

HIPAA NOTICE OF PRIVACY PRACTICES



Effective Date: 09/23/2013
Reviewed and Verified: 12/06/23

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.

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 VBCMh'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.
- VBCMh's "doing business as" names (or, DBAs).
- Any member of an organized healthcare arrangement in which VBCMh participates (i.e., this notice may cover more than one covered entity's 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 VBCMh.
- All employees, staff and other VBCMh personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION

VBCMh understands that medical information about you and your health is personal, and VBCMh is committed to protecting medical information about you and keeping it private. VBCMh creates a record regarding your information and information regarding the care and services you receive at VBCMh. VBCMh 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 and "protected health information" or "PHI" which VBCMh creates or receives, whether made by VBCMh 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 VBCMh may use and disclose medical information about you. This notice also describes your rights and certain obligations VBCMh has regarding the use and disclosure of medical information.

VBCMh 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 VBCMh uses and discloses medical information. For each category of uses or disclosures VBCMh 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 VBCMh 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 VBCMh to use and disclose your medical information without obtaining a special written authorization or consent from you (e.g., for treatment, payment and operations), VBCMh 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, VBCMh 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 VBCMh 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, VBCMh 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. VBCMh 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 require 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 VBCMh).

Disclosure At Your Request

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

Treatment / Payment / Healthcare Operations - Generally

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

For Treatment

VBCMh may use medical information about you to provide you with medical treatment, healthcare, or other related services (including for care coordination purposes). VBCMh may disclose medical information about you to doctors, nurses, social workers, or other providers or VBCMh 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 VBCMh also may share medical information about you in order to coordinate the different things you need.

For Payment

VBCMh may use and disclose medical information about you so that the treatment and services you receive at or from VBCMh may be billed and payment may be collected. VBCMh 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, VBCMh may need to give your health plan information about the care you received at VBCMh so that your health plan will pay VBCMh for the care provided. VBCMh 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. VBCMh may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside VBCMh who are involved in your care, to assist them in obtaining payment for services they provide to you. VBCMh 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

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

VBCMh 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. VBCMh 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

VBCMh 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 VBCMh is complying with privacy laws.

De-Identified Information

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

Disclosures by Members of VBCMh’S Workforce

Members of VBCMh’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 VBCMh 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, VBCMh 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 VBCMh to contact you regarding health related-products and services, you must notify VBCMh in writing and state that you wish to be excluded from this activity.

Fundraising Activities

VBCMh may use medical information about you, or disclose such information to a foundation related to VBCMh or a fundraising-related service provider, to contact you in an effort to raise money for VBCMh and its operations. VBCMh only would release contact information, such as your name, address and phone number and the dates you received treatment or services at VBCMh. If you do not want VBCMh 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 VBCMh 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. VBCMh 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, VBCMh 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 VBCMh uses or discloses medical information for research, the project will have been approved through this research approval process, but VBCMh 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 VBCMh. The Michigan Mental Health Code also has specific requirements related to outside research that VBCMh will follow.

As Required By Law

VBCMh 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

VBCMh 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

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

SPECIAL SITUATIONS

Organ and Tissue Donation

When applicable, VBCMh 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, VBCMh may release medical information about you as required by military command authorities. VBCMh may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

VBCMh 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

VBCMh 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

VBCMh 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, VBCMh may disclose medical information about you in response to a court or administrative order. VBCMh 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

VBCMh 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, VBCMh is unable to obtain the person's agreement; about a death VBCMh believes may be the result of criminal conduct; about criminal conduct at VBCMh; 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 VBCMh may be required to obtain a general consent from you under Michigan law. In such cases, VBCMh will comply with the more restrictive Michigan law.

Coroners, Medical Examiners and Funeral Directors

VBCMh 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. VBCMh may also release medical information about patients of VBCMh to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

VBCMh 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, VBCMh 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, VBCMh 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. VBCMh, 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, VBCMh 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 VBCMh 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 VBCMh 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 VBCMh to transmit such electronic copy directly to another entity or person that you designate. If you request a copy of the information, VBCMh may charge a fee for the costs of copying, mailing or other supplies associated with your request.

VBCMh 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 VBCMh will review your request and the denial. The person conducting the review will not be the person who denied your request. VBCMh 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 get electronic copies of your medical records if you ask for them, as long as we have them in electronic form. If we cannot provide them in the exact format you requested, we will work with you to send them in another electronic format that is easy to read.

We also want you to know that email is not a secure way to send medical information. There is a risk that someone else could access your information during transmission. If you ask us to send your records by email and we agree, you are accepting this risk. We are not responsible if your information is accessed by someone else while it is being sent or after it is delivered to you.

Right to Amend

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

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.

VBCMh 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, VBCMh may deny your request if you ask VBCMh to amend information that:

1. Was not created by VBCMh, 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 VBCMh?
3. Is not part of the information which you would be permitted to inspect and copy.
4. Is accurate and complete.

Even if VBCMh 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, VBCMh will attach it to your records and include it whenever VBCMh 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 VBCMh made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) VBCMh, and with other exceptions pursuant to the law. If, however, VBCMh is using an electronic health record, VBCMh 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, VBCMh may charge you for the costs of providing the list. VBCMh 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, VBCMh 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 VBCMh 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 VBCMh 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 VBCMh not use or disclose information about a service you had.

VBCMh 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 3rd parties do not then disclose said information to your insurer/health plan is for you to make a required restriction request with the 3rd party that meets all of the required restriction elements set forth above. We hereby advise you to do so if you desire.

If VBCMh does agree to comply with other non-required requests, VBCMh 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). VBCMh will not ask you the reason for your request. VBCMh 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 VBCMh communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that VBCMh 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). VBCMh will not ask you the reason for your request. VBCMh 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 by visiting www.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

VBCMh 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 VBCMh receives in the future. VBCMh will post a copy of the current/changed notice in VBCMh'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 VBCMh or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with VBCMh 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 VBCMh 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 VBCMh has already acted in reliance on your permission. You understand that VBCMh is unable to take back any disclosures VBCMh has already made with your permission, and that VBCMh is required to retain VBCMh's records of the care that VBCMh 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.

Van Buren Community Mental Health (VBCMh)

Attention: Privacy Officer

801 Hazen Street, Paw, MI 49079-0249

Direct Phone: 269-657-5574

Customer Service: 269-655-3333

TTY: Michigan Relay Service at 7-1-1

Fax: 269-657-6523