

YOU HAVE RIGHTS

- **You have the right to inspect and copy your protected health care information.** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI.
- **You have the right to ask us to not release parts of your protected health care information.** This means you may ask us not to use or release any part of your PHI for treatment, payment, or healthcare operations purposes. Please discuss any restriction you wish to request with your treating professional.
- **You have the right to request to receive confidential communications from us by another means or at another location.**
- **You have the right to be told of any releases we have made of your protected health care information.** This right does not apply to releases for treatment, payment, or healthcare operations that we have described. Ask your treating professional or call our Privacy Officer, Briana Fowler, at 616-393-5763 if you have questions.
- **You have the right to get a paper copy of this notice from us.**
- **You have the right to amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask to change the information.

OUR PLEDGE REGARDING YOUR MENTAL HEALTH INFORMATION

We understand that information about you and your mental health is personal. We are committed to protecting mental health information about you. We create a record, paper and electronic, of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records for your care generated by Community Mental Health of Ottawa County and others we pay to care for you.

This Notice of Privacy Practices describes how we may use and release (give to others) your Personal Health Information (PHI). We may use it to carry out treatment/support, payment, or health care operations. We may also use it for other purposes that are permitted or required by law. This notice also describes your rights to see and control your PHI.

We are required to do what we say we will do in this Notice of Privacy Practices. We may change our notice at any time. The new notice will cover all PHI that we keep at the time of the new notice. If you ask, we will give you any new Notice of Privacy Practices. You can also get this information on our website, www.miOttawa.org/cmh. You can also call our office and ask us to send you a copy in the mail, or you can ask for one at the time of your next appointment.

COMPLAINTS OR QUESTIONS?

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may contact the Secretary of Health and Human Services at 201 Independence Ave. SW, Washington, DC 20201, or by calling 202-619-0257 or 1-877-696-6775. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, Briana Fowler for further information about the complaint process. Complaints about the agency can be mailed to:

Privacy Officer: Briana Fowler
Community Mental Health of Ottawa County
12265 James Street - Holland, MI 49424

YOUR PROTECTED HEALTH INFORMATION

NOTICE OF PRIVACY PRACTICES



www.miottawa.org/cmh

WHAT IS “PROTECTED HEALTH INFORMATION”?

“Protected health information” or PHI is information about you that could identify you. Information about your past, present or future physical or mental health condition, and your health care services. Examples of PHI include your name, address, telephone number, date of birth, diagnosis (the condition that you’re receiving services for), your Person-centered planning goals and your progress toward those goals.

WHEN YOU SIGN OUR INITIAL “SERVICE AGREEMENT” FOR THE USE AND RELEASE OF YOUR PHI THIS MEANS:

For Treatment: We will use and release your PHI within our Provider Network when we are giving you services. We will also release your PHI when we are helping you get other services you need from within our Provider Network. This includes services you may get from another agency or person that already has your okay to use your PHI. For example, we would release needed parts of your PHI to a home health agency that gives you care. Also, we may release your PHI to another doctor or health care provider. This could be a specialist or laboratory that helps us with your treatment.

For Payment: We will use the parts of your PHI needed to get payment for your health care services.

Healthcare Operations: We may use or release your PHI in order to support the business activities of this agency.

These activities include such things as:

- making sure we meet goals and standards
- judging how well our employees do their job
- training workers and volunteers
- licensing or accreditation of our agency
- carrying out other business activities

You must give us special permission by signing a “Release of Information” form for any use or release of your PHI that is not covered in the initial Service Agreement.

You may cancel this authorization in writing at any time (unless our agency has already released your PHI based on the permission you gave us).



WHEN CAN PHI BE RELEASED WITHOUT MY CONSENT, AUTHORIZATION, OR AN OPPORTUNITY FOR ME TO OBJECT?

We may use or release your PHI in the following situations **required by law** without your consent or authorization. **You will be notified of any such uses or disclosures.**

Public Health: The release will only be made for the purpose of controlling disease, injury, or disability.

Health Oversight: To agencies that are responsible for making sure our services meet quality standards for activities such as audits, investigations, and inspections.

Food and Drug Administration: This would be for the following reasons:

- to report adverse events, product defects, or problems
- to help track products
- to allow product recalls
- to make repairs or replacements
- to allow other types of product monitoring

Legal Proceedings: We may release PHI if a judge specifically orders your PHI to be released.

Law Enforcement: We may also release PHI for law enforcement purposes. These may include:

- limited information requests for identification and location purposes related to victims of a crime
- if there is suspicion that death has occurred as a result of a crime
- in the event that a crime occurs on the property of our agency
- if there is a medical emergency not on the agency's property where it is likely there has been a crime.

Coroners or Medical Examiners: For identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties.

Criminal Activity: If you tell your treating professional that you are going to harm another person, we may release your PHI to the police and the person you threaten to harm.

National Security & Intelligence Activities: We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Required Uses and Disclosures: We must release your PHI to the Department of Health and Human Services so they can make sure we are following the law (Section 164.500 et seq).

Abuse or Neglect: We will release your PHI to the Michigan Department of Human Services if we think there may have been child abuse or neglect, or vulnerable adult abuse or neglect. Federal and State laws require these reports. Michigan law does not require us to notify you when we make a report about Abuse or Neglect.

WHAT PHI CAN BE SHARED WITH MY PERMISSION?

You have the right say how we can use or disclose your PHI. We may use and release your PHI in the kinds of situations we describe below.

Emergencies: We may use or release your PHI in an emergency treatment situation. If this happens, we will try to get your consent as soon as possible after the delivery of treatment.

Communication Barriers: If you are an adult 18 years of age or older and do not have a guardian, we may use and release your PHI if someone at the agency tries to get consent from you but cannot because of substantial communication barriers. “Substantial communication barrier” means that you do not use any kind of speech, or other type of communication such as a body signal like blinking of the eyes for yes or no. If your treating professional determines, using professional judgment, that you intend to consent to this use or release under the circumstances, the following guidelines must be met:

- A witness not employed by this agency (preferably a family member or advocate) agrees that you cannot give consent.
- The witness signs a written statement agreeing that you were unable to give any type of consent and giving the reason why this is true.