



Effective Date
3/26/2026

Email: welcome@trainingheartsva.com

Phone: (804) 210-5464

Website: www.trainingheartsva.com

Your Information. Your Rights. Our Responsibilities.

Per requirements outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), section **45 CFR Part 160** and **Section 45 Part 164**, 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.**

We also are subject to any additional laws and regulations regarding protected health information as outlined in the Code of Virginia § 32.1-127.1:03. Health records privacy ([§ 32.1-127.1:03. Health records privacy](#)).

Your Rights

You have the right to:

- Obtain a copy of your paper or electronic medical record that we maintain
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Receive a copy of **this** privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services



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- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

In cases of substance use disorder patient records, subject to 42 CFR part 2, we will not share any of that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

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.

Obtain an electronic or paper copy of your medical record

- You can ask to see or be provided with an electronic or paper copy of your medical records and other health information that we may have regarding you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We reserve the right to charge a reasonable, cost-based fee, if applicable.

Ask us to correct your medical 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 are permitted to say "no" to your request, but if this applies we will provide you with reasoning as to "why" via written notice, within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example: home, office, or cell phone) or to send mail to an address on file or to a different address if one is provided to us at the time of the request.
- We will say "yes" to all **reasonable** requests.



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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 may say deny this request in cases of potentially detrimental outcomes regarding individuals' care. If we agree to your request, we may still share this information in the event that you need emergency treatment or there is a life threatening event in progress.
- 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 provide one accounting per year for free but will 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 on your behalf

- If someone has authority to act as your personal representative, such as if someone has your 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 verify that 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 file an official complaint if you feel we have violated your rights by contacting us using the information on page 1.



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- You can also 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- 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 or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may 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

If Applicable: If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.



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Our Uses and Disclosures

How do we typically use or share your health information?

We will never market or sell your information.

If we have to use or share your information at all, we might 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: A verified care team member reaches out to one of the clinicians or a Training Hearts administrator seeking information regarding you.

Run our organization

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

Example: We use health information about you to manage your treatment and services.

Bill for your services

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

Example: We give information about you to your waiver provider so it will pay for the services you receive from us.

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 must meet many conditions in the law before we can share your information for these purposes.



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In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

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.

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



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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.

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 provide you with a copy of it or make one available for download on a public website.
- We will not use or share your information other than as described in this notice unless you tell us differently in writing. If you tell us we can, you may change your mind at any time but you must let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We are within our rights to change the terms of this notice at any time. If a change is made to this notice, this/these change(s) will apply to all information we have regarding you. The new notice will be available upon request, in our office, and on our web site and you will be made aware of any changes made that affect your health information.

Contact Information

For questions regarding any information on this notice or requests for health records, please contact:

Christine Goulet, Operations Manager at cgoulet@trainingheartsva.com



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Acknowledgement of Notice of Privacy Practices

Printed Name of Individual: _____

Individual's Date of Birth: _____

We at Training Hearts are required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any questions or objections to the Notice, please ask to speak to with our team member listed above in person or by phone at the number provided on this form. If you would like a copy of this Notice, please ask.

I hereby acknowledge the I have read and reviewed this HIPAA Notice of Privacy Practices document.

Signature of individual or individual's representative/parent

Printed name of individual or individual's representative/parent

Relationship to individual

Date Signed