

Huron Behavioral Health

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NOTICE OF HEALTH INFORMATION PRACTICES

Effective September 23, 2013

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information: We understand that information about you and your services at Huron Behavioral Health (HBH) is personal. We are required by law to protect medical information about you. We create records (paper and electronic) of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many human services staff members who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payor can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for HBH planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights: Although your health records are the physical property of Huron Behavioral Health, the information belongs to you. If you need assistance regarding any request, you may contact your worker or the HBH Recipient Rights Officer at (989) 269-9293. You have the right to:

- Request your health information be provided in a particular format of his or her choosing (e.g. electronic or paper). If Huron Behavioral Health cannot provide the requested format, Huron Behavioral Health will work with the individual to reach agreement on an alternate format in which to provide the copy of the Personal Health Information. Copies are available at all HBH services sites.
- Request for electronic protected health information (ePHI). Huron Behavioral Health may email (unencrypted) the requesting individual their ePHI provided this method is specifically requested by the individual, provided they have been advised on the risks involved and still prefer to receive the message by unencrypted email. Huron Behavioral Health shall ensure that the individual has signed an acknowledgement of the warning inherent in this method of delivery of sensitive electronic information. Huron Behavioral Health is not responsible for safeguarding consumer information once delivered to the individual.
- Inspect and receive a copy of your health record. To make a request to inspect or copy your record please put your request in writing and submit it to the office that has your record. HBH may charge a reasonable fee for costs of copying, mailing or other supplies associated with your request (such as thumb drive). This request, if approved or denied, must be addressed within 30 days. If your request is denied you may appeal this decision to the Recipient Rights Office.
- Request a restriction on certain uses and disclosures of your information. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment for you. To request a restriction you must put your request in writing to the holder of the record. In your request you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both and (3) to whom you want the limit to apply. For example, disclosure to your spouse.
- Request an amendment to your health record, put the request in writing to your HBH worker or the Recipient Rights Officer with a reason that supports your request. We 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, we may deny your request if you ask us to amend information that is not part of the medical information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
- Obtain an accounting of disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations. For example, you can ask we contact you only at work or by mail. To make such a request you must put in writing using the HBH Consent form, what alternative means you request.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Request restrictions or limitation regarding your protected health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on your protected health information we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. To request restrictions, you must make your request in writing to the Recipient Rights Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply to.

HBH Responsibilities: This organization is required by law to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Notices will be made easily available. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem: If you have questions and would like additional information, you may contact the HBH Recipient Rights Office at 989-269-9293. If you believe your privacy rights have been violated, you can file a complaint with HBH Recipient Rights Office or with the Secretary of Health and Human Services. The Rights Office can assist you in filling out this complaint and there will be no retaliation for filing it.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment. However, state and federal law limits HBH to disclose certain information such as substance abuse and other health related information without proper authorization. For example: We may use or disclose your protected health information to provide, coordinate, or manage your health care and any related service. We may disclose information about you to any doctors, HBH staff, HBH contract providers, volunteers, or students who are involved in your care or who maintains your records while you are receiving services from HBH. For example, a doctor treating you for depression may need to know if you are taking medication for seizures before prescribing medication for the depression. HBH service sites may need to share information about you in order to coordinate the different things you need. We may disclose information about you to people outside HBH who may be involved in your care, such as hospitals, doctors, pharmacists, or laboratories.

We will use your health information for payment: For example: A bill may be sent to you or a third-party payor. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and types of services received. We may also disclose payment information to another provider involved in your care for the other provider's payment activities.

We will use your health information for regular health operations: For example: We may use or disclose your protected health information, as necessary for our own health care operations to facilitate the function of the practice and to provide quality care to all consumers. In certain situations, we may also disclose consumer information to another provider or health plan for their health care operations.

Business Associates: There are some services provided in our organization through contracts with business associates. For example, many individuals receive services from a contract provider such as a residential home or employment service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payor for your services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

To Avert a Serious Threat to Health or Safety: We may use and disclose your protected health information 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 the threat. For example: We may disclose your protected health information in a proceeding regarding the licensure of a physician.

Disclosure to Health Plan Sponsor: Information may be disclosed to another health plan maintained by Plan Sponsor for purposes of facilitating claims payments under that plan. In addition, your protected health information may be disclosed to Plan Sponsor and its personnel for purposes of administering benefits under the Plan or as otherwise permitted by law and Plan Sponsor's HIPAA privacy policies and procedures.

Appointment Reminders: We may use and disclose information to contact you as a reminder that you have an appointment at HBH.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify on your consent form, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when the research has been approved by HBH review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Treatment alternatives: We may contact you to provide information about treatment alternatives or other health-related benefits and services.

Organ and Tissue Donation: If you are an organ donor, we may release your protected health 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, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your state health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, report births and deaths, or notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or staff of health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order or summons; to identify or locate a suspect, fugitive, material witness, or missing person; or about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; or about criminal conduct.

Other disclosures may include: Reporting Abuse, Neglect or Domestic violence, Connection with Judicial and Administrative Proceedings, Coroners and Medical Examiners, Funeral Directors, and Event of Serious Threat to Health or Safety, Specified Government Functions.

All other uses/disclosures will be made only with written authorization: Federal, state, or local law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney.

Genetic Information: We will not (except in the case of any long term care benefits) use or disclose protected health information that is your genetic information.

Breach Notification Requirements: In the event unsecured protected health information about you is "breached," unless we determine that there is a low probability that the protected health information has been compromised, we will notify you of the situation. We will also inform Health and Human Services (HHS) and take any other steps required by law.