



Notice of Privacy Practices

If you have any questions about SCCMHA's Privacy Practices,
Contact the SCCMHA Privacy Officer: **Rich Garpiel at 989-797-3539**

Our Commitment to Your Privacy

SCCMHA is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding you and the treatment and services we will provide.

The records created by SCCMHA are the property of SCCMHA. SCCMHA is required by law:

- To maintain the confidentiality of your health information.
- To provide you with the notice of our legal duties and privacy practices concerning your health information.
- To follow the terms of our Notice of Privacy Practices in effect at the time.

This Notice of Privacy Practices provides you with the following information:

- How we may use and disclose your health information.
- Your privacy rights in your health information.
- SCCMHA's obligations concerning the use and disclosure of your health information.

How SCCMHA May Use or Disclose Your Health Information

The following categories describe different ways in which SCCMHA may use or disclose your health information. Note that not every possible use or disclosure is specifically mentioned.

FOR TREATMENT: SCCMHA will use clinical information about you to provide treatment and services. SCCMHA will disclose medical information about you to doctors, nurses, case managers and other office personnel who are involved in providing you with treatment.

FOR PAYMENT: SCCMHA may use or disclose medical information about you so that treatment and services you receive from SCCMHA may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for treatment. 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: SCCMHA may use or disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and to make sure that all of our consumers receive quality care. For example, SCCMHA may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for SCCMHA. Further, SCCMHA may disclose your information to doctors, nurses, students, and other personnel for review and learning purposes. SCCMHA may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific consumers.

FOR APPOINTMENT REMINDERS OR TREATMENT ALTERNATIVES: SCCMHA may use or disclose your health information to remind you that you have an appointment, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

TO BUSINESS ASSOCIATES: SCCMHA may share your health information with "business associates" that perform services for SCCMHA (such as attorneys) through contracts that we have with them. These contracts identify terms that safeguard your health information.

MARKETING: Uses and disclosures of any protected health information for marketing purposes and disclosures that constitute the sale of PHI require your authorization.

PSYCHOTHERAPY NOTES: Most uses and disclosures of psychotherapy notes will be done only with your authorization.

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide SCCMHA an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing at any time. If you revoke authorization, SCCMHA will no longer use or disclose medical information about you for the reasons covered by your written authorization.

TO OTHERS INVOLVED IN YOUR HEALTHCARE: Unless you object, SCCMHA may disclose to a family member, a relative, a close friend, or any other person that you identify, your health information that directly relates to that person's involvement in your care or with payment related to your care. If you are not able to agree or object to a disclosure, SCCMHA will use our professional judgment regarding such disclosure.

BREACH NOTIFICATION: SCCMHA is required to notify you following a breach of your unsecured PHI.

Use and/or Disclosure to the Recipient

If a valid authorization is provided, SCCMHA may use or disclose your health information to you, as a recipient of SCCMHA services, your guardian with authority to authorize such use or disclosure, the parent with legal custody of a minor recipient, or the court appointed personal representative or executor of the estate of a deceased recipient, unless in the written judgment of SCCMHA the disclosure would be detrimental to you, as the recipient, or others.

AS REQUIRED BY LAW: SCCMHA will disclose medical information about you when required to do so by federal, state, or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, abuse and neglect, domestic violence, adverse drug reactions, etc.

HEALTH OVERSIGHT ACTIVITIES: SCCMHA may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals.

LAWSUITS AND SIMILAR PROCEEDINGS: If you are involved in a lawsuit or a dispute, SCCMHA may disclose your medical information to itself or to respond to a court order. SCCMHA also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if SCCMHA has made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

LAW ENFORCEMENT: SCCMHA may release medical information about you if required by law when asked to do so by a law enforcement official.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: SCCMHA may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

RESEARCH: SCCMHA may use or 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.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: SCCMHA may use or disclose medical information about you as 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 SPECIALIZED GOVERNMENT FUNCTIONS: SCCMHA may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, SCCMHA may disclose your health information to federal officials for intelligence and national security activities authorized by law. SCCMHA also may disclose your health information to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations. SCCMHA may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide health care services to you, (2) for the safety and security of the institution, and/or (3) to protect your health and safety or the health and safety of other individuals.

Your Rights Regarding Your Health Information

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy your medical information with the exception of any psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to the SCCMHA Privacy Officer.

If you request a copy of the information, SCCMHA may charge for the costs of copying, mailing, or other supplies associated with your request.

SCCMHA may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your

medical information, you may request that the denial be reviewed. For information regarding such a review contact the Privacy Officer at 989-797-3539.

RIGHT TO AMEND: If you believe the medical information SCCMHA has about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, SCCMHA may deny your request if you ask us to amend information that:

- Was not created by SCCMHA;
- Is not part of the medical information kept by SCCMHA;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

RIGHT TO ACCOUNTING OF DISCLOSURES: You have the right to request an "accounting of disclosures." This is a list of the disclosures SCCMHA has made of your medical information. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation on the use or disclosure SCCMHA makes of your medical information. SCCMHA is not required to agree to your request for a restriction. If SCCMHA does agree, we will comply with your request unless the information is needed to provide you emergency treatment.

If you have paid for services out-of-pocket, in full, and if you request that SCCMHA does not disclose PHI related solely to those services to a health plan, SCCMHA will accommodate your request, except where SCCMHA is required by law to make a disclosure.

To request a restriction, you must make your request in writing to the SCCMHA Privacy Officer.

CONFIDENTIAL COMMUNICATIONS: You have the right to request that SCCMHA communicates with you only in a certain manner. For example, you can ask that SCCMHA only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. SCCMHA will accommodate all reasonable requests.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at SCCMHA's website, www.sccmha.org. To obtain a paper copy of this Notice, contact the SCCMHA Privacy Officer, at 989-797-3539.

REVISIONS TO THIS NOTICE: SCCMHA reserves the right to revise this Notice. Any revised Notice will be effective for information currently in SCCMHA's possession as well as any information received in the future. SCCMHA will post a copy of any revised Notice. Any revised 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 SCCMHA or with the Secretary of the Department of Health and Human Services. To file a complaint with SCCMHA, contact the SCCMHA Privacy Officer, Rich Garpiel at 989-797-3539. All complaints must be submitted in writing.

**SCCMHA WILL NOT PENALIZE YOU IN ANY WAY
FOR FILING A COMPLAINT.**