

# HIPAA NOTICE OF PRIVACY PRACTICES



Effective Date: **09/23/2013**  
Reviewed and Verified: **07/10/18**

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. PLEASE NOTE THAT THIS NOTICE IS SEPARATE FROM THE NOTICE YOU HAVE RECEIVED RELATIVE TO YOUR RIGHTS UNDER THE MICHIGAN MENTAL HEALTH CODE.

If you have any questions about this notice, please contact our Privacy Officer (contact information is set forth at the very end of this notice).

Terms used, but not defined in this notice have the meanings set forth in the Federal HIPAA Law.

## WHO WILL FOLLOW THIS NOTICE

This notice describes VBCMHA's practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units and facilities and site locations of.
- VBCMHA's "doing business as" names (or, DBAs).
- Any member of an organized healthcare arrangement in which VBCMHA participates (i.e., this notice may cover more than one covered entities' activities – all members of the organized healthcare arrangement have agreed/will agree to abide by the terms of this notice).
- Any member of a volunteer group we allow to help you while you are at VBCMHA.
- All employees, staff and other VBCMHA personnel.

## OUR PLEDGE REGARDING MEDICAL INFORMATION

VBCMHA understands that medical information about you and your health is personal, and VBCMHA is committed to protecting medical information about you and keeping it private. VBCMHA creates a record regarding your information and information regarding the care and services you receive at VBCMHA. VBCMHA needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the medical information/"protected health information" or "PHI" which VBCMHA creates or receives, whether made by VBCMHA personnel or another health care provider. Medical information includes information that can be used to identify you that is created or received about your past, present, or future health or condition, the provision of healthcare to you, or the payment for the health care. We are required by law to protect the privacy of this information.

This notice will tell you about the ways in which VBCMHA may use and disclose medical information about you. This notice also describe your rights and certain obligations VBCMHA has regarding the use

and disclosure of medical information.

VBCMHA is required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect; and
- If medical information is used or disclosed in violation of the law, notify you if the use/disclosure is a “Breach of Unsecured Protected Health Information” (as such terms are defined by the Federal HIPAA Law).

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that VBCMHA uses and discloses medical information. For each category of uses or disclosures VBCMHA will explain what we mean and try to give some examples. Not every specific use or disclosure or type of use/disclosure in a category will be listed. However, all of the ways VBCMHA is permitted to use and disclose information will fall within one of the categories.

*Any other uses and disclosures not described in this notice will not be made without your authorization.*

Also note that while the HIPAA law may allow VBCMHA to use and disclose your medical information without obtaining a special written authorization or consent from you (e.g., for treatment, payment and operations), VBCMHA may be required by the Michigan Mental Health Code to obtain a general consent from you in connection with certain uses and disclosures that fall within some of the categories described in this Notice.

### Substance Abuse Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.



Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

## ***Highly Sensitive Information: Authorization May Be Required***

Our records may contain information regarding your mental health, substance abuse, pregnancy, sexually transmitted diseases, HIV/AIDS/ARC or other types of highly sensitive/protected information. Records of these types may be protected by additional restrictions under state and federal law, which we will comply with. Disclosing these types of information may, but not necessarily, require authorization/consent from you. For example, with regard to mental health records, VBCMHA complies with the Michigan Mental Health Code and will obtain your general consent with regard to many of the categories discussed in this Notice even though HIPAA may not require that VBCMHA obtain such consent.

## **Disclosures That Generally Require Authorization: Psychotherapy Notes and Marketing**

Your authorization is required for most uses and disclosures of your medical information involving psychotherapy notes. Please note, however, psychotherapy notes are narrowly defined under HIPAA and do not include all mental health care records. In most cases, VBCMHA does not have psychotherapy notes as defined by HIPAA.

Your authorization is also required for most uses and disclosures of your medical information for “Marketing” purposes, including subsidized treatment communications, or for disclosures that constitute the “Sale” of medical information. Please be aware, however, that HIPAA’s definitions of “Marketing” and “Sales”, and the restrictions related thereto, are technical, include exceptions, and do not apply to all situations that you may personally consider to be marketing or sales. VBCMHA will only use and/or disclose medical information for marketing or sales purposes in accordance with HIPAA and state law (including the Michigan Mental Health Code), which in some, but not all, situations requires your authorization or consent to do so. If your authorization is not required, and HIPAA/state law allows for a use that you may personally consider to be a use or disclosure for marketing/sales purposes, we may utilize your information for such purposes without your consent (examples include, but are not limited to, face-to-face communications to you about a product, to provide refill reminders, research purposes, and the sale, transfer, merger or consolidation of all or part of VBCMHA).

## **Disclosure At Your Request**

VBCMHA may disclose information when requested by you. This disclosure at your request may require a written authorization by you.



## **Treatment / Payment / Healthcare Operations - Generally**

VBCMHA may use or disclose health information for purposes of providing treatment, obtaining payment for treatment and conducting health care operations. HIPAA allows VBCMHA to conduct these activities without obtaining a written HIPAA authorization from you. However, for some of the activities, VBCMHA may be required by the Michigan Mental Health Code to obtain consent from you.

## **For Treatment**

VBCMHA may use medical information about you to provide you with medical treatment, healthcare, or other related services (including for care coordination purposes). VBCMHA may disclose medical information about you to doctors, nurses, social workers, or other providers or VBCMHA personnel who are involved in taking care of you. For example, we may disclose information about you for treatment coordination purposes to a pharmacy to fill a prescription or to a subcontracted provider who is providing

services to you. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of treatment activities of the other provider. Different departments of VBCMHA also may share medical information about you in order to coordinate the different things you need.

### **For Payment**

VBCMHA may use and disclose medical information about you so that the treatment and services you receive at or from VBCMHA may be billed and payment may be collected. VBCMHA may also disclose your medical information to another health care provider or payor of health care for the payment activities of that entity. For example, VBCMHA may need to give your health plan information about the care you received at VBCMHA so that your health plan will pay VBCMHA for the care provided. VBCMHA may also tell your health plan about a treatment you are going to receive to obtain prior approval, referrals, or to determine whether your plan will cover the treatment. VBCMHA may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside VBCMHA who are involved in your care, to assist them in obtaining payment for services they provide to you. VBCMHA may also need to use and disclose your medical information in various appeals processes to defend the necessity of services offered in the past, and to pursue collections actions for services which we have rendered to you.



If you do not want to disclose medical information about you to your health plan, you have the right to pay for all services and care out of pocket, and to inform us that you wish to restrict the information disclosed to your health plan. Under federal law, we must comply with certain restrictions on disclosures of your protected health information if you have paid out of pocket in full. For more information, see your rights listed below.

### **For Health Care Operations**

VBCMHA may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run VBCMHA and make sure that all of our patients receive competent, quality health care, and to maintain and improve the quality of health care that VBCMHA provides. We may also provide your medical information to our accountants, attorneys, and consultants who perform services on our behalf. VBCMHA may additionally provide your medical information to various governmental or accreditation entities to maintain VBCMHA license(s) and accreditation. For example, VBCMHA may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

### **Limited Data Sets**

VBCMHA may use or disclose certain parts of your medical information, called a “limited data set,” for purposes of research, public health reasons or for our health care operations. VBCMHA would disclose a limited data set, only to third parties that have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

## **Disclosures to the Secretary of Health And Human Services**

VBCMHA might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether VBCMHA is complying with privacy laws.

## **De-Identified Information**

VBCMHA may use your medical information, or disclose it to a third party whom VBCMHA has hired, to create information that does not identify you in any way. Once VBCMHA has de-identified your information, it can be used or disclosed in any way according to law.

## **Disclosures by Members of VBCMHA'S Workforce**

Members of VBCMHA's workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that VBCMHA has engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official to the extent permitted by Federal and State law.

## **Sharing Within Organized Health Care Arrangement**

Covered entities participating in any organized health care arrangement in which we could participate may/will share medical information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

## **Health-Related Products And Services**

So long as done in compliance with the HIPAA marketing/sale of PHI rules, VBCMHA is permitted to use and disclose medical information to tell you about our health-related products or services that may be of interest to you. If you do not wish VBCMHA to contact you regarding health related-products and services, you must notify VBCMHA in writing and state that you wish to be excluded from this activity.

## **Fundraising Activities**

VBCMHA may use medical information about you, or disclose such information to a foundation related to VBCMHA or a fundraising-related service provider, to contact you in an effort to raise money for VBCMHA and its operations. VBCMHA only would release contact information, such as your name, address and phone number and the dates you received treatment or services at VBCMHA. If you do not want VBCMHA to contact you for fundraising efforts, you have the right to opt out by notifying our Privacy Officer (contact information is set forth at the very end of this notice) in writing. Moreover, under the Michigan Mental Health code VBCMHA will obtain a general consent from you prior to any disclosures for fundraising.

## **To Individuals Involved In Your Care or Payment For Your Care (And Your Opportunity To Object)**

Although HIPAA does not require that we obtain a written HIPAA authorization for certain disclosures to family members or friends, the Michigan Mental Health Code requires that we obtain your consent prior to disclosing your health information to a family member or friend who is not your personal

representative. VBCMHA will continue to follow its current policy to obtain written consent under the Michigan Mental Health Code when disclosing patient information to a family member or friend who is not your personal representative.

### **For Research**

Under certain circumstances, VBCMHA may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. Before VBCMHA uses or discloses medical information for research, the project will have been approved through this research approval process, but VBCMHA may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave VBCMHA. The Michigan Mental Health Code also has specific requirements related to outside research that VBCMHA will follow.

### **As Required By Law**

VBCMHA will disclose medical information about you when required to do so by federal, state or local law.

### **To Avert A Serious Threat To Health Or Safety**

VBCMHA may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat, or to law enforcement in particular circumstances and only if allowed by Michigan law.

### **Third Parties/Business Associates**

VBCMHA may disclose your medical information to third parties (sometimes called business associates) with whom VBCMHA has contact to perform services on VBCMHA's behalf. If VBCMHA discloses your information to these entities, VBCMHA will have a written agreement with them to safeguard your information.

## **SPECIAL SITUATIONS**

### **Organ and Tissue Donation**

When applicable, VBCMHA may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Military and Veterans**

If you are a member of the armed forces, VBCMHA may release medical information about you as required by military command authorities. VBCMHA may also release medical information about foreign military personnel to the appropriate foreign military authority.



## **Workers' Compensation**

VBCMHA may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **Public Health Activities**

VBCMHA may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report regarding the abuse or neglect of children, elders, and dependent adults; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a personal who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

## **Health Oversight Activities**

VBCMHA may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

## **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, VBCMHA may disclose medical information about you in response to a court or administrative order. VBCMHA may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In some situations, however, a HIPAA authorization or similar safeguarding process may be required prior to release.

## **Law Enforcement**

VBCMHA may release certain medical information if asked to do so by a law enforcement official: as required by law; in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, VBCMHA is unable to obtain the person's agreement; about a death VBCMHA believes may be the result of criminal conduct; about criminal conduct at VBCMHA; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime. There may be certain circumstances noted above, wherein VBCMHA may be required to obtain a general consent from you under Michigan law. In such cases, VBCMHA will comply with the more restrictive Michigan law.



## **Coroners, Medical Examiners and Funeral Directors**

VBCMHA may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. VBCMHA may also release medical information about patients of VBCMHA to funeral directors as necessary to carry out their duties.

## **National Security and Intelligence Activities**

VBCMHA may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **Protective Services for the President and Others**

If applicable, VBCMHA may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, VBCMHA may disclose medical information about you to the correctional institution or law enforcement official.



This disclosure would be necessary:

1. for the institution to provide you with health care.
2. to protect your health and safety or the health and safety of others.
3. for the safety and security of the correctional institution. VBCMHA, however, will also abide by any Michigan law requirements to the extent that they are stricter in protecting your information.

## **Special Categories of Information**

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use of disclosure of certain categories of information such as treatment for mental health conditions or alcohol and drug abuse. As discussed above, for example, to the extent that the Michigan Mental Health Code provides more protections to you with regard to your medical information than HIPAA, VBCMHA will comply with the Michigan Mental Health code.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

In addition to other rights you may have under the Michigan Mental Health Code, you have the following rights under HIPAA regarding medical information that VBCMHA maintains about you.

### **Right to Inspect and Copy**



You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). If VBCMHA uses or maintains your medical information in an electronic health record, you have the right to obtain an electronic copy of such information. Furthermore, you have the right to direct VBCMHA to transmit such electronic copy directly to another entity or person that you designate. If you request a copy of the information, VBCMHA may charge a fee for the costs of copying,



mailing or other supplies associated with your request.

VBCMHA may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by VBCMHA will review your request and the denial. The person conducting the review will not be the person who denied your request. VBCMHA will comply with the outcome of the review.

We may charge a reasonable cost based fee for labor in copying medical information and postage when you request information be transmitted by mail or courier.

### **Right To Electronic Access**



You have the right to access electronic copies of your medical information when requested (to the extent that we maintain the information in an electronic form). When information is not readily producible in the electronic form and format you have requested, we will provide you the information in an alternative readable electronic format as we may mutually agree upon.

Though we are not required to do so, we are advising you in this notice that, if you request that information available in an electronic format be provided via email, that email is an unsecure medium for transmitting information and that there is some risk if medical information is emailed. Information transmitted via email is more likely to be intercepted by unauthorized third parties than more secure transmission channels. If we agree to email you information, you are accepting the risks we have notified you of, and you agree that we are not responsible for unauthorized access of such medical information while in transmission to you based on your request, or when the information is delivered to you.

### **Right to Amend**

If you feel that medical information VBCMHA has about you is incorrect or incomplete, you may ask VBCMHA to amend the information. You have the right to request an amendment for as long as the information is kept by or for VBCMHA.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer (contact information is set forth at the very end of this notice). In addition, you must provide a reason that supports your request.

VBCMHA may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, VBCMHA may deny your request if you ask VBCMHA to amend information that:

1. Was not created by VBCMHA, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the medical information kept by or for VBCMHA?
3. Is not part of the information which you would be permitted to inspect and copy.
4. Is accurate and complete.

Even if VBCMHA denies your request for amendment, you have the right to submit a written statement of disagreement with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the statement of disagreement to be made part of your medical record, VBCMHA will attach it to your records and include it whenever VBCMHA makes a disclosure of the item or statement you believe to be incomplete or incorrect.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures VBCMHA made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above)VBCMHA, and with other exceptions pursuant to the law. If, however, VBCMHA is using an electronic health record, VBCMHA will also account for treatment, payment and health care operations made using the electronic health record.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, VBCMHA may charge you for the costs of providing the list. VBCMHA will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, VBCMHA will notify you as required by law if your health information is unlawfully accessed or disclosed.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information VBCMHA uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information VBCMHA discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that VBCMHA not use or disclose information about a service you had.

*VBCMHA is generally not required to agree to your restriction request.*

***In one narrow instance, however, we are required to agree to the request, if*** all of the following apply:

1. You have requested that we restrict disclosure for payment or healthcare operations purposes.
2. Disclosure would be made to a health plan/insurer (e.g., we are not precluded from making other allowable disclosures, only disclosures to the health plan/insurer).
3. The disclosure is not otherwise required by law.
4. The PHI restricted pertains solely to a healthcare item or service for which you, or someone on your behalf, have paid us in full (excluding payments made by the health plan on your behalf) (*e.g., you may not restrict the entirety of your medical record from being disclosed to a health plan/insurer – you may only restrict the portions of your record for those items or services which have been paid in full*). You are hereby advised that, even if you utilize this required restriction request and meet the criteria set forth above, the required restriction is **narrow**. In particular, even if you have requested

and received a required restriction, we may still disclose your information to others for other allowable purposes, such as sending information to a pharmacy to have a prescription filled.

***In the event that we make such allowable disclosures, the party to which we have permissibly disclosed the information to is not bound by the required restriction request that you made to us, and we are not obligated to relay your request to such party. The only way for you to guarantee that such 3<sup>rd</sup> parties do not then disclose said information to your insurer/health plan is for you to make a required restriction request with the 3<sup>rd</sup> party that meets all of the required restriction elements set forth above. We hereby advise you to do so if you desire.***

If VBCMHA does agree to comply with other non-required requests, VBCMHA will comply with your request unless (a) the information is needed to provide you emergency treatment, or (b) other legal exceptions apply.

To request restrictions, you must make your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). VBCMHA will not ask you the reason for your request. VBCMHA will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to Request Confidential Communications**

You have the right to request that VBCMHA communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that VBCMHA only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). VBCMHA will not ask you the reason for your request. VBCMHA will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time or you may obtain a copy of this notice at our website: <http://vbcmh.com>



### **Right to Be Notified In The Event of a “Breach of Unsecured PHI”**

If, in any case, medical information is used or disclosed in violation of the law, we are required to notify you if the use/disclosure is a “Breach of Unsecured Protected Health Information” (as such terms are defined by the Federal HIPAA Law).

## **CHANGES TO THIS NOTICE**

VBCMHA reserves the right to change this notice and our privacy or security policies at any time. Any changes we make will apply to medical information we already have about you as well as any information VBCMHA receives in the future. VBCMHA will post a copy of the current/changed notice in VBCMHA’s facilities. The notice will contain the effective date on the first page, in the top right-hand corner.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with VBCMHA or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with VBCMHA contact our Privacy Officer in writing (contact information is set forth at the very end of this notice). All complaints must be submitted in writing.

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

## OTHER USES OF MEDICAL INFORMATION/PERMISSIONS/AUTHORIZATIONS

Other uses and disclosures of medical information not covered by this notice or the laws that apply to VBCMHA will be made only with your written permission/authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if VBCMHA has already acted in reliance on your permission. You understand that VBCMHA is unable to take back any disclosures VBCMHA has already made with your permission, and that VBCMHA is required to retain VBCMHA's records of the care that VBCMHA provided to you.

## PRIVACY OFFICER CONTACT INFORMATION

If you have any questions about this notice, please contact our Privacy Officer utilizing the following contact information. Certain provisions of this notice and our related policies and procedures require that notice or other requests are in writing. Please follow our instructions for any such issue.



VBCMHA  
Attention: Privacy Officer  
801 Hazen Street, Paw, MI 49079-0249  
Phone: (269) 657-5574  
FAX (269) 657-6523  
E-MAIL: [levans@vbcmh.com](mailto:levans@vbcmh.com)