

NOTICE OF PRIVACY PRACTICES

Effective: September 23, 2013

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.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. **In** this notice, we call all of that protected health information, "medical information."

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Medical Information About You

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

- **For Treatment**

We may use medical information about you to provide, coordinate or manage your health care and related services. We may disclose medical information about you to doctors, nurses, hospitals and other health/treatment facilities who become involved in your care. For example, you may need to receive services from a physician with a particular specialty. When referred to that physician, we will contact that physician's office and provide medical information about you to them so they have information they need to provide services for you.

- Ⓜ **For Payment**

We may use and disclose medical/health information about you so we can bill for the services we provide to you. For example, we may need to give your insurance information to a service provider so your insurance company will pay for services such as dental care, pharmacy and home care supplies. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive, in order to obtain or determine if you are covered by that insurance or program and to what benefits you are entitled.

- Ⓜ **For Health Care Operations**

We may use and disclose medical information about you as part of the services you receive from our agency. This information is necessary for us to operate our agency and to maintain quality services for all individuals in our program. For example, we may use medical

information about you to review the services we provide and the performance of our employees that care for you. We may disclose medical information about you as part of staff training and education.

○ **How We Will Contact You**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace, if applicable. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see, "Right to Receive Confidential Communications" on page 6 of this Notice.

● **Individuals Involved in Your Care.**

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment for health care prior to your death, medical information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us.

If there is a family member, other relative or close personal friend that you do not want us to disclose medical information about you to, please notify the agency supervisor regarding this information.

® **Disaster Relief.**

We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you, of your location, general condition or death.

® **Required by Law.**

We may use or disclose medical information about you when we are required to do so by law.

○ **Public Health Activities.**

We may use or disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

To an Employer.

We may use or disclose medical information to comply with Worker's Compensation laws and other similar programs. We will provide written notice to you that the information is being disclosed to your employer.

Proof of Immunization.

We may use or disclose immunization information about you, if (a) the information is limited to proof of immunization; and if it is part of your health services required to be placed in one of our programs. We will obtain and document the agreement to the disclosure from either: (1) your parent, guardian, or (2) from you if you are an adult and your own guardian.

- **Victims of Abuse, Neglect or Domestic Violence.**

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official indicates that immediate enforcement activity depends on the disclosure.

- Ⓜ **Health Oversight Activities.**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

- **Judicial and Administrative Proceedings.**

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

- **Disclosures for Law Enforcement Purposes.**

We may disclose medical information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the

disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.

- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
 - f. About crimes that occur at our facility.
 - g• To report a crime in emergency circumstances.
- **Coroners and Medical Examiners.**

We may disclose medical information about you to a coroner or medical examiner for a purpose such as identifying a deceased person and determining cause of death.

- **Funeral Directors.**

We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

- **Organ, Eye or Tissue Donation.**

If you are enrolled as a Donor or Recipient, to facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

- **To Avert Serious Threat to Health or Safety.**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **Inmates; Persons in Custody.**

We may disclose medical information about an inmate or other individual to a correctional institution or law enforcement official having custody of the inmate or other individual. The disclosure will be made if the disclosure is necessary: (a) to provide health care to such individuals; (b) for the health and safety of such individual or other inmates; (c) the health and safety of the officers or employees of or others at the correctional institution; (d) the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; (e) law enforcement on the premises of the correctional institution; or, (f) the administration and maintenance of the safety, security, and good order of the correctional institution.

- **Workers Compensation.**

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Fundraising

We may use and disclose medical information about you to contact you to raise funds for the agency. We may disclose medical information to a business associate of the agency or a foundation related to the agency so that business associate or foundation may contact you to raise money for the benefit of the agency. In the event that this would take place, only the minimal amount of information necessary would be used as in the case of a name and address used as part of a mailing list.

You have the right to opt out of receiving fundraising communications. If you do not want our agency or its foundation to contact you for fundraising, you can notify the office of the program supervisor in writing requesting that your name and address is not used for fundraising communications.

Certain Uses and Disclosures that Require Your Written Authorization

- **Marketing.** We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. This may occur if your name or address is used as part of a mailing list that the agency keeps for purposes of sending out information. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to the agency is involved.

Other Uses and Disclosures.

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the agency director or supervisor or their designee at the program location in writing.

Your Rights With Respect to Medical Information About You.

You have the following rights with respect to medical information that we maintain about you.

Right to Request Restrictions.

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or (b) public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you should do so to the agency director or supervisor or their designee and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and (c) to whom you want the limits to apply.

Please be advised that we are not required to agree to any restriction requested, however there is one exception. We will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

Right to Receive Confidential Communications.

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work, if applicable. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to the agency director or supervisor or their designee. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning an alternate address or other method to contact you.

® Right to Inspect and Copy.

You have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request in writing to the agency director or supervisor or their designee. Your request should state specifically what medical information you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed, the cost of mailing.

We usually will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a person designated by us not directly involved in the denial. We will comply with the outcome of that review.

Right to Amend.

You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to the agency director or supervisor or their designee. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request in whole or in part, we will seek your identification of other relevant persons, and your agreement to share the amendment with those relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed five (5) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

0 Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of medical information about you.

The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for disaster relief purposes;
- f. Disclosures for national security or intelligence purposes;
- g. Disclosures to correctional institutions or law enforcement officials having custody of you;
- h. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- i. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to the agency director or supervisor or their designee. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

® Right to Copy of this Notice.

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our website.

Our Duties

○ Generally.

We are required by law to maintain the privacy of medical information about you, to provide individuals with notice of our legal duties and privacy practices with respect to medical information, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Ⓜ Our Right to Change Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

● Availability of Notice of Privacy Practices.

A copy of our current Notice of Privacy Practices will be posted at each program location. A copy of the current notice also will be posted on our agency website.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting the agency director or supervisor or their designee.

● Effective Date of Notice.

The effective date of the notice is stated on the first page of this notice.

● Complaints.

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact:

Compliance Office/HR/General Counsel
6001 N. Adams Road
Suite 165
Bloomfield Hills, MI 48304
Phone: 248-641-7200
Fax: 248-641-9338
Customer Complaint Number: 1-866-475-8119

All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>

You will not be retaliated against for filing a complaint.

Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact:

Compliance Office/HR/General Counsel
6001 N. Adams Road,
Suite 165
Bloomfield Hills, MI 48304
Phone: 248-641-7200
Fax: 248-641-9338
Toll Free Number: 1-866-451-3346