



NOTICE OF PRIVACY PRACTICES

(HIPAA and 42 CFR Part 2)

Effective Date: April 2026

PLEASE READ THIS CAREFULLY

This notice tells you:

- How we may use and share your health information
 - Your rights
 - How to get a copy of your information
-

WHO THIS APPLIES TO

This notice applies to:

- Rockbridge Area Health Center (RAHC)
 - All staff, providers, students, volunteers, and contractors
-

OUR DUTY TO YOU

We must:

- Keep your health information private
- Give you this notice
- Follow what this notice says
- Tell you if your information is not kept safe

We will not share your information in ways not listed here unless you say it is okay in writing.

WHAT INFORMATION WE KEEP

We may keep:

- Notes from your visits
 - Medicines and allergies
 - Test results
 - Shots (immunizations)
 - Care plans
 - Billing and insurance information
-

SPECIAL RULES FOR SUBSTANCE USE RECORDS

If you get substance use treatment (like Mountain View Recovery):

- Your records have extra protection under federal law

25 Northridge Lane • Lexington, VA 24450

Phone: (540) 464-8700 • www.rockahc.org • General fax: (540) 464-1323 • Confidential fax: (855) 806-0826



- Most of the time, we need your written permission to share them
- You can change your mind at any time
- These records cannot be used in court without special approval

MINORS (CHILDREN AND TEENS)

In some cases, minors can get care without a parent's permission, like:

- Birth control and reproductive care
- STI testing and treatment
- Mental health care
- Substance use treatment

These records may be kept private from parents if the law allows it.

YOUR RIGHTS

You can:

1. See and get your records

- Use the patient portal or ask for a copy
- We will respond within 15 business days

2. Ask us to fix your record

- If something is wrong, ask us to fix it
- We will respond within 60 days

3. Ask us to contact you a certain way

- Example: call your cell phone instead of home

4. Ask us not to share certain information

- We may not always agree
- If you pay in full, we will not send that visit to your insurance

5. Get a list of who we shared your information with

- Up to 6 years (HIPAA records)
- Up to 3 years (substance use records)

6. Get a copy of this notice

- You can ask for a paper copy anytime

7. Choose someone to act for you

- If they have legal permission

8. Say no to fundraising

- Tell us if you do not want to be contacted

9. File a complaint

- If you think your rights were not followed
- You will not get in trouble for filing a complaint

YOUR CHOICES

You can tell us if you want us to:

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- Share information with family or friends
- Share information in an emergency

We will follow your wishes when we can.

We will **not share your information without your written permission** for:

- Marketing
- Selling your information
- Most sharing of substance use records

HOW WE USE AND SHARE YOUR INFORMATION

We may use your information to:

Treat you

- Share with doctors, nurses, or specialists

Get paid

- Send bills to your insurance

Run our clinic

- Improve care
- Train staff
- Send reminders
- For substance use records, we usually need your written permission.

OTHER TIMES WE MAY SHARE INFORMATION

We may share your information when the law allows or requires it, like:

- Public health reporting
- Reporting abuse or neglect
- Preventing serious harm
- Working with government agencies
- Workers' compensation

In emergencies, we may share information if needed to protect you or others.

LEGAL SITUATIONS

We may share information if a court orders it.

Substance use records have extra protection and need special approval.

OUR RESPONSIBILITIES

We must:

- Keep your information safe
- Follow this notice
- Tell you if a breach happens

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CHANGES TO THIS NOTICE

We may update this notice at any time.

We will post updates:

- In our offices
- On our website: www.rockahc.org

CONTACT US

Privacy Officer

Rockbridge Area Health Center

Phone: 540-464-8700 ext. 7127

Email: privacy@rockahc.org

You can also contact:

U.S. Department of Health and Human Services

Office for Civil Rights

Phone: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints
