

Huron Behavioral Health

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(989) 269 - 9293

NOTICE OF HEALTH INFORMATION PRACTICES

Effective January 1, 2018

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

Understanding Your Health Record/Information: We care about your privacy. We understand that information we collect about you and your services at Huron Behavioral Health (HBH) is private. We are required by law to protect medical information about you. We create records (paper and electronic) related to 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 human services staff 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 protected 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:

- **Get an electronic or paper copy of your medical record** and other health information we have about you. To make a request to inspect or copy your record, put your request in writing and submit it to HBH. You may request your health information be provided in a particular format of your choosing (e.g. electronic or paper). If HBH cannot provide the requested format, we will work with you to reach agreement on an alternate format in which to provide the copy of the Personal Health Information (PHI). HBH may charge a reasonable fee for costs of copying, mailing, or other supplies associated with your request. This request, if approved or denied, must be addressed within thirty (30) days. If your request is denied you may appeal this decision to the HBH Recipient Rights Office.
- **Request your health information in an electronic format** as electronic Protected Health Information (ePHI). HBH may e-mail (unencrypted) your ePHI provided this method is specifically requested by you, provided you have been advised about the risks involved and still prefer to receive the message by unencrypted e-mail. HBH shall ensure that the requesting individual has signed an acknowledgement of the warning inherent in this method of delivery of sensitive electronic information. HBH is not responsible for safeguarding consumer information once given to the individual.
- **Request a restriction or limitation on certain uses and disclosures** of your information for treatment, coordination of care, and payment. 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 HBH. In your request you must tell us (1) what information you want to limit (2) whether you want to limit our use or disclosure or both and (3) to whom you want the limit to apply. (For example, disclosure to your spouse). If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or payment for your care, like a family member or friend. We are not required to agree to your request.
- **Request an amendment/change to your health record.** You must 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 HBH; 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** (list of those with whom we have shared your information) of your health information (except for the disclosures for the purposes of treatment, coordination of care, and payment, as well as disclosures that you may have asked us to make).
- **Request communications of your health information by reasonable alternative means or at alternative locations.** For example, you can ask we contact you only at work or only by mail. To make such a request you must put in writing using the HBH Consent form, and the alternative means you are requesting.
- **Choose someone to act on your behalf.** If you have given someone mental health power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will always assure the person has this authority and can act for you before we take action.
- **Revoke your authorization** to use or disclose health information except to the extent that action has already been taken.
- **Get a copy of this Notice at any time.** Even if you have agreed to receive this Notice electronically, you can still receive a paper copy.
- **File a complaint** if you ever feel that your privacy rights have been violated. We will not retaliate against you for filing a complaint.

HBH Responsibilities: HBH is required by law to:

- Maintain the privacy and security of your protected health information.
- Inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Provide you with this Notice as to our legal duties and privacy practices with respect to your PHI.
- 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.
- Not use or disclose your health information without your authorization, except as described in this notice.

HBH reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain in accordance with federal and state laws. Notices will be made available at all HBH business sites and on the HBH website at huroncmh.org.

For More Information or to Report a Problem: If you have questions or 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 Michigan Department of Health and Human Services. We can assist you in filling out the complaint and there will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Coordination of Care, or Payment for the delivery of mental health services, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191)

We will use your health information for treatment purposes. 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 healthcare and any related services. We may disclose information about you to any doctors, HBH staff, HBH contract providers, volunteers, or students who are involved in your treatment 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 the purpose of Coordinating your Care: For example: We may use or disclose your protected health information, as necessary for our own healthcare operations to facilitate the function of the practice and to provide quality care to consumers. In certain situations, we may also disclose protected health information to another provider or health plan for their healthcare operations.

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

Benefits – We may disclose your information as necessary in order for you to apply for or receive benefits.

Business Associates: There are some services provided to HBH 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 protected health information to a business associate so that they can perform the job we've asked them to do and to be able to bill you or your third-party payor for your services. To protect your health information, however, we require the business associate to sign an agreement and to appropriately safeguard your protected health information.

To Avert a Serious Threat to Health or Safety: We may use and disclose your protected health information when necessary to avert 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, such health information as is relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information for the purpose of outside research, evaluation, accreditation, or statistical compilation. The individual who is the subject of the information shall not be identified in the disclosed information unless the identification is essential in order to achieve the purpose for which the information is sought or if preventing the identification would clearly be impractical, but not if the subject of the information is likely to be harmed by the identification.

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.

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

Public health: As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution or under the custody of a law enforcement official, we may release to the institution or staff any PHI necessary for your health and the health and safety of other individuals, or for the safety and security of the correctional institution.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order, administrative order, or in response to a subpoena.

Other disclosures may include: We may disclose information about you to a government authority, such as a social services or a protective agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

All other uses/disclosures will be made only with written authorization: Federal, state, and/or local law make provisions 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 PHI has been compromised, we will notify you of the situation. Depending on the circumstances of the breach, we may also inform the department of Health and Human Services (HHS) and take any other steps required by law.