

Huron Valley Consultation Center, Inc.

NOTICE OF PRIVACY PRACTICES

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

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.
PLEASE REVIEW IT CAREFULLY.

We understand the importance of Your Protected Health Information (hereafter referred to as "PHI") and follow strict polices (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care. Our policies cover protection of your PHI whether oral, written or electronic.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003, and will remain in effect until we replace or modify it.

In addition, we follow privacy rules as put forth in the Michigan Mental Health Code. As a part of your treatment you will receive the "Your Rights" booklet outlining state laws pertaining to privacy. You may also access this information at http://michigan.gov/documents/rightsbooklet_9716_7.pdf.

Whenever a conflict between state and federal law exists, we adhere to the most restrictive guidelines to help ensure the highest level of protection for your health information.

OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

In addition to providing you your rights as detailed in this notice, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative and technical safeguards to protect the information.
- Provide you this notice.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality
- Implement a sanction policy to discipline those who breach privacy/confidentiality.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.
- We will not use nor disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

OUR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

- **To You and Your Personal Representative:** We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).
- **For Treatment:** We may use and disclose your PHI to health care providers (doctors, dentists, pharmacies, hospitals and other caregivers) who request it in connection with your treatment.
- **For Payment:** We may use and disclose your PHI for our payment-related activities. For example: We may send a bill to you or to a third party payer, such as a health insurer.
- **For Health Care Operations:** We may use and disclose your PHI for our health care operations, including for example: Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation. We may also disclose your PHI to other providers who have a relationship with you for certain of their health care operations. For example, we may disclose your PHI for their quality assessment improvement activities or for health care fraud and abuse detection. We may contact you to provide appointment reminders .
- **Communication with Family Members:** We may disclose to a family member, another relative, a close personal friend or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.
- **We may disclose health information to funeral directors consistent with applicable laws to enable them to carry out their duties.**
- **We may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.**
- **When Required by Law:** We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.
- **For Matters in the Public Interest:** We may use or disclose your PHI without your written permission for matters in the public interest, including for example: Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight. Reporting adult abuse, neglect, domestic violence or for other law enforcement activities as required by law. Reporting to organ procurement and tissue donation organizations. Averting a serious threat to the health or safety of others
- **For Research:** We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.

• **Business Associates:** From time to time we engage third parties to provide various services for us. Whenever such an arrangement exists with a third party, we will have a written contract with that party to protect the privacy of your PHI.

• If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of others.

• Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

• For national security or intelligence purposes.

• Other uses and disclosures may be made only with your written authorization.

YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD

• You have the right to access your PHI. At any time you may choose to review, inspect and receive a copy of your health information. We may provide a charge for record copying. We may however deny you access to your health record if that access would cause harm to you or another person or if access to certain information is prohibited by law. If we deny access we will explain why and what your rights are, including how to seek review.

• You have the right to request amendments or correction of your health information. We may deny this right if: We did not create the record or if that record is not available to you as described immediately above. You have the right to request that your physician amend your record.

• You have the right to obtain an accounting of nonroutine uses and disclosures. You also have the right to an accounting of uses and disclosures for treatment, payment and health care operations. We must provide the accounting within 60 days. This access may be denied depending on circumstances.

• You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing.

• You have a right to a copy of this notice (our privacy practices).

• You have a right to request restrictions on use and disclosure of your health information. For example: Health information paid for in full by you may be withheld from insurance carriers or if you choose not to have your PHI go to an employee self-funded health plan if the provider has been paid in full by you.

• Where applicable you have the right to request an electronic record of your PHI.

• Where applicable you have the right to request any disclosures of electronic PHI over the preceding three years.

• You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

HOW TO GET MORE INFORMATION ABOUT OUR PRIVACY PRACTICES

PLEASE CONTACT:

**ALEX MARTINEZ, MSW, DIRECTOR AND PRIVACY OFFICER
HURON VALLEY CONSULTATION CENTER, INC.
2750 SOUTH STATE STREET
ANN ARBOR, MI 48104**

FOR MORE INFORMATION ABOUT HIPAA OR TO FILE A COMPLAINT

**U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF CIVIL RIGHTS
200 INDEPENDENCE AVENUE, S.W.
WASHINGTON, D.C. 20201
877-696-6775 (TOLL FREE)**

FOR MORE INFORMATION ABOUT THE JOINT COMMISSION, OUR ACCREDITING ORGANIZATION, OR TO FILE A COMPLAINT:

**THE JOINT COMMISSION OFFICE OF QUALITY MONITORING
ONE RENAISSANCE BOULEVARD
OAKBROOK TERRACE, IL 60181
(800) 994-6610**

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS THAT YOU HAVE GIVEN US.
