the best course of treatment

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for you. It may be necessary for other staff within RBHA or other health care providers that are providing you with treatment to know this information in order to provide you with appropriate treatment. For example, one of our specialists may send your primary care doctor medical information from your latest visit.

Payment. We may use and disclose your protected health information in order to bill for and get payment for the services we provide to you. For example, we may send your information to your health insurance company for payment of the services we provided. We may also send your information to our billing company to be in touch with you regarding any payment issues.

Health Care Operations. We may use and disclose your protected health information for our internal administration and planning and activities to improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use your protected health information to evaluate the quality and competence of our staff. We may also contract a third party to use your protected health information to help us perform such operations for and on our behalf.

Public Health Activities. We may disclose your protected health information for certain public health activities only to the extent required by law, including to the FDA, for communicable disease reporting, to report child abuse or neglect to public health authorities, or other government authorities authorized by law to receive such reports.

Health Oversight Activities. We may disclose your protected health information to clinical records audit teams, and to monitoring and site review staff designated by the Virginia Department of Health or Department of Human Services, the Office of Legislative Services, the federal Centers for Medicaid and Medicare Services, and for certain other audit activities permitted or required by law. We may also disclose your protected health information to a person participating in a Professional Standards Review Organization or to a health oversight agency that monitors the health care system and ensures compliance with the rules of government health programs, such as Medicare or Medicaid.

Victims of Abuse, Neglect or Domestic Violence. In most circumstances, we may release protected health information upon request to the Virginia Division of Youth and Family Services or other appropriate public health authority or government authority authorized by law to receive reports of such abuse, neglect, or domestic violence in connection with investigations and reports of such.

Judicial or Administrative Proceedings; Court Orders. We may disclose your protected health information in certain circumstances related to judicial or administrative proceedings. We may also disclose your protected health information in response to a court order.

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Law Enforcement Officials. Certain protected health information may be released where directly relevant to crimes or threats of crime committed on RBHA property or against RBHA personnel. We may also release protected health information to law enforcement officials under other circumstances to the extent permitted by law.

Decedents. We may disclose your protected health information to coroners or officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies, pursuant to the estate administrator/executor or next of kin indicated in your patient record.

Eye, Tissue, Organ Donations. We may use and disclose your protected health information related to eye, tissue or organ donations.

Research. We may use and disclose your protected health information for limited research purposes. In most circumstances, however, your written authorization will be required to conduct research using your protected health information.

Disclosures to avert a serious threat of harm. We may use and disclose your protected health information if we have a good faith belief that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or if necessary for law enforcement to identify or apprehend an individual.

Specialized Government Functions. We may use and disclose your protected health information in limited circumstances for specialized government functions, such as military and veterans activities, national security, intelligence activities, protective services for the President, Department of State medical suitability determinations, or related to correctional institution and custodial situations.

Workers Compensation. We may use and disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

As Required or Permitted by Law. We may use or disclose your protected health information in any other circumstances other than those listed above where we would be required or permitted by state or federal law or regulation to do so.

IV. USES AND DISCLOSURES OF YOUR PART 2 RECORD THAT DO NOT REQUIRE YOUR WRITTEN CONSENT.

We are permitted by law to use and disclose your Part 2 Record without your written or other form of consent only in very limited circumstances as described below. This means that we do not have to ask for your consent before we can use or disclose your Part 2 Record for the purposes listed below.

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Treatment, Payment and Business Operations (TPO): RBHA will obtain a single written consent for all current and future uses and disclosures of such Part 2 Record we may need to make for treatment purposes unless otherwise permitted by Part 2. **HOWEVER**, if we receive substance use disorder (SUD) information about you from another health care provider, including a health care provider who is subject to Part 2, and you have authorized such provider to make disclosure of your SUD information for treatment, payment and health care operations purposes, we are permitted to use and disclose such information as permitted by HIPAA and described in this Notice *without* the need for any such additional consent from you.

Public Health Activities: We may disclose your protected health information for certain public health activities only to the extent required by law, including to the FDA, for communicable disease reporting, to report child abuse or neglect to public health authorities, or other government authorities authorized by law to receive such reports. To the extent the public health authority requires, or Part 2 Record would be contained in protected health information disclosed to such public health authority, the information may need to be de-identified - that is, all specific information that identifies you as having had or having a SUD condition may be removed from your record before it is shared if required by Part 2.

Health Oversight Activities: We may disclose your protected health information to clinical records audit teams, and to monitoring and site review staff designated by the Virginia Department of Health or Department of Human Services, the Office of Legislative Services, the federal Centers for Medicaid and Medicare Services, and for certain other audit activities permitted or required by law. We may also disclose your protected health information to a person participating in a Professional Standards Review Organization or to a health oversight agency that monitors the health care system and ensures compliance with the rules of government health programs, such as Medicare or Medicaid. Disclosure of any Part 2 Record in these circumstances may be subject to additional restrictions.

Victims of Abuse, Neglect or Domestic Violence: In most circumstances, we may release protected health information upon request to the Virginia Division of Youth and Family Services or other appropriate public health authority or government authority authorized by law to receive reports of such abuse, neglect, or domestic violence in connection with investigations and reports of such. Disclosure of any Part 2 Record in these circumstances may be subject to additional restrictions.

Judicial or Administrative Proceedings; Court Orders: We may disclose your protected health information in certain circumstances related to judicial or administrative proceedings. We may also disclose your protected health information in response to a court order. For protected health information containing your Part 2 Record, a court order accompanied by a subpoena requesting the Part 2 Record will generally be required. Your Part 2 Record will only be used or disclosed based on a

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court order after notice and an opportunity to be heard is provided to you unless otherwise required by 42 U.S.C. 290dd-2 and Part 2.

Law Enforcement Officials: Certain protected health information may be released where directly relevant to crimes or threats of crime committed on RBHA property or against RBHA personnel. We may also release protected health information to law enforcement officials under other circumstances to the extent permitted by law. Disclosure of any Part 2 Record in these circumstances may be subject to additional restrictions.

Decedents: We may disclose your protected health information to coroners or officials within the offices of the State Medical Examiner or a County Medical Examiner making investigations and conducting autopsies, pursuant to the estate administrator/executor or next of kin indicated in your patient record. Disclosure of any Part 2 Record in these circumstances may be subject to additional restrictions.

Research: We may use and disclose your protected health information for limited research purposes. In most circumstances, however, your written authorization will be required to conduct research using your protected health information. Disclosure of any Part 2 Record in these circumstances may be subject to additional restrictions.

Medical Emergencies: Although generally we do not need your consent to use or disclose your protected health information for treatment purposes, we may disclose information in your Part 2 Record to medical personnel in the event of a medical emergency to the extent we cannot obtain your consent. If required by Part 2, we will document the disclosure in your records with the name of the personnel to whom the disclosure was made and their affiliation with a health care facility, the name of the person making the disclosure, the date and time of the disclosure, and the nature of the emergency.

As Required by Court Order: We may use or disclose your protected health information in any other circumstances other than those listed above where we would be required or permitted by state or federal law or regulation to do so.

V. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION AND/OR CONSENT.

In general, we will need your **specific written authorization** to use or disclose your protected health information for any purpose other than those listed above in Section III. For example, we would need your written authorization to disclose psychotherapy notes. Likewise, we may need you to authorize us to send you marketing materials or fundraising communications. Certain categories of sensitive information subject to special protection ("Sensitive Information") may also require a separate written

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authorization. If applicable law requires us to obtain a written authorization prior to making a use or disclose of Sensitive Information for a purpose that is described in this Notice, we will obtain such authorization from you before making such use or disclosure.

We will seek your **specific written authorization and/or consent** for *at least* the following **unless** the use or disclosure is otherwise permitted or required by law:

Treatment, Payment and Health Care Operations by Part 2. If you receive services from our Part 2 Program and your protected health information contains a Part 2 Record, we will generally obtain a single written consent for all **current and future** uses and disclosures of such Part 2 Record we may need to make for treatment, payment and business operation purposes unless otherwise permitted by Part 2. This may include disclosing diagnosis, lab and other test results and progress notes to other providers involved in your care, sending your information to our billing company or insurance companies that provide payment for the services, and using your information internally to train our staff or to internally improve the services provided by us. This information may be further disclosed to another Part 2 provider, a covered entity, or a business associate/qualified service organization to the extent permitted under HIPAA and Part 2. **HOWEVER**, if we receive substance use disorder (SUD) information about you from another health care provider, including a health care provider who is subject to Part 2, and you have authorized such provider to make disclosure of your SUD information for treatment, payment and health care operations purposes, we are permitted to use and disclose such information as permitted by HIPAA and described in this Notice *without* the need for any such additional consent from you.

Restrictions on Use of Part 2 Record: Your Part 2 Record or testimony relaying the content of such records **may NOT** and **shall NOT** be disclosed by us for the purposes of any civil, criminal, administrative or legal proceedings against you unless you have provided your written consent or pursuant to a court order. Any court order must be accompanied by a subpoena or similar legal mandate compelling disclosure.

Part 2 SUD Counseling Notes: We must obtain your separate written consent prior to disclosing any SUD Counseling Notes which may be contained within your Part 2 Record unless otherwise permitted by Part 2. An authorization for disclosure of SUD Counseling Notes may not and will not be combined with any other authorization.

Fundraising for Our Part 2 Program: We must obtain your separate written consent prior to using or disclosing any part of your Part 2 Record for fundraising purposes. Additionally, we will first provide you with a clear and conspicuous opportunity to elect to not receive fundraising communications (i.e., to “opt out” of such communications) before we use or disclose any part of your Part 2 Record to fundraise for the benefit of our Part 2 Program.

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Psychotherapy notes: We must obtain your specific written authorization prior to disclosing any psychotherapy notes unless otherwise permitted by law. An authorization for disclosure of psychotherapy notes may not be combined with any other authorization.

Use or disclosure of protected health information related to Reproductive Health Care: Virginia law, specifically amendments to the Virginia Consumer Protection Act (VCPA) which was effective July 1, 2025 (via SB 754), heavily restricts collecting, using, selling, or sharing reproductive or sexual health information without explicit, affirmative consent of the individual. This applies broadly to many businesses, not just traditional healthcare providers, and creates strong private rights of action for consumers. This law defines such information widely (including location, purchase history, derived data) and requires clear consent beyond simple privacy policy acceptance, giving consumers avenues to sue for damages if violated. **NOTE: Consent** requires "freely given, specific, informed, and unambiguous agreement" demonstrated by an "affirmative act," meaning generic consent is insufficient.

We may require your explicit consent in writing to disclose Reproductive Health Care Services information in any civil action or proceeding preliminary thereto or in any probate, legislative or administrative proceeding unless an exception applies under applicable law, and, you have a right to withhold such written consent.

Unless you give your specific written authorization, we will generally not be permitted to use or disclose your protected health information (1) to conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; (2) to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or (3) to identify a person for any purpose described in subsections (1) and (2) above.

HIV/AIDS information: Virginia law heavily protects HIV/AIDS information confidentiality under Virginia Code § 32.1-36.1, allowing civil suits for unauthorized disclosure, but also has modern exceptions and *deemed consent* rules (Code § 32.1-45.1) for healthcare/first responders, alongside broad consent requirements for digital data with laws like SB 754. Since 2021, Virginia repealed HIV-specific *criminal* transmission laws, shifting focus to general statutes and requiring proof of intent/actual infection for prosecution, removing mandatory disclosure before sex. **Consent:** Generally, HIV info requires the individual's consent for release, with specific rules for healthcare providers, research, and public health, generally requiring **written** authorization. **In most cases, RBHA will NOT release any of your HIV/AIDS related information unless you have signed an authorization expressly stating that we may do so.**

Sexually transmitted disease information: Virginia law protects Sexually Transmitted Disease (STD) information through new broad consent rules for companies (effective July 2025) under SB 754, requiring explicit opt-in consent for sharing reproductive/sexual health data, and maintains criminal penalties for

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intentional transmission, though it focuses on intent. RBHA must inform individuals about STDs and reporting requirements, while specific rules allow minors to consent to care and anonymous testing is available. In most cases, we will not release any of your protected health information that identifies you as having had or having a sexually transmitted disease unless you have signed an authorization expressly stating that we may do so.

Tuberculosis Information: In most cases, RBHA will not release any of your protected health information that identifies you as having or being suspected of having tuberculosis (TB) unless you have signed an authorization expressly stating that we may do so or otherwise permitted by law.

Mental health information: RBHA may be required to obtain your specific written authorization prior to disclosing certain mental health information unless otherwise permitted by law.

Genetic information: RBHA may be required to obtain your specific written authorization prior to obtaining or retaining your genetic information, or using or disclosing it for treatment, payment or health care operations and other purposes. We may use or disclose your genetic information without your written authorization only as permitted by law, such as for paternity tests for court proceedings, newborn screening requirements, identifying a body or otherwise authorized by a court order.

Information related to emancipated treatment of a Minor: If you are a minor who has sought emancipated treatment from RBHA, such as treatment related to your pregnancy or treatment of your child, or a sexually transmitted disease (STD), or outpatient behavioral mental health, we must obtain your specific written authorization prior to disclosing any of this information to another person, including your parent or guardian, unless otherwise permitted or required by law.

Marketing activities: **We must obtain your specific written authorization in order to use any of your protected health information to mail or email you marketing materials.** However, we may provide you with marketing materials face-to-face without obtaining authorization, in addition to communicating with you about services or products that relate to your treatment, case management, or care coordination, alternative treatments, therapies, providers or care settings. If you do provide us with your written authorization to send you marketing materials, you have a right to revoke your authorization and may do so at any time for future marketing communications. If you wish to revoke your authorization, please contact the **Health Information Management Supervisor** Department at **804-819-4208**.

Activities where we receive money for exchanging protected health information: For certain activities in which RBHA would receive money (remuneration) directly or indirectly from a third party in exchange for your protected health information, we must obtain your specific written authorization prior to doing

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so. However, we would not require your authorization for activities such as for treatment purposes. You have a right to revoke your authorization at any time. If you wish to revoke your authorization, please contact the **Health Information Management Department Supervisor** at **804 819-4208** or in writing at **Health Information Management Department at 107 South 5th Street Richmond, VA 23219.**

VI. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect/Copy: You have the right to inspect and request copies of your protected health information maintained by RBHA. For protected health information that we maintain in any electronic designated record set, you may request a copy of such protected health information in a reasonable electronic format. However, under limited circumstances, you may be denied access to a portion of your records. For example, where your medical record contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Please contact the Health Information Management Department if you would like to inspect or request copies of your protected health information from us. We may charge you a reasonable fee for paper copies of your protected health information or the amount of our reasonable labor costs for a copy of your protected health information in an electronic format.

Right to Confidential Communication: You have the right to make a reasonable written request to receive your protected health information by alternative and reasonable means of communication or at alternative reasonable locations.

Right to Receive Paper Copy of this NPP: You may, at any time, request a paper copy of this Notice, even if you previously agreed to receive it by email or other electronic format. Please contact your provider to obtain a paper copy.

Right to Notice of Breach: We take very seriously the confidentiality of your protected health information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving, or potentially involving, your protected health information and inform you of what steps you may need to take to protect yourself.

Right to Request Additional Restrictions: You have the right to request restrictions be placed on certain uses and disclosures of your protected health information. Although we carefully will consider all requests for additional restrictions on how we will use or disclose your protected health information, we are not required to grant your request **unless** your request relates *solely* to disclosure of your protected health information to a health plan or other payor for the *sole purpose of payment or health care operations for a health care item or service that you or your representative have paid us for in full and out-of-pocket.* Requests for restrictions

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must be in writing. Please contact the RBHA Privacy Office if you wish to request a restriction.

Right to Request Amendment: You may request that we amend, or change, your protected health information that we maintain by contacting the **Health Information Management Department** will comply with your request **unless:**

- We believe the information is accurate and complete.
- We maintain the information you have asked us to change but we did not create or author it, for example, your medical records from another doctor were brought to us and incorporated into your medical records with our doctors.
- The information is not part of the designated record set or otherwise unavailable for inspection.

Requests for amendments must be in writing. Please contact the Privacy Office if you wish to request an additional restriction on the use/disclosure of your protected health information.

Right to Revoke Authorization: You may at any time revoke your authorization, whether it was given verbally or in writing. You will generally be required to revoke your authorization **in writing** by contacting your provider. Any revocation will be granted except to the extent we may have taken action in reliance upon your authorization.

Right to Accounting of Disclosures: You may request an accounting of certain disclosures we have made of your protected health information within the period of six (6) years from the date of your request for the accounting. With respect to your electronic Part 2 Record, you may request an accounting of disclosures for treatment, payment and health care operations which we made through an electronic medical record for a period of three (3) years from the date of your request. The first accounting you request within a period of twelve (12) months is free. Any subsequently requested accountings may result in a reasonable charge for the accounting statement. Please contact the Health Information Management Department if you wish to request an accounting of disclosures. We will generally respond to your request in writing within thirty (30) days from receipt of the request.

Right to List of Disclosures through Intermediary: If we make disclosures of your Part 2 Record using an intermediary (a special kind of entity that receives Part 2 Record pursuant to your consent that enables the exchange of Part 2 Record among participating treating providers), you may request in writing a list of disclosures made through such Intermediary for a period of three (3) years from the date of your request. We will generally respond to your request in writing within thirty (30) days from receipt of the request.

Right to Elect out Fundraising Communications: You may elect to opt out of receiving fundraising communications from us.

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Right to Copies of this Notice: You have the right to request a copy of this Notice electronically or on paper. You have the right to discuss this Notice with our Privacy Office at any time.

VII. INFORMATION REGARDING THE LENGTH AND DURATION OF THIS NOTICE

This Notice is effective as of **2/16/2026** RBHA will abide by the terms of this Notice as is currently in effect, however, we may change this notice at any time. Changes to this Notice will apply to all protected health information that we maintain. However, if we do change this Notice, we will only make changes to the extent permitted by law. We will also make the revised Notice available to you by posting it in a place where all individuals seeking services from us will be able to read the Notice as well as on our website at RBHA.ORG. You may obtain the new Notice in hard copy or electronic copy as well from your provider.

VIII. COMPLAINTS/ADDITIONAL INFORMATION

You may contact our Privacy Office at any time if you wish any additional information or have questions concerning this Notice or your protected health information. If you feel that your privacy rights have been or may have been violated, you may also contact our Privacy Office **OR** file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. **We will NOT retaliate against you if you file a complaint with us or the Office of Civil Rights.** If you wish to file a written complaint with the Office of Civil Rights, please contact the Privacy Office and we will provide you with the contact information.

Violation of Part 2 is a crime. Suspected violations of Part 2 may be reported to the United States Attorney in the district where the violation occurs.

IX. OUR CONTACT INFORMATION

You may contact us with any concerns or for additional information regarding our privacy practices by calling or writing to the Privacy Office at:

Richmond Behavioral Health Authority

Quality and Standards Division

420 East Cary St.

Richmond, VA 23219

804-819-4000