



NOTICE OF PRIVACY PRACTICES

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.

ABOUT THIS NOTICE

Heart Havens, Inc. (“Heart Havens”) is strongly committed to protecting your health information. Heart Havens creates and maintains records of the treatment and services that you receive, and we must keep such records to comply with legal requirements. We are required by law to maintain the privacy of your protected health information and provide you with this Notice of Privacy Practices (“Notice”) that describes our legal duties and privacy practices with respect to your protected health information. The law requires Heart Havens to abide by the terms of this Notice.

“Protected health information” refers to information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

If you have any questions about this Notice, please contact Jennifer Boyden, CEO at Jennifer.boyden@hearthavens.org.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made by Heart Havens. Heart Havens may, however, never have a reason to make some of these disclosures.

TREATMENT

We may use and disclose your protected health information to provide, coordinate, or manage your health care treatment and any related services. We may also disclose your protected health information to other third party providers involved in your health care. For example, your protected health information may be provided to a physician or other health care provider, such as a specialist or laboratory, to whom you have been referred to ensure that the physician or health care provider has all of the information required to treat you.

PAYMENT

We may use and disclose your protected health information so that the treatment and health care services you receive may be billed to you, your insurance company, a government program, or third party payors. For example, we may provide Medicaid with medical information about the health care services provided to you for reimbursement purposes.



HEALTH CARE OPERATIONS

We may use and disclose your protected health information for health care operation purposes. For example, we may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. We may also disclose information to doctors, nurses, technicians and other personnel for educational and learning purposes.

We will use and disclose your protected health information as otherwise allowed by law. Examples of those uses and disclosures are as follows:

REQUIRED BY LAW

We may use or disclose your protected health information to the extent that such use or disclosure is required by law. Any such uses or disclosures will be made in compliance with applicable law. You will be notified of any such uses or disclosures, as required by law.

PUBLIC HEALTH

We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.

ABUSE OR NEGLECT

We may disclose your protected health information to a public health authority or other appropriate government authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we reasonably believe that you are a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence. Any disclosure will be made consistent with the requirements of federal and state law.

FOOD AND DRUG ADMINISTRATION (“FDA”)

We may disclose to the FDA your protected health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement, as required by law.

COMMUNICABLE DISEASES

We may disclose your protected health information, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.



HEALTH OVERSIGHT

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections as well as licensure purposes.

LEGAL PROCEEDINGS

Consistent with applicable law, we may disclose your protected health information in the course of a judicial or administrative proceeding. If you are involved in a lawsuit or other legal dispute, we may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other legal process.

LAW ENFORCEMENT

Consistent with applicable law, we may disclose your protected health information for certain law enforcement purposes, such as in response to a court or administrative order, subpoena, discovery request, or other legal process. We may also release information about wounds made by certain weapons, criminal conduct at our facilities, or a death we believe may have been related to criminal act.

FUNERAL DIRECTORS, CORONERS AND MEDICAL EXAMINERS

We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, to permit the funeral director to carry out his or her duties. We may disclose such information prior to, and in reasonable anticipation of, death.

ORGAN PROCUREMENT ORGANIZATIONS

Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplantation.

RESEARCH

Under certain circumstances, your protected health information may be used or disclosed for research purposes. All research projects involving such information must be approved through a special review process to protect patient confidentiality. A researcher may have access to your protected health information only through the special review process or with your written permission.



SERIOUS THREATS TO HEALTH OR SAFETY

Consistent with applicable law, we may use or disclose your protected health information if we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of another person or the public.

MILITARY ACTIVITY AND NATIONAL SECURITY

We may use or disclosure your protected health information for special government functions such as military, national security, and presidential protective services. If you are a member of the armed forces, we may release information about you as required by military command authorities.

WORKERS' COMPENSATION

We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

BUSINESS ASSOCIATES

We may disclose your protected health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. To protect your health information, we require business associates to appropriately safeguard your information.

FUNDRAISING ACTIVITIES

We may contact you as part of a fundraising effort. You have the right to opt out of receiving fundraising communications by providing a written request to Sara Becker at sara.becker@hearthavens.org.

OTHERS INVOLVED IN YOUR CARE

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify a family member, personal representative or any other person that is responsible for your care of your general condition, status, and location. We may also use or disclose your protected health information to an authorized public or private disaster relief organization to coordinate your care or to notify your family or friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to these disclosures when practical.



COMMUNICATION REGARDING TREATMENT ALTERNATIVES AND APPOINTMENT REMINDERS

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

DATA BREACH NOTIFICATION

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

INFORMATION WITH SPECIAL PROTECTIONS

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information and genetic information. Some parts of this Notice may not apply to these types of information. Heart Havens shall abide by the more stringent federal and state laws that apply to such health information, as applicable.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

The following uses and disclosures will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of protected health information for marketing purposes; and
3. Disclosures that constitute a sale of protected health information.

Other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that Heart Havens has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. To request a



restriction on who may have access to your protected health information, you must submit a written request to Rebecca Huff at Rebecca.huff@hearthavens.org. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Heart Havens is not required to agree to a restriction that you may request, unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes (that is not otherwise required by law) and such information you wish to restrict pertains solely to a health care item or service for which you (or someone other than the health plan) have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

2. Right to Request Confidential Communication

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. You must request this by submitting a written request to Rebecca Huff at Rebecca.huff@hearthavens.org.

3. Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in your medical and billing records and any other records that Heart Havens uses for making decisions about you, for as long as we maintain the protected health information. To inspect and copy your medical information, you must submit a written request to Rebecca Huff at Rebecca.huff@hearthavens.org. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to such protected health information. Depending on the circumstances, we may deny your request to inspect and/or copy your protected health information. A decision to deny access may be reviewable. Please contact Rebecca Huff at Rebecca.huff@hearthavens.org if you have questions about access to your medical record.

4. Right to Request Amendment

You may request an amendment of your protected health information contained in your medical and billing records and any other records that Heart Havens uses for making decisions about you, for as long as we maintain the protected health information. You must request an amendment by submitting a written request to Rebecca Huff at Rebecca.huff@hearthavens.org, and provide the reason(s) that support your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.



5. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes, among others. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. For an accounting of disclosures, you may submit a written request to Rebecca Huff at Rebecca.huff@hearthavens.org.

6. Right to Obtain a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice even if you have agreed to receive this Notice electronically. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, you can contact Rebecca Huff at Rebecca.huff@hearthavens.org. You may also obtain a copy of this Notice at www.hearthavens.org.

7. Right to be Notified if there is a Breach of Your Protected Health Information

You have the right to be notified upon a breach of any of your unsecured protected health information.

COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with us, please contact Jennifer Boyden at the address listed below. All complaints must be submitted in writing. Heart Havens will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. The new Notice will be effective for all protected health information we already have about you as well as any information we receive in the future. A current Notice is also posted at www.hearthavens.org. You can also obtain a revised Notice by contacting Rebecca Huff at the address listed below.

Heart Havens, Inc.
Attn: Rebecca Huff
7501 Boulders View Dr. Richmond, VA 23225
Tel: 804-237-6067
Fax: 804-237-6098

Email: Rebecca.huff@hearthavens.org
This Notice is effective as of January 1, 2020.



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, hereby acknowledge that I have received and reviewed a copy of Heart Heaven’s Notice of Privacy Practices.

I understand that the Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request. A current Notice of Privacy Practices is posted at www.hearthavens.org.

Signature of Resident or Resident's Legal Representative

Date

Printed Name of Resident or Resident’s Legal Representative

Relationship to Resident

Representative’s Authority to Act for Resident
(attach supporting documentation)