

## Changes to this Notice

## Copies of this Notice

We reserve the right to revise this notice. A revised notice will be effective for medical 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 published on our website.

[www.miOttawa.org](http://www.miOttawa.org)

To request an expanded version of this notice please contact:

**Corporation Counsel**

12220 Fillmore, Suite 331  
West Olive, MI 49460  
(616) 738-4865  
(800) 764-4111

or access online at:  
[www.miOttawa.org/hipaamain.htm](http://www.miOttawa.org/hipaamain.htm)

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:

**OCDPH Privacy Officer**

12251 James Street, Suite 400  
Holland, MI 49424  
(616) 396-5266  
(800) 764-4111

or access online at:  
[www.miOttawa.org/hipaamain.htm](http://www.miOttawa.org/hipaamain.htm)



*mi*Ottawa Department of  
**Public Health**

[www.miOttawa.org/miHealth](http://www.miOttawa.org/miHealth)



*mi*Ottawa Department of  
**Public Health**

# HIPAA

## Privacy Notice

Condensed Version

Effective April 14, 2003

# Privacy Notice

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW PERSONAL 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 enroll in a health plan, or use our healthcare services. The information we receive includes your date of birth, ID number(s) and other personal information.

**Our Privacy Commitment To You.** The information we collect about you is private. 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:

**Treatment.** We may disclose medical information about you to coordinate your health care.

**Payment.** We may use and disclose information so the care you get can be properly billed and paid for.

**Healthcare/Business Operations.** We may use and disclose information in connection with our healthcare/business operations.

**Exceptions.** For certain kinds of records, your permission may be needed to release information for treatment, payment and healthcare/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 law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.

**Michigan's Dental Patient Consent Law.** We are required by Michigan Law to obtain your written consent prior to making certain disclosures of your health information.

**With Your Permission.** In addition to our use of your health information for treatment, payment or healthcare/business operations, you may give us written permission to use your health information or to disclose it to anyone for any purpose. If you give us permission, you have the right to change your mind and revoke it. This must also be in writing. We cannot take back any uses or disclosures already made with your permission.

## Your Privacy Rights

**You have the following rights regarding the health information that we have about you:**

**Your Right to Inspect and Copy.** In most cases, you have the right to look at or get copies of your records. 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 that there is a mistake. 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 a right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or healthcare/business operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

**Your Right to Request Restrictions on Our Use or Disclosure of Information.** 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.

**Your request regarding the health information that we have about you must be made in writing to:**

OCDPH Privacy Officer  
12251 James Street, Suite 400  
Holland, MI 49424

## 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. 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. You may write to:

**Office of Civil Rights  
Department of Health & Human Services**  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Phone: (866) 627-7748  
TTY: (866) 788-4989

Email: [ocrprivacy@hhs.gov](mailto: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, communicate with us about privacy issues or if you wish to file a complaint, you can write to:

**Corporation Counsel**  
12220 Fillmore, Suite 331  
West Olive, MI 49460

Phone: (616) 738-4865  
(800) 764-4111

*You will not be penalized for filing a complaint.*