



HIPAA **PRIVACY NOTICE**

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.

OUR RESPONSIBILITIES

We are required by HIPAA (Health Insurance Portability and Accountability Act) to maintain the privacy and security of your Protected Health Information (PHI). Your PHI consists of identifiable information that we create, receive or transmit that relates to your past, present, or future physical or mental health condition, treatment, or payment for treatment. We also must follow the duties and privacy practices described in this notice and we must notify you promptly if a breach occurs that compromises the privacy or security of your PHI.

HOW WE MAY USE AND SHARE YOUR PHI WITHOUT YOUR CONSENT

■ **TREATMENT**

We can use and share your PHI to coordinate care with other healthcare providers. For example, we may notify your primary care doctor about medications we prescribe to you or share your PHI to help get lab draws, medical equipment, or to coordinate services in the community.

■ **PAYMENT**

We can use and share your PHI to bill and get payment from health plans and other entities. For example, your PHI can be used to help determine your eligibility or coverage under a health insurance plan.

■ **HEALTH CARE OPERATIONS**

We can use and share your PHI for our business operations and to improve the quality of your care. For example, we may review a sample of records to make sure that the services we provided were accurately documented and authorized.

■ **AS REQUIRED TO COMPLY WITH LAW**

We will share your PHI if we are required to do so by law. Examples may include contacting law enforcement if serious harm is threatened against another person; to report abuse or neglect; to respond to subpoenas and court orders; to report communicable diseases; to help with disaster relief; to allow government agencies to review our activities; for national security purposes; or in other kinds of emergencies.

HOW ELSE WE MAY SHARE YOUR INFORMATION

■ **WITH YOUR CONSENT**

If you give us consent, we can share your PHI with individuals that you designate. For example, you may ask us to share your PHI with people who support you, like your family or partner. Or you may ask us to share your PHI with entities like attorneys, schools, or to help with benefits. You can revoke the consent you have given at any time but we cannot take back any disclosures we have already made with your permission. Consent must be revoked in writing.

■ **SUBSTANCE USE DISORDER TREATMENT RECORDS**

If you have had treatment for substance use disorder (SUD) at a qualifying facility and we have copies of those records, we will not disclose them without your express written consent.

■ **BUSINESS ASSOCIATES**

We provide some services through contracts with other providers. We may share your PHI so they can perform the job we have asked them to do and bill for it. However, we require the contractor to follow all HIPAA regulations to protect your PHI.

■ **MARKETING, FUNDRAISING, RESEARCH**

We will not use your PHI for marketing, fundraising, or research without your permission.

■ **OTHER**

For any other types of uses or disclosures not described in this notice, we will ask for your written authorization before sharing or using your PHI.

YOUR RIGHTS

To exercise your rights, please submit your requests to NCCMH in writing. You have the right to:

■ **ACCESS YOUR RECORDS**

You can ask to see or get an electronic or paper copy of your medical record. We will release your records as soon as possible, but within 30 days. There may be a reasonable fee.

■ **CORRECT OR AMEND YOUR RECORD**

You can ask us to change PHI that you think is wrong or incomplete. We can deny your request, but we must tell you why in writing within 60 days. You can also ask us to add your written statement to your record to correct or amend it. We will not deny this request.

■ **REQUEST RESTRICTIONS ON USE AND DISCLOSURES**

You can ask us not to use or share certain PHI for treatment, payment, or operations. We do not have to agree to your request if it would affect your care. If you pay for a service or item out-of-pocket in full, you can ask us not to share it with your health insurer for the purpose of payment or operations. We will honor this request unless otherwise required by law.

■ **REQUEST PRIVATE COMMUNICATIONS**

You can ask us to send communications to you in a specific way. For example, you can give us your home or office phone number or ask us to send mail to a different address. We will not deny reasonable requests.

■ **REQUEST A LIST OF DISCLOSURES**

You can ask for a list (accounting) of the times we have shared your PHI, why, and to whom, for six years prior to the date you ask. There are exceptions that may apply to what is included on the list. We will provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.

■ **GET A PAPER COPY OF THIS NOTICE**

You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. You do not need to put this request in writing.

COMPLAINTS

You can submit a complaint if you feel we have violated any of the rights explained in this notice. You will not be retaliated for doing so.

You can file your complaint with NCCMH or with the Federal Government:

NCCMH Privacy Officer
1420 Plaza Drive
Petoskey, MI 49770
Phone: 231-439-1240 (TTY: 711)
Email: privacy@norcocmh.org

Centralized Case Management Operations
U.S. Dept. of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov
ONLINE: [OCR Complaint PORTAL](#)

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice. The change will be effective for PHI we maintained before and after the revision. If we make changes, we will provide you with a new copy. The most current notice will always be posted and available at our offices and on our website: www.norcocmh.org. We are required to abide by the terms of the notice that is currently in effect.