

**Mount Rogers Community Services Board  
Privacy Notice  
Effective March 01, 2018**

**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.**

### **Your Privacy is Important**

Mount Rogers Community Services Board (MRCSB) understands your privacy is important. We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/state law and MRCSB policy, adhering to the most stringent law that protects your health information.

Each time you receive services from us, the provider makes a record of the visit. Typically, this record contains your assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your record**

- You can ask to see or get an electronic or paper copy of your record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, within 15 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### **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 to your request, and we may say “no” 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 say “yes” unless a law requires us to share that information.

#### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have

agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- 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 for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on the last page.
- 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.

### **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 your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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 directory

*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 and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of 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.

### **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.

#### **Treat you**

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

*Example: In order to effectively provide treatment/service, your service provider(s) may consult with various service providers within the MRC SB. During those consultations, health information about you may be shared.*

#### **Run our organization**

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

*Example: In day-to-day health care operations, trained staff may handle your service record in order to have the record assembled, available for review by your service provider(s), or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state*

*statistical reporting to the Department of Behavioral Health and Developmental Services (the Department). As a part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional staff to assure accuracy, completeness, and organization. Records may also be reviewed during accreditation surveys by the Commission on Accreditation of Rehabilitation Facilities (CARF), or by the Department.*

### **Bill for your services**

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

*Example: In order to receive payment for services provided, your health information may be sent to those companies or groups responsible for payment coverage, and a monthly bill is sent to the Responsible Party identified by you and noted on the financial form.*

### **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 good, 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).

### **Help with public health and safety issues**

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

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **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 see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **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.

### **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

### **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.

## Enhancing Your Healthcare

Some MRCSB programs provide the following support to enhance your overall health care and may contact you to provide:

- Appointment reminders by phone or letter
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you.

The Community Food Security (CFS) afternoon snack programs are required by the USDA to maintain a log of those participating.

## Individuals Involved in Your Care or Payment for That Care

If you are not capable of making medical decisions, we may disclose your health information in order to identify someone to make those decisions for you. Before we disclose any information, we must determine that disclosure is in your best interests.

## Other Uses and Disclosures of Your Information by Authorization Only

We are required to get your authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations, and those specific circumstances outlined previously.

We will never share any alcohol/substance abuse treatment records without your written permission other than as required by law.

We use an *Authorization to Exchange/Release Information* form that specifically states what information will be given to whom, for what purpose, and is signed by you or your authorized representative. You have the right to revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

MRCSB reserves the right to change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Revised Privacy Notices will be posted at all service sites, and available upon request by mailing or discussion with an MRCSB representative, or electronically, or a combination of the three

For additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, please contact:

- Mount Rogers Community Services Board  
Privacy Officer  
770 West Ridge Road  
Wytheville, Virginia 24382  
Phone (276) 223-3200
- Secretary of Health and Human Services  
Immediate Office of the Secretary  
Hubert Humphrey Bldg.  
2000 Independence Ave. SW  
Washington, DC 20201  
Phone (202) 690-7000
- Brandon Rotenberry, Human Rights Advocate  
Office of Human Rights  
Department of Behavioral Health and  
Developmental Services  
340 Bagley Circle  
Marion, VA 24354  
Phone (276) 783-1219; or  
(877) 600-7434 (toll free)

## NOTIFICATION OF RIGHTS

As a consumer of services, you have certain rights which are established in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Developmental and Substance Abuse Services. Also, there is a written policy and procedures which describe what this program must do to comply with the Regulations. A summary of your rights follows:

### I. RIGHT TO NOTIFICATION

You must be informed of your rights upon entering a program and every twelve (12) months while in the program. You have the right to see and be given a copy of the Human Rights Regulations upon request. Some programs have rules. Upon admission, you must be told what these rules are, and you have the right to obtain a copy of the rules.

### II. RIGHT TO TREATMENT

The Mount Rogers Community Services Board may not deny services to you solely on the basis of your race, national origin, sex, age, religion, disability, or ability to pay. If you think you have been discriminated against by this Agency, you may register a complaint in accordance with **Number IX. Right to Hearings and Appeals.**

### III. RIGHT TO CONFIDENTIALITY

Your records will be released only with your consent or the consent of your authorized representative or by court order, except in emergency situations or as otherwise required or permitted by law.

You have the right to inspect and to have copies made of your records at your own expense, except where it would be harmful to you. In that situation, a lawyer, doctor or psychologist you choose may review the records on your behalf. If you feel there are mistakes in your record, you may ask to have them corrected. If the Board doesn't change what you think is in error, your statement about the error can be placed in your record.

Your records will be retained for six years after your case is closed, or five years beyond your 18th birth date, whichever occurs later. Records will then be destroyed in a manner consistent with preserving the confidentiality of the contents.

### IV. RIGHT TO CONSENT

A treatment or service which poses a risk of harm greater than that ordinarily encountered in daily life - that is, one that might cause some injury or have a serious side effect - may not be administered unless you or your authorized representative first give informed consent to it. Information about program services and policies will be presented in a manner that is easily understood to facilitate your decision making.

### V. RIGHT TO DIGNITY

You have the right to be called by your preferred or legal name, to be protected from abuse, neglect, exploitation, retaliation and humiliation, and to request help in applying for services for which you are eligible, to include access to self help and self advocacy support services.

You have the right to express preferences about decisions regarding all aspects of services including service delivery, concurrent services, composition of the service delivery team, involvement in research projects if applicable and have your preferences honored to the extent possible.

If you are in a residential program, you have the right to a safe, sanitary and humane environment; to the provision of suitable clothing if it is not otherwise available; to confidential mail and telephone communications; to personal meetings with professionals or counselors assisting you; and to observe religious practices which do not conflict with the rights of others or with the law.

#### **VI. RIGHT TO LEAST RESTRICTIVE ALTERNATIVE**

Your personal and physical freedom can be limited when necessary for your safety or the safety of other consumers, or for treatment. You will be involved in decisions to limit your freedom, and you will be told what has to happen for the limits to be removed. Restrictions can be applied without notice in emergency situations.

#### **VII. RIGHT TO BE COMPENSATED FOR COMPENSABLE WORK**

You have the right to be paid for the work you do for the Board which the law says is “compensable” work. Personal housekeeping and work which is done as part of treatment and is not done mainly for the purpose of making money for the program is not “compensable” work.

#### **VIII. RIGHT TO RETAIN CERTAIN LEGAL RIGHTS**

When you enter this program you still keep your basic rights, including the right to enter into contract; to register and vote; to marry or divorce; to make a will; to use the courts, etc.

#### **IX. RIGHT TO HEARINGS AND APPEALS**

When entering this program you are assured protection to exercise your legal, civil, and human rights related to receipt of services. If you believe any of your rights under the Regulations have been violated, you may make a formal complaint to any staff member, your Program Director, or the Office of the Executive Director (276) 223-3200. In answering your complaints, Board staff must inform you of your appeal rights, which include the right to appeal a decision to the Local Human Rights Committee (LHRC).

Any time you have a Medicaid covered service denied, suspended, reduced, or terminated, you have the right to appeal these decisions to the Department of Medical Assistance Services (Medicaid). This appeal must be in writing and mailed to: Appeals Division, Department of Medical Assistance Services (DMAS), 600 E. Broad Street, Suite 1300, Richmond, VA 23219.

#### **X. RIGHT TO ASSISTANCE BY REGIONAL ADVOCATE**

The State has appointed a Human Rights Advocate to assist you and to make sure programs recognize your rights. The advocate will assist you in making, resolving or appealing complaints about rights violations. You may contact the Regional Advocate yourself and ask for help or the Board staff will help you make the contact. Call or write: Brandon Rotenberry, Human Rights Advocate, DBHDS - Office of Human Rights, 340 Bagley Circle, Marion, VA 24354, or call (276) 783-1219; (877) 600-7434 (toll free).

### **Transportation and Consent to Participate in Services**

As an individual served by Mount Rogers CSB, you may request assistance with transportation as related to your service goals or plan of care. You may also participate in various therapeutic activities in our facilities, in your home, or in your community. By signing this release, you agree that you consent to such transportation assistance and services and will not hold Mount Rogers CSB and its employees or volunteers liable for any accidents, injuries, or losses that may occur while participating in services or being transported to and from services, therapeutic activities, or facilities. You also acknowledge that this release will be in effect throughout the duration of services and can be revoked at any time.

### **Audio/Video Recording and Photography**

MRCSB will, on occasion, videotape or photograph some activities in which you are a participant. The content of these videotaped or photographed activities will only be used in presentations or documents that are solely for the internal purpose of training MRCSB staff. This content will not be used for the purpose of publishing your image in any external newspapers, agency newsletters, websites, or other documents which will be viewed by the public. Signing this consent is your acknowledgement and agreement to allow MRCSB to use your image as stated above. You may revoke this consent at any time.

### **Group Activities**

The goal of many of our community-based services is to provide opportunities to build skills regarding adaptive coping, healthy socialization, independent living, and self-care. In the process of providing these services, some activities may occur in group settings. Group activities may be conducted in both the office and public settings with other individuals being served and staff. Every effort will be made to protect the privacy of those enrolled in our services. However, please note that participation in such activities implies that you are enrolled in behavioral health services. If at any point you have questions or concerns regarding these activities or the topic of group sessions, please contact your provider and/or supervisor. By signing this release, you acknowledge and agree to such participation and release Mount Rogers CSB of any liability. You also acknowledge that this release will be in effect throughout the duration of services and can be revoked at any time.

### **Emergency Medical Treatment**

In the event of a medical emergency, Mount Rogers CSB staff and volunteers will seek care on your behalf at the nearest medical facility equipped to care for the emergency, unless you have otherwise identified your preferred emergency care facility. If you designate a preferred hospital for emergency care, we will make every effort to seek emergency care as you wish, unless your medical situation requires more immediate access to care. By signing this consent, you consent to Mount Rogers CSB seeking such emergency medical care on your behalf. You also acknowledge that this release will be in effect throughout the duration of services and can be revoked at any time.

### **Consent to leave Voice Mail**

In some cases when we are unable to speak with you directly, we may need to leave a voice mail or answering machine message about a scheduled appointment or to have you contact us at the office. We will not leave information on your voice mail or answering machine about your condition or treatment. The message we leave on your voice mail/answering machine may identify the person calling you as being from Mount Rogers Community Services Board. You need to be aware that individuals who have access to your voice mail or answering machine could hear these messages and infer from the message that you may be receiving services from Mount Rogers Community Services Board. You also acknowledge that this release will be in effect throughout the duration of services and can be revoked at any time.

## **MOUNT ROGERS COMMUNITY SERVICES BOARD**

### **Informed Consent to Use Unsecured Electronic Communications (E-mail, texting, Video/Audio Conferencing)**

Unsecured electronic communications is a message that has not been protected by an encryption method. Mount Rogers Community Services Board (MRCSB) provides you the opportunity to communicate with MRCSB staff by unsecured electronic communications. Transmitting confidential information by unsecured electronic communications, however, has a number of risks, both general and specific, that you should consider.

#### **Risk Factors**

##### **Among general electronic communications risks are the following:**

- Electronic communications can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Recipients can forward electronic communications messages to other recipients without the original sender's permission or knowledge.
- Users can easily misaddress an electronic communications.
- Electronic communications is easier to falsify than handwritten or signed documents.
- Backup copies of electronic communications may exist even after the sender or the recipient has deleted his or her copy.

##### **Among specific electronic communications risks are the following:**

- Electronic communications containing information pertaining to your diagnosis and/or treatment must be included in your record. Thus, all individuals who have access to your record will have access to the electronic communications messages.
- You as an employee should not have an expectation of privacy in electronic communications you send or receive at your place of employment. Thus, if you send or receive electronic communications from your place of employment, you risk having your employer read your electronic communications.
- MRCSB and its employees will try to read and respond to electronic communications promptly; however MRCSB cannot guarantee that any particular electronic communications message will be read and responded to within any particular period of time. Thus, you should not use electronic communications in a medical emergency.

#### **Conditions for the Use of Electronic communications**

- It is the practice of MRCSB to make all of your electronic communications concerning your treatment part of your record and to treat such electronic communications messages with the same degree of confidentiality as afforded other portions of the record. MRCSB will use reasonable means to protect the security and confidentiality of electronic communications information. Because of the risks outlined above, MRCSB cannot, however, guarantee the security and confidentiality of electronic communication.
- Your consent must be given prior to the use of unsecured electronic communications for exchange of confidential information. Your consent to the use of unsecured electronic communications includes agreement with the following conditions:
  - All electronic communications with you concerning your treatment will be made a part of your record. Other authorized individuals and entities may have access to electronic communications contained within your record.

- Electronic communications messages may be forwarded within MRCSB as necessary for diagnosis, treatment, and reimbursement. However, staff will not forward your electronic communications to parties outside MRCSB without your specific consent or as required by law.
- MRCSB staff will try to read your electronic communications promptly and respond quickly, if needed. However, MRCSB cannot assure you that the electronic communications will be read promptly. **Because MRCSB cannot assure you that the electronic communications message will be read promptly, you must not use electronic communications in an emergency.**
- If your electronic communications requires or invites a response, and the recipient does not respond within a reasonable time, you are responsible for following up to determine whether the intended recipient received the electronic communications and when he/she will respond.
- Because some information is so sensitive that unauthorized disclosure can be very damaging, **you should exercise caution when using electronic communications for sharing information concerning diagnosis or treatment of AIDS/HIV infection, other sexually transmitted or communicable diseases, mental health or developmental disability, or alcohol and drug abuse.**
- Because employees do not have a right of privacy in their employer's electronic communications system, you should not use your employer's electronic communications system to transmit or receive confidential information.
- MRCSB cannot guarantee that electronic communications will be private.
- MRCSB will take reasonable steps to protect the confidentiality of your electronic communications but will not be liable for improper disclosure of confidential information unless it is caused by MRCSB's gross negligence or misconduct.
- If you consent to the use of unsecured electronic communications, you are responsible for informing MRCSB of any types of information you do not want to be sent by unsecured electronic communications.
- You are responsible for protecting your password or other means of access to electronic communications sent or received from MRCSB to protect confidentiality. MRCSB is not liable for breaches of confidentiality unless the breach is caused by MRCSB.
- You may withdraw consent to the use of unsecured electronic communications at any time by written communication to MRCSB.
- Should your communications provider charge you additional due to an over run in minutes or for any other reason, as a result of you authorizing MRCSB to communicate with you by electronic means, these costs will be your responsibility and MRCSB will not assume any responsibility for these costs.

# Advanced Directives FAQ's

## Psychiatric Advance Directives: An Overview

**What Is A Psychiatric Advance Directive (PAD)?** A Psychiatric Advance Directive (PAD) is a legal document written by a currently competent person who lives with a mental illness. It describes the person's mental health treatment preferences, or names an agent to make treatment decisions for the individual, should he or she become unable to make such decisions due to psychiatric illness. There are two kinds of PADs:

- **Instructive PADs**, in which an individual **gives instructions** about the specific mental health treatment desired should the individual experience a psychiatric crisis.
- **Proxy PADs**, in which the individual names a health care **proxy or agent** to make treatment decisions when the individual is unable to do so.

Most states permit one kind or the other, or a combination of both instructions and a proxy. At times a psychiatric advance directive is combined with a general medical advance directive.

**What Are The Benefits Of A PAD?** Creating a PAD allows an individual living with mental illness to plan for a future mental health crisis. If you are such a person, you could state your treatment choices in advance, before a time when you might be incapable of making decisions or communicating effectively. The detailed instructions included in a PAD may help you to:

- Gain more control of your treatment
- Improve the likelihood of receiving helpful, informed care
- Consent to or refuse certain treatments
- Avoid involuntary hospitalization
- Enhance understanding and communication with your treatment providers and family members
- Promote your own recovery by focusing on wellness supports and relapse prevention strategies
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**What Information Is Included In A PAD?** The information that may be included in a PAD varies by state. To find out what your state allows, see the state-by-state statutes at the National Resource Center on Psychiatric Advance Directives ([www.NRC-PAD.org](http://www.NRC-PAD.org)). Generally, PADs allow you to agree to, refuse and give your preferences about such as:

- Psychiatric medications
- Hospitalization
- Alternatives to hospitalization

- Seclusion and restraint
- ECT (electroconvulsive therapy)

**Explain your choices** so your doctors and others will understand your reasoning. It's to your advantage for them to know the basis for your preferences. For instance, you might explain that certain medications have given you severe side effects, that you prefer a certain hospital because of its therapeutic programs, or that certain self-care methods have helped you through mental health crises in the past

**What Else May Be Included In A PAD?** This varies from state to state. Some states allow PADs to include:

### **Treatment history**

This could include: your mental health diagnosis; other illnesses or conditions that affect your health care; previous treatments and their outcomes; medications you have taken and their effectiveness and side effects; food or medication allergies; the name and contact information of your primary physician, psychiatrist and counselor, therapist or social worker; the name of a back-up physician if your regular one is not available.

### **Instructions to hospital staff**

- Tips for understanding your symptoms (e.g., "I get agitated when I'm scared), de-escalating emotional outbursts ("Speak to me in a quiet, respectful manner, but don't touch me"), interventions to help prevent seclusion or restraint ("Invite me to return to my room and write in my journal").
- What helps you feel comfortable in the hospital, such as spending a certain amount of time alone, getting regular exercise, having your own pillow and blanket)
- Names of people who may not visit you. You have the right to choose your visitors.

**An emergency contact(s)**, such as a doctor or other care provider, family member or friend.

### **The Name of a Health Care Proxy or Agent**

In virtually every state, you can appoint an individual to make health care decisions for you should you become unable to do so.

**What Is A Health Care Proxy Or Agent?** A Health Care Proxy is someone you appoint to make your treatment decisions when you cannot make them yourself. Naming a proxy may be optional; some states require it. Some states only let you appoint a proxy; you may not give your own treatment preferences. In those cases, however, the individual usually may give instructions directly to the agent.

Generally, a Health Care Proxy can be any capable, competent adult (18 years or older) who is not your health care provider. Often you can name more than one proxy, though only one can be active at a time.

**What Does A Health Care Proxy Do?** If you become unable to make your own treatment decisions due to psychiatric symptoms, your Health Care Proxy would make them for you. The Proxy should follow the

instructions in your PAD and make the same decisions you would about medications, hospitalization, health care provider, ECT and anything else you have covered in the PAD.

**How Do I Create A PAD?** A PAD must be prepared when you are in good mental health. It may be difficult emotionally to think about a future psychiatric crisis and possible hospitalization. However, planning ahead while you are in a healthy state of mind can make a big difference in your treatment experience later.

PAD requirements and forms vary by state. See your state's page at the National Resource Center on Psychiatric Advance Directives, [www.NRC-PAD.org](http://www.NRC-PAD.org) for specific information about writing a PAD in your state. Often you can just fill out the form your state provides. If your state doesn't have its own form, instructions for creating a valid form should be listed. You may need to have the PAD form formally witnessed and signed, and perhaps notarized.

**Where Can I Get Help In Preparing A PAD?** The National Resource Center on Psychiatric Advance Directives (NRC-PAD) has the most complete information on PADs. Its website, [www.NRC-PAD.org](http://www.NRC-PAD.org), offers a wealth of resources, including step-by-step guides for each state for individuals living with mental illness. Help for families and friends, clinical information for health care providers and comprehensive legal resources for legal professionals are also available.

**What Should I Do With My PAD When It Is Completed?** You must give copies of your completed PAD form to your mental health care providers, including psychiatrist, counselor or therapist, to add to your medical records. Tell your primary care doctor about your PAD, and share copies with your family members and close friends. Always keep a copy of your PAD with you. You may want to discuss its contents with your mental health care provider(s), family and close friends. If those around you are familiar with the document, you may improve your chances of receiving the crisis care you want.

**What Should My Doctor Do With My PAD?** Your doctor should keep your PAD with your medical records. If it is officially decided that you lack capacity to make your own treatment decisions, your health care providers must follow your instructions about treatment as closely as possible. These instructions may be written in your PAD or given by your Health Care Agent. However, should your instructions differ from emergency care you might need, or conflict with accepted standards of medical care, a health care provider is not required to follow your instructions. Even if a part of your PAD cannot be followed, the rest of your instructions should be respected.

**When Would I Be Considered "Incapable"? When Would My Health Care Agent Start Making Treatment Decisions For Me?** The legal definition of incapacity varies by state. Generally, "incapable" means that your current mental state makes you unable to understand, make or communicate decisions about your mental health care. Your health care provider, or an attending physician or eligible psychologist, usually decides incapacity; however, a judge must make the decision in some states. A

determination of incapacity must be put in writing and empowers your Health Care Agent to take over making your treatment decisions.

**If I Change My Mind, Can I Revise Or Stop My PAD?** In many states, as long as you are considered “capable,” you may revise or end your PAD. However, this varies by state. For specific information about changing or stopping a PAD, see your state’s statutes or frequently asked questions at [www.NRC-PAD.org](http://www.NRC-PAD.org).

**Will My PAD Always Be Followed?** Your PAD would *not* be followed if:

- You are involuntarily committed to a hospital. Your hospital choices may be disregarded if you are involuntarily committed to a treatment facility. Your other instructions—about medications and other treatment issues—should still be followed.
- Your requested treatments are not available or workable, such as if no beds are available at the treatment facility you prefer.
- Your treatment preferences go against needed emergency treatment: If you need emergency care, your treatment providers may override your requests.
- Your instructions conflict with “generally accepted community practice standards” or applicable laws. If your directives are counter to respected, regular treatment standards or state law, your doctor’s decisions would take priority.

**Are There Any Problems With How PADs Work?** The PAD is a relatively new legal tool, and how enforceable it will be isn’t clear yet. Many mental health professionals are not familiar with PADs and how they work. In recent studies, most providers generally supported PADs for crisis planning and improving their clients’ health care. They had concerns, though, about where to get help in writing them, training other health care staff in their use and accessing a PAD in a crisis.

**If you should have additional questions or wish to complete an Advanced Directive, contact your case manager or Laura Davis, Director of Compliance and Continuous Quality Improvement, at (276) 223-3200.**

**Disclosure for Providers Licensed, Registered or Certified the Department of Health Professions**

The Department of Health Professions (DHP) provides oversight to the Commonwealth's 13 health regulatory boards and the Board of Health Professions that license and regulate Virginia's 350,000 healthcare practitioners across 80 professions. Each board works "To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."

For information about licenses, registrations or certifications, visit the Department of Health Professions website: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

To file a complaint about a provider, call 1-800-533-1560.

If you believe the licensee, certificate holder, or registrant may have engaged in unethical, fraudulent, or unprofessional conduct, you have the right to report to the Department.

Signatures: \_\_\_\_\_  
\_\_\_\_\_  
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# Mount Rogers Community Services Board

## Confidentiality of Substance Use Information

The confidentiality of substance use information maintained by Mount Rogers Community Services Board is protected by Federal law and regulations. Generally, Mount Rogers Community Services Board may not disclose information to any person or entity outside Mount Rogers Community Services Board that you participate or have participated in any substance use service, or disclose any information identifying you as having or having had a substance use issue unless:

- (1) You consent in writing;
- (2) The disclosure is allowed by a court order;
- (3) The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency in which your prior informed consent cannot be obtained; or
- (4) To qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by Mount Rogers Community Services Board is a crime. In accordance with Federal regulations, suspected violations may be reported by you or your guardian or Authorized Representative (if applicable) to the U.S. Attorney for the Judicial District of Western Virginia, 180 West Main Street, Abingdon, Virginia; phone 276- 628-4161. In addition, for opioid treatment programs, violations may be reported by you or your guardian or Authorized Representative (if applicable) to the Substance Abuse Mental Health Services Administration (SAMHSA) at 877-726-1727 (toll free). SAMHSA is responsible for opioid treatment program oversight. You or your guardian or Authorized Representative (if applicable) may also report suspected violations to the Privacy Officer at Mount Rogers Community Services Board at 276-223-3200.

Federal law and regulations do not protect any information about a crime committed by an individual either at Mount Rogers Community Services Board or against any person who works for Mount Rogers Community Services Board or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

Revised 2018