

HIPAA Privacy Notice

(Effective July 16, 2014)

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

Understanding the Type of Information We Have—We get information about you when you come to us for service. It includes your date of birth, sex, ID number, and other personal information. We may also get bills, reports from your doctor, and other data about your physical and mental health.

Our Privacy Commitment to You—We care about your privacy. The information we collect about you is private and is protected by law: The Federal Health Insurance Portability and Accountability Act (HIPAA). We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purpose of treatment, payment, business operations, or when we are required by law to do so.

- **Treatment:** We may disclose health information about you to coordinate your health care. For example, we may notify your primary care doctor about medications our psychiatrist prescribes for you. We may disclose information to other health care providers in our service network such as a group home in which you reside.
- **Payment:** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may need to inform the insurance company about your diagnosis in order to obtain payment or to obtain prior approval for treatment.
- **Business Operations:** We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you receive.
- **Exceptions:** For certain kinds of records, your permission may be needed even for treatment, payment and business operations.
- **As Required by Law:** We will release information when we are required by law to do so. Examples of such releases would be for national security purposes, subpoenas or other court orders, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.
- **With Your Permission:** If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission

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

Your Privacy Rights—You have the following rights regarding the health information we have about you. Your requests must be made in writing to Community Mental Health for Central Michigan at the address below.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your records. **In most cases, the information will be provided within 30 days of your request.** You may be charged a fee for the cost of copying your records.
- **Your Right to Amend:** You may ask us to change your records. If you feel there is a mistake, you have the right to add a statement. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of disclosures made **during the 6 years prior to your request.** This list will not include the times that information was disclosed for treatment, payment, or health care operations. You may be charged a fee for the cost of copying.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such request.
- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request. We will attempt to honor your request.

Choose Someone to Act for You—If you have given someone medical power of attorney or if someone is your legal guardian (for medical purposes), 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.

Changes to This Notice—We reserve the right to revise this notice. A revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be available at our offices. You may call or stop by to receive a revised notice.

Application—This notice is a joint notice for separate health care providers who contract with Community Mental Health for Central Michigan. These providers offer outpatient, residential, community support, work and social recreation services. These providers are located within the Central Michigan area.

Notification—We will let you know promptly if a breach occurs that may have compromised your information.

How to Use Your Rights Under This Notice—If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

- **Complaints to the Federal Government**: If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. The contact information below is for the Office of Civil Rights covering Michigan. You may write to:

Office of Civil Rights
Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Or visit: www.hhs.gov/ocr/privacy/hipaa/complaints/

For questions call
Phone: (312) 886-2359
TDD: (312) 353-5693
FAX: (312) 886-1807
Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

- **Complaints and Communications to Us**: If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues, or if you wish to file a complaint, you may write to:

Privacy Officer
Community Mental Health for Central Michigan
301 South Crapo Street, Suite 100
Mt. Pleasant, MI 48858
Phone: 989-772-5938
Email: privacy@cmhcm.org

You will not be penalized for filing a complaint.

Additional laws may further protect your private information. These laws include the Michigan Mental Health Code and 42 CFR Part 2.

Copies of This Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).