



NOTICE OF PRIVACY PRACTICES

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

THE TYPES OF INFORMATION TO WHICH THIS NOTICE APPLIES

This notice applies to any information in our possession which would allow someone to identify you personally and learn something about your health. It does not apply to information which contains nothing that could reasonably be used to identify you. This notice covers sensitive personally identifiable information including: social security numbers and protected health information and medical data. It does not apply to all other records maintained by the West Virginia Division of Rehabilitation Services.

WHO MUST ABIDE BY THIS NOTICE

All employees, staff, volunteers and other personnel whose work is under the direct control of the West Virginia Division of Rehabilitation Services must abide by this notice.

The people and organizations to which this notice applies (referred to as “we,” “our,” and “us”) have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities as described below.

This notice applies to services you receive from the Division.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your health information.
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to abide by the terms of this notice until we officially adopt a new notice.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We may use your health information, or disclose it to others, for a number of reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

1. Determination of eligibility and provision of services – Our employees, staff, volunteers and others, whose work is under our direct control, may read your health information to learn about your medical condition and use it to make decisions about your case. For example, a Counselor will read your information to determine eligibility for services. We will also disclose your information to others who need it to provide you with services. West Virginia Division of Rehabilitation Services (WVDRS), WorkForce West Virginia and Adult Basic Education are mandated partners of the West Virginia Workforce Development System under the Workforce Innovation and Opportunity Act (WIOA).

Information may be collected and shared among WIOA partner agencies for the purposes of data reporting, program improvement and vocational planning toward employment.

2. Payment - We will use your health information, and disclose it to others, as necessary to obtain payment for the services we provide to you. For example, an employee in our business office may use your health information to prepare a bill. We may send the bill, and any health information it contains, to your insurance company. We will not use or disclose more information for payment purposes than is necessary.
3. Agency Operations – We may use your health information for activities necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training with the Division as an intern. We may disclose your health information as necessary to others with whom we contract to provide administrative services. For example, this includes our lawyers, auditors, and consultants.
4. Release/Request for Information Form – We may ask you to sign a Release/Request for Information form to request, use or disclose your health information for determination of eligibility or provision of vocational rehabilitation services. You may refuse to sign this form. However, if you refuse, we reserve the right to refuse services to you as permitted by law.
5. Legal Requirement to Disclose Information – We will disclose your information when we are required by law. This includes reporting information to government agencies who have the legal responsibility to monitor our agency. For example, we may be required to disclose your health information, and the information of others, if we are audited by our federal oversight agency. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.
6. To Report Abuse – We may disclose your health information when the information relates to a victim of abuse, neglect, or domestic violence. We will make this report only in accordance with laws requiring or allowing such reporting, or with your permission.
7. Law Enforcement – We may disclose your health information for law enforcement purposes. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.
8. Specialized Purposes – We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for other specialized purposes. We will only disclose as much information as is necessary for the purpose. For example, we may disclose your information for national security, intelligence, and protection of the president. We may disclose health information about an inmate to a correctional institution, or to law enforcement officials, to protect the health and safety of inmates and other individuals, while also protecting the safety, administration, and maintenance of the correctional institution. We may disclose your health information to your employer for purposes of workers' compensation and work site safety laws (OSHA for example).

9. To Avert a Serious Threat – We may disclose your health information if we decide the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.
10. Family and Friends – We may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. We will not disclose your information to family or friends if you object.
11. Research – We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.
12. Additional Information to Parents – We may use your health information to provide you with additional information. For example, this may include sending appointment reminders to your address. This may also include giving you information about treatment options or other health-related services that we provide.
13. Law - State Law may further restrict our rights to disclose certain health information without your authorization or consent. This includes mental Health, HIV, Agent Orange, certain pharmaceutical and counseling information.

THE CLIENT'S PRIVACY RIGHTS

1. Authorization – We may use or disclose your health information for those purposes listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. If you authorize us to use or disclose your health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under “Whom to Contact” at the end of this notice. You may not revoke an authorization for us to use and disclose your information after we have acted based upon your authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization. You may not revoke consent for use or disclosure for treatment, payment, or health care operations.
2. Request Restrictions – You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.
3. Confidential Communication – You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send mail to a different address rather than your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will not ask you to explain why you are making the request. We will agree to any reasonable request.

4. Inspect and Receive a Copy of Health Information – You have a right to inspect the health information about you we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records used to make decisions about you and to records purchased or generated by us. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying. To inspect your records or to receive a copy, contact your Counselor or the person listed under “Whom to Contact” at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason in writing and explain the process for how you may appeal this decision.
5. Amend your case record – You have the right to ask us to amend information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information; if the information is not part of the record we use to make decision about you; if the information is something you would not be permitted to inspect or copy; if the information is complete and accurate.
6. Paper Copy of this Privacy Notice – You have a right to receive a paper copy of this notice. If you received this notice electronically, you may receive a paper copy by contacting the person listed under “Whom to Contact” at the end of this notice.
7. Complaints – You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with your Counselor, or with the person listed under “Whom to Contact” at the end of this notice.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. We will post the new notice on our website. The new notice will include an effective date.

WHOM TO CONTACT

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed in this notice, or
- If you want to request a copy of our current notice of privacy practices

**West Virginia Division of Rehabilitation Services
Privacy Officer
P.O. Box 50890
Charleston, WV 25305
(304) 760-7154**

Copies of this notice are also available on our web site: <https://wvdrs.org/>