



Huron Behavioral Health

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HIPAA NOTICE OF PRIVACY PRACTICES

Effective February 16, 2026

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

Huron Behavioral Health and its providers are required under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, to protect your privacy, to follow the privacy practices described in this Notice, and to provide you with a copy of this Notice. This Notice will explain the ways in which physical and behavioral health information about you may be used and disclosed. It also tells you what our responsibilities are and what your rights are regarding the use and disclosure of your health information.

Understanding Your Health Record/Information: We care about your privacy. We understand that the information we collect about you and your services at Huron Behavioral Health (HBH) is personal and private and we are committed to protecting the health information we obtain about you. When you contact us or receive services from us, a record is typically created. This record contains demographic information (such as name, address, phone number, social security number, birth date, health insurance information, etc.). This record also contains information related to your services (such as information about your treatment, diagnosis, goals, etc.). All of this information is known as Protected Health Information (PHI). When it is saved in an electronic format, it is also known as Electronic Protected Health Information (EPHI). We are required by law to protect all PHI and EPHI that we collect about you. We use these records to provide you with quality care and to comply with certain legal requirements. This information, often referred to as your health record 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
- source of information for public health officials charged with improving the health of the nation
- source of data for future planning
- 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:

- ensure its accuracy
- better understand the reasons why others may need to access your health information
- make more informed decisions when authorizing disclosure to others

General Privacy Information:

Huron Behavioral Health (HBH) and its providers are able to share health information about you for the purpose of healthcare coordination without a release. Under the rules of HIPAA and the Michigan Mental Health Code, HBH can also use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations without a release. If you give us permission to disclose your medical record, or parts of it, and you later change your mind, you may cancel (revoke) your permission, but you must let us know this in writing, either by signing a revocation form or giving us a signed written statement

that cancels your permission. If you revoke your authorization, this will only apply to future disclosures and not information that has already been disclosed.

In the event that a breach of your PHI is discovered, you will be notified as required by law. A breach occurs when your PHI has been used or disclosed in ways not permitted by law. 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.

Substance Use Disorder (SUD) Information:

HBH does not release any information regarding substance use disorder treatment records or HIV/AIDS status without your signed permission, unless required to do so by law. Disclosures regarding these areas are subject to additional federal and state laws. If there is a more restrictive law than HIPAA, the stricter standard applies. SUD treatment records are specifically protected under federal law 42 CFR Part 2. Generally, we may not disclose any information identifying you as receiving SUD services unless: (i) you consent in writing; (ii) a specific court order requires disclosure; or (iii) the disclosure is made to medical personnel in a medical emergency. Effective February 16, 2026, the following provisions under 42 CFR Part 2 will also apply:

- with your written consent, we may use and disclose your SUD records for treatment, payment, and health care operations.
- you may revoke this consent at any time, though we cannot take back any disclosures already made with your permission.
- if your SUD records are disclosed for treatment, payment, or health care operations with your consent, the recipient may redisclose them in accordance with HIPAA.

Note: Federal regulations do not protect any information about a crime committed by a consumer at HBH or against HBH personnel, or about any threat to commit such a crime. Suspected violations of 42 CFR Part 2 may be reported to the appropriate authorities.

- **Enhanced Privacy Protections:** Substance Use Disorder (SUD) records are subject to stricter federal confidentiality rules than other health information. In many cases, these records may not be used or disclosed, even for treatment, payment or health care operations, without the individual's written authorization.
- **Limits on Use in Legal Proceedings:** SUD treatment records generally may not be used or disclosed in civil, criminal, administrative or legislative proceedings against the individual unless the individual provides written authorization or a court issues a qualifying order after notice and an opportunity to be heard.

Note: HBH does not disclose SUD records for any fundraising purposes.

Examples of Disclosures for Treatment, Payment, or Coordination of Care relative to mental health services, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996

The following disclosures are permitted under 45 CFR 164.502 – 164.512:

How We May Use and Disclose Medical Information About You:

The following categories describe different ways that we may use and disclose mental health and/or medical information:

- **For Treatment:** we may use information about you to coordinate, provide, and manage your healthcare and any other related services. This may include coordination of care with another person, like a doctor or therapist. We may also contact you to remind you of appointments and inform you of treatment options.
- **For Payment:** we may use and disclose information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third-party payor. For example, we may need to give your health plan information about the treatment you receive so that your health plan will pay us or reimburse you for the treatment provided. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations:** we may use and disclose information about you in order to maintain or improve services. This helps us to improve the quality of care for our consumers. For example, we may use information to review our treatment and services and to evaluate the performance of our staff. We may also combine information about many consumers to determine additional service needs, what services may not be needed, and whether certain new treatments are effective. We may also disclose information to clinicians, doctors, nurses, and other personnel who work for the agency for various record review processes and for training purposes.
- **Business Associates:** there are some services provided in our organization through contracts with business associates. For example, the nurse may have to send your blood to a laboratory for testing prior to giving you a medication. The lab is not a part of the agency, but we will have a business relationship with the lab. When any services are contracted, we may disclose your health information so they may perform the job we've asked them to do and bill you or your health plan. However, to protect your health information, we require the business associate to appropriately safeguard your information.
- **Research:** under certain circumstances, we are allowed to share your information in ways usually related to public health and research, however, we must meet many more conditions under the law before we can use your information for those purposes.

As Required by Law: we are sometimes required to disclose some of your information without your signed authorization if state or federal laws say we must do so. Such disclosures are usually related to one of the following:

- a medical emergency: in the event of a medical emergency, we may not be able to give you a copy of this Privacy Notice until after you receive care;
- to prevent, control, or report disease, injury, disability, or death;
- to alert state or local authorities if we believe you are a victim of abuse, neglect, or domestic violence;
- to alert authorities or medical personnel if we believe someone is at risk of injury by means of violence;
- to comply with health oversight agencies for things like audits, civil or administrative reviews, proceedings, inspections, licensing activities, or to prove we are complying with federal privacy laws;
- to respond to a court order, an administrative order, or a subpoena;
- to a law enforcement official to report a crime on agency premises

Uses and Disclosures that Require an Authorization:

The following categories describe when an authorization is required by you prior to release of information. The release of information must be consistent with the authorization provided.

Psychotherapy Notes and SUD Counseling Notes: a covered entity must obtain an authorization for any use or disclosure of psychotherapy notes, except to carry out the following treatment, payment, or health care operations:

- use by the originator of the psychotherapy notes or SUD counseling notes for treatment;
- use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or
- use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual; and
- a use or disclosure that is required by the Health and Human Services (HHS) secretary to investigate or determine compliance; by law; for health oversight activities; coroner/medical examiner; or as necessary to prevent or lessen a serious imminent threat to the health and safety of a person or the public.

Similar to psychotherapy notes, SUD Counseling Notes require separate consent for disclosure and cannot be part of a general blanket consent.

Marketing: a covered entity must obtain authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of:

- a face-to-face communication made by a covered entity to an individual; or
- a promotional gift of nominal value provided by the covered entity.

Note: if the marketing involves financial remuneration to the covered entity from a third party, the authorization must state that such remuneration is involved.

Sale of Protected Health Information: a covered entity must obtain an authorization for any disclosure of protected health information which is a sale of protected health information, as defined in § 164.501 of this subpart (ii). Such authorization must state that the disclosure will result in remuneration to the covered entity.

Protections to Support Reproductive Healthcare Privacy: there are rules in place to strengthen privacy protections by prohibiting the use or disclosure of reproductive healthcare information for the following:

- to conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare, where such healthcare is lawful under the circumstances in which it is provided.
- the identification of any person for the purpose of conducting such investigation or imposing such liability.

Your Rights Regarding Physical/Behavioral Healthcare Information About You: you have the following rights regarding the physical and behavioral health information we maintain about you:

- **the Right to Inspect and Copy:** you have the right to inspect and copy information from your record that may be used to make decisions about your care. You have the right to request that the copy be provided in an electronic format. If the format you request is not readily producible, we will work with you to provide it in a reasonable electronic form or format. This will usually include medical and billing records, but does not include psychotherapy notes or SUD counseling notes.

To inspect and copy information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and/or materials associated with your request.

We 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. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend Your Record:** if you believe that your personal health information or treatment record is incorrect or that an important part of it is missing, you have the right to ask us to amend your treatment record. You must submit your request and your reason for the request in writing.
- **Right to an Accounting of Disclosures:** you have the right to request an “accounting of disclosures.” This is a list of the disclosures that we have made (other than those covered in this notice), of information about you. To request an accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than three (3) years prior to the date of your request. Your request should indicate in what form you want the list (for example paper or electronic). Disclosures you authorized in writing, routine internal disclosures such as those made to staff when providing your services, and/or disclosures made in connection with treatment, payment, and operations are examples of disclosures that are not included in the accounting. The accounting will give the date of the disclosure, the purpose for which your PHI was disclosed, and a description of the information disclosed. If there is a fee for the accounting, you will be informed of the fee before the accounting is done.
- **Right to Request Restrictions:** you have the right to request that your protected health information not be shared or request a restriction or limitation on the information we use or disclose about you. We are not required to agree with your request and can say no if it would affect your care.

If you are a self-pay consumer and pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or operations with your health insurer. We will do so unless law requires us to share that information.

- **Right to Request Confidential Communications by Alternative Means or at Alternative Location:** you have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail. To request alternative

communications, you must make your request in writing. We will not ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted.

- **Right to Request Someone to Act on Your Behalf:** you have the right to choose someone to act on your behalf. If you have given someone medical power of attorney, or if someone is your legal guardian, that person can act on your rights and make choices about your health information just as you would. We will make sure the person has this authority and can legally act for you before we respond to any such request.
- **Right to Get a Copy of this Notice at Any Time:** Even if you have agreed to receive this Privacy Notice electronically, you can still request and receive a paper copy.

HBH Responsibilities:

HBH is required by law to:

- maintain the privacy and security of your protected health information and electronic protected health information
- inform you promptly if a breach occurs that may have compromised the privacy or security of your personal information
- provide you with this Notice as to our legal duties and privacy practices with respect to your PHI and EPHI
- 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 location
- not use or disclose your health information without your authorization, except as described in this notice

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).

The following additional disclosures are also permitted under 45 CFR 164.502 – 164.512:

- **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 another person or the public.
- **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.
- **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 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.
- **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 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 for activities deemed necessary by appropriate military command authorities to assure the proper execution of military missions.

- **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. (*Note: in the case of Part 2 (SUD) records, a subpoena, search warrant, or general court order is not sufficient. A specific court order is required.*)
- **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.
- **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.

Changes to This Notice: We reserve the right to change this notice and to make new provisions for the PHI and EPHI we maintain in accordance with federal and state laws. Notices will be made available at all agency locations and on our website at huroncmh.org. This notice will contain the effective date of the Notice.

You have the right to receive a copy of the Privacy Notice at the start of services and be notified, no less frequent than once every three (3) years, of the availability of the notice and how to obtain it. When there is a material change to the notice, the notice must be posted on the agency website in a prominent place and the notice will be provided in a mass mailing. If you receive an electronic copy of the Notice, you also have the right to obtain a paper copy upon request.

Complaints About Privacy Practices: If you believe your privacy rights have been violated, you may ask for further information or file a complaint with the HBH Recipient Rights Officer or the HBH Compliance/Privacy Officer, or the Mid-State Health Network Compliance Officer, or with the U.S Department of Health and Human Services/Office of Civil Rights. We can assist you with filing a complaint if you request assistance.

You will not be intimidated, threatened, coerced, discriminated against, or have other retaliatory action taken against you for filing a complaint; testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing; or opposing any act or practice believed in good faith to be unlawful.

For additional information regarding your privacy rights, you may contact:

***Huron Behavioral Health
1375 R. Dale Wertz Drive
Bad Axe, MI 48413
(989) 269 - 9293***

***HBH Compliance/Privacy Officer
(989) 269 - 1122***

or

***U.S. Department of Health and Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(877) 696 - 6775
www.hhs.gov/ocr/privacy/hipaa/complaints/***