

Notice Of Privacy Practices of the Fairfax-Falls Church Community Services Board

Effective: February 16, 2026

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

This notice also describes:

- **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 MEDICAL RECORDS MANAGEMENT BY PHONE: (703) 383-8480 OR EMAIL: CSBMEDICALRECORDS@FAIRAXCOUNTY.GOV IF YOU HAVE ANY QUESTIONS.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how Fairfax County Government health care providers may use and disclose your protected health information (“PHI,”) for treatment, payment, or health care operations and for other purposes permitted or required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, and other applicable law. PHI is information that may identify you, that relates to your past, present, or future physical or mental health or condition, health care services, or payment for such services, and that is generated or received by a Fairfax County HIPAA-covered agency. This Notice also describes how Part 2 programs that are required to protect information pursuant to the Confidentiality of Substance Use Disorder Patient Records (42 USC 290dd-2) (“substance use disorder information”), such as the Community Services Board (CSB), may use and disclose your substance use disorder information. In addition to HIPAA and 42 USC 290dd-2, other privacy laws may limit the disclosure of your health information, such as Virginia Health Records Privacy (Virginia Code § 32.1-127.1:03) and Virginia Department of Behavioral Health and Developmental Services regulations (12 Va. Admin. Code § 35-115-80). We are required by law to make sure that your health information is kept private and notify you in the event of a breach of your unsecured PHI and substance use disorder information.

This Notice also describes your legal rights under HIPAA and 42 USC 290dd-2, including your rights to access and control your information. We are required to give you this Notice to explain our legal duties and privacy practices and to follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Information About You

Use and Disclosures

The following categories describe ways that we use and disclose your PHI. Not every use or disclosure will be listed. However, all the ways we are permitted to use and disclose information will fall into one of these categories. Although these limited uses do not typically require your permission, in some cases we will ask you to give us your written permission by signing a consent form (“Authorization”) to use and disclose information about you to provide treatment and services, to receive payment for treatment and services provided, and to conduct our day-to-day health care operations. For other uses and disclosures of health information not covered by this Notice or the laws that apply to us, we will always request your Authorization, as outlined below.

Once your PHI has been disclosed as outlined in this Notice, information may be redisclosed and no longer protected by HIPAA. Other laws may continue to protect your information, such as 42 USC 290dd-2 and Virginia Code § 32.1-127.1:03. Disclosures of substance use disorder information may only be disclosed for the purposes outlined in (A) and (B) below with your Authorization. Once you have given your Authorization, substance use disorder information may also be redisclosed like PHI as permitted by HIPAA (as outlined in (A) and (B) below) by a Part 2 program, covered entity, or business associate.

- A. When We Can Use and Disclose Information Without Your Authorization.** We may use and disclose PHI about you (verbally or in writing) without your Authorization for the following purposes. We can only use and disclose your substance use disorder information for the following purposes with your Authorization, unless otherwise authorized or required by federal law.

1. **For Treatment.** We may use PHI about you to provide you with medical treatment or services, including in the following cases:
 - To doctors, nurses, technicians, or other personnel who are involved in taking care of you.
 - To other providers and business associates to coordinate your care, such as prescriptions, laboratory work, and x-rays.
 - To your emergency medical provider or other providers when transferring your care.
 - To communicate with you about treatment options or to refer you to another provider.
 - To people outside the Fairfax County Government who provide services that are related to your care, such as home health agencies or housing providers.
 2. **For Payment.** We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or another third party. For example, if you have identified a third party responsible for payment, a monthly bill may be sent to that person. Payment activities may also include eligibility or medical necessity determinations, claims management, or prior approval. If you do not want your health plan to receive information about treatment for which you have paid in advance, see “Right to Request Restrictions” in this Notice.
 3. **For Health Care Operations.** We may use and disclose PHI about you for health care operations. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you, for quality assurance activities, accreditation, licensure, inspections and training programs and to see where we can make improvements in the care and services we offer. We may also combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether new treatments are effective. We may also use combined, de-identified PHI for reporting purposes.
 4. **Individuals involved in your care or payment for your care.** We may release PHI about you to a family member, other relative, or friend who is involved in your care or payment for the care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that disclosure is in your best interest. In that situation, we will disclose only health information relevant to that person’s involvement in your care or payment for the care.
- B. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object.** We may use or disclose your PHI in the following situations without your consent, Authorization, or your opportunity to verbally object. We can only use and disclose your substance use disorder information for the following purposes with your Authorization, unless otherwise authorized or required by federal law.
1. **As Required by Law.** We will disclose PHI about you when required to do so by federal, state or local law. For example, to report children or adults who are victims of abuse, neglect or exploitation or to report injuries from guns and dangerous weapons.
 2. **For Public Health Activities.** We may disclose PHI about you for public health activities, including to: prevent or control disease, injury, or disability, including to a person who may have been exposed to a communicable disease; report births and deaths; report endangering disabilities of drivers and pilots; report reactions to medications or problems with products; share proof of immunization to schools; report defects or recalls of products; and for workplace medical surveillance and reporting of work-related illness or injury;
 3. **To law enforcement.** We may release PHI under limited circumstances to a law enforcement official. For example, information requested about a suspect, fugitive, material witness, or missing person for identification and location purposes; to provide evidence of criminal conduct on County premises; to a law enforcement official that has custody of you; to alert law enforcement to the commission of a crime in emergency health care situations or when an individual has died; if you are an incapacitated victim of a crime and the provider determines a timely disclosure is in your best interest; if you are a victim of a crime and received EMS care; and in response to a court order, subpoena, warrant, summons or similar process.
 4. **To avert a serious threat to health or safety.** To prevent an imminent, serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat.
 5. **Health oversight activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, and credentialing, as necessary for licensure, monitoring the healthcare system, government programs, and compliance with civil rights laws.

6. **Coroners, Funeral Directors, Medical Examiners, and Organ Donations.** We may disclose PHI to coroners, medical examiners, or funeral directors and to determine the cause of death for the performance of other duties. PHI may be used and disclosed for tissue or organ donations.
 7. **Judicial and administrative proceedings.** In response to a subpoena, order from a court or administrative tribunal, or other lawful process.
 8. **Specialized government functions.** For national security and intelligence activities including for the provision of protective services to the President or others authorized.
 9. **Correctional facilities.** For custodial situations involving the health care of an inmate or the health and safety of others in the correctional facility.
 10. **Workers' compensation purposes.** To facilitate the administration of benefits as allowed by law.
 11. **Research.** To researchers when an Institutional Review Board or Privacy Board has: (1) reviewed the research proposal and established protocols to ensure privacy, and (2) approved the research. Certain research activities may require your Authorization.
 12. **Federal Department of Health and Human Services.** In connection with an investigation of Fairfax County agencies for compliance with federal regulations.
 13. **Military.** If you are a member of the Armed Forces, we may disclose PHI as required or authorized by law for activities deemed necessary by military command authorities and to foreign military authorities about foreign military personnel.
- C. Someone Authorized to Make Decisions on Your Behalf.** We may disclose PHI and substance use disorder information to those authorized by law to make decisions on your behalf, such as an agent appointed pursuant to an advance directive, personal representative, or a guardian.
- D. Release of Substance Use Disorder Information.** 42 USC 290dd-2 and its implementing regulations authorize release of substance use disorder information without your Authorization: to report child abuse and neglect and crimes on Part 2 program premises or against Part 2 program personnel; to medical personnel for bona fide medical emergencies; for scientific research under specific circumstances; for audits and evaluations of the Part 2 program; for public health purposes if the information is deidentified; and to an entity that has direct administrative control over the CSB.
- E. To Business Associates.** We may share your PHI and substance use disorder information with business associates and qualified service organizations (contractors or other Fairfax County agencies) who provide services to the County's HIPAA-covered agencies. They are required to safeguard your information and to notify us of any breaches.
- F. Uses and disclosures of requiring your Authorization.** We are required to obtain your Authorization to use or disclose your PHI for any reason other than for treatment, payment, health care operations, and the categories outlined above. For all other disclosures of PHI, we will require you to complete an Authorization that states what information may be shared and that is signed by you or your legal representative. Your Authorization is generally required for us to disclose certain psychotherapy notes, to sell your PHI, or disclose it for marketing purposes. Except for the purposes outlined in (D) above, your Authorization is also generally required for disclosure of your substance use disorder information. If you provide a single Authorization for all future uses or disclosures for treatment, payment, and health care operations purposes, substance use disorder information disclosed to a Part 2 program, covered entity, or business associate pursuant your Authorization may be further disclosed by that Part 2 program, covered entity, or business associate like PHI as permitted by HIPAA ((A) and (B) above).

Except as explicitly provided by your Authorization or a 42 USC 290dd-2 court order, substance use disorder information cannot be used in a civil, criminal, administrative, or legislative proceeding against you. Records will only be disclosed based on a court order after notice and an opportunity to be heard is provided. A court order must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

You may revoke a signed Authorization in writing by contacting the applicable Privacy Officer listed below. If you revoke your Authorization, we will no longer disclose your information pursuant to the Authorization, but we will be unable to take back any disclosures we have already made.

Your Rights

You may exercise the following rights regarding your PHI and your substance use disorder information through a written request to the appropriate agency Privacy Officer listed below.

You have the right to inspect or to request copies of your records in writing. We will provide the records in the form and format requested, if readily producible. You may ask us to send a copy of your record to a third party if the request is signed, in writing, and clearly identifies where and to whom to send the record. You may be charged a fee to obtain copies of your records. If we deny access to your records in a limited situation, you will receive a timely, written notice of the decision and reason.

You have the right to request amendment of your records if you believe information in the record is inaccurate or incomplete. You must provide a reason to support the request. You will be provided with a written response within 60 days.

You have the right to receive an accounting of disclosures of PHI, but the accounting will not include all disclosures (such as those made for treatment purposes). Your request must state a period of time for the disclosures, which may not be longer than six (6) years before the date of the request.

You are entitled to an accounting of substance use disorder information disclosures made pursuant to an Authorization, including to an intermediary, for three (3) years.

You have the right to request a restriction to the use or disclosure of your PHI or substance use disorder information. We are required to agree to your request for a restriction if the disclosure is to a health plan for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and if the restriction applies to PHI or substance use disorder information that pertains solely to services or items that you have paid for in full, out-of-pocket. For all other requests, the agency is not required to agree to the restriction if not required by law but will notify you if they are able to honor the requested restriction.

You have the right to request that we communicate with you in a certain way (for example, by mail or email, or at your office). We will accommodate reasonable requests.

You have the right to elect not to receive fundraising communications.

Changes to Privacy Practices

Fairfax County reserves the right to change our privacy policy and any of our privacy practices at any time, as allowed by federal and state law and to make the change effective for all PHI that we maintain.

A revised Notice of Privacy Practices will be posted and available in our service areas and on the website: [Introduction to CSB Services and Assessment | Community Services Board](#) A copy may also be requested from the clinic receptionist or the Agency Privacy Officer.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with the Fairfax County Government HIPAA Compliance Officer, the relevant Agency HIPAA Privacy Officer, or with the Department of Health and Human Services via www.fairfaxcounty.gov/hipaa. To file a complaint with a specific agency, you may contact the Privacy Officer below Monday through Friday during business hours. *We will not take any action against you for filing a complaint.*

Contact Information

- Fairfax County's HIPAA Compliance Officer 12000 Government Center Parkway Suite 533, Fairfax County Government Center Fairfax, VA 22035 703-324-2164, TTY 711 hipaacomplianceofficer@fairfaxcounty.gov or www.fairfaxcounty.gov/hipaa
- CSB Medical Records Management 8221 Willow Oaks Corporate Drive, Suite 508, Fairfax, VA 22031, 703-383-8040, csbmedicalrecords@fairfaxcounty.gov

Acknowledgement of Receipt of this Notice

You may be asked to sign that you received this Notice. If you choose not to sign, Fairfax County will still provide your health care, and your rights described in this Notice will not be affected.



The Community Services Board is committed to nondiscrimination on the basis of race, color, national origin (including LEP and primary language), sex, age, or disability in County services covered by this NPP. Reasonable accommodation will be provided upon request. For information, contact the CSB Communications Team 703-383-8500, or email csbcommunications@fairfaxcounty.gov.