



SCCMHA NOTICE OF PRIVACY PRACTICES

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

WE MAY USE AND SHARE YOUR HEALTH INFORMATION WITHOUT YOUR SPECIFIC PERMISSION TO:

- Provide treatment to you
- Get paid for that treatment
- To maintain or improve services
- To remind you about appointments
- Tell you about other health benefits and services
- Respond to a medical emergency
- Do research

SCCMHA MAY USE AND SHARE YOUR HEALTH INFORMATION FOR:

- Health and safety reasons
- Worker’s compensation requests
- Lawsuits
- Law enforcement purposes
- National security reasons
- Coroner or medical examiner purposes

YOU HAVE THE RIGHT TO:

- Get a copy of your medical record
- Change your medical record if you think that it is wrong
- Get a list of those we have shared your health information with
- Ask us to limit the information we share
- Ask for a copy of our Notice of Privacy Practices
- Write a letter of complaint to SCCMHA if you believe your privacy rights have been violated.

EXTRA PROTECTIONS IF YOU ARE APPLYING FOR OR RECEIVING SUBSTANCE USE DISORDER SERVICES

- If you are applying for or receiving services for substance use disorders, you are protected by Federal HIPAA laws.
- Federal Substance Use Disorder laws also protect you.
- Without your permission or a court order, we cannot acknowledge that you will receive these services. There are limited exceptions to this rule.

SCCMHA’S COMMITMENT TO YOUR PRIVACY

SCCMHA is committed to providing you with quality behavioral healthcare services. SCCMHA also wants to protect your health care records. This Notice (“Notice of Privacy Practices”) describes your rights. This Notice also describes our duties under Federal law. Protected Health Information (“PHI”) is your personal health record. This information might describe your physical or mental health condition. The information might be about the services that you receive from SCCMHA, now or in the past. This could include details about payments for your health services, now or in the past.

HOW SCCMHA MAY USE OR SHARE YOUR PROTECTED HEALTH INFORMATION

The Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Regulations (45 CFR Parts 160 and 164) protect your health care records. HIPAA also protects your health care records if you are applying for or receiving services for a substance use disorder. If you are applying for or receiving services for a substance use disorder, your health care records are also protected under another Federal law, 42 CFR Part 2.

If you are not applying for or receiving services for a substance use disorder, the law allows SCCMHA to use or share your health care records in a slightly different way. These differences will be explained in this Notice.

YOUR HEALTH INFORMATION AND SUBSTANCE USE DISORDER SERVICES

If you receive substance use disorder services from SCCMHA, Federal law (42 CFR Part 2) provides extra protection for your health care records. This protection includes the diagnosis, treatment, or referral for treatment. If you receive services for a substance use disorder, the following items apply:

- SCCMHA may use or share your health records between people who need the information based upon the diagnosis, treatment, or referral for treatment of a substance use disorder.
- Committing a crime on SCCMHA property or against SCCMHA personnel, or a threat to commit a crime, is not protected by 42 CFR Part 2. SCCMHA may share information about the incident with law enforcement.
- Reports of suspected child abuse and neglect made to appropriate authorities are not protected by 42 CFR Part 2. However, the protections of 42 CFR Part 2 continue to apply to civil or criminal proceedings that may arise out of the initial report.
- Violations, and suspected violations of your protections under 42 CFR Part 2 are a crime, and may be reported to:

United States Attorney’s Office
101 First Street, Suite 200
Bay City, MI 48708

Phone: (989) 895-5712
TTD: (989) 895-2501
Fax: (989) 895-5790

- In general, if you apply for substance use disorder services or you are receiving services for a substance use disorder, SCCMHA may not tell a person outside the program that you are receiving those services. This general rule has exceptions. These exceptions are explained in this notice.

USES AND DISCLOSURES OF YOUR PHI WITH YOUR AUTHORIZATION (INCLUDING PHI RELATED TO SUBSTANCE USE DISORDER SERVICES)

1. The general rule is that SCCMHA needs your permission to use or share your health care records. This permission is called an authorization. This permission should be in writing and signed by you. The form must meet specific requirements. You should use form MDHHS 5515. SCCMHA Customer Services can help you get form MDHHS 5515.
2. You may cancel your permission to share your health records at any time, except to the extent that SCCMHA has already acted upon your permission. If you want to revoke your permission to share your health records, please contact Customer Services.
3. A court with proper authority, or other authorized third party, could require that you sign permission to share your health records.

4. There are exceptions and special rules that allow for the use and disclosure of your health records without your permission. These special rules are explained below.

HOW SCCMHA MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR PERMISSION

Here are some ways that SCCMHA may use or share your health care records without your written permission. Not every possible use or disclosure is mentioned in this Notice. This list applies to all your health care records. This list also applies to information that you provide to us when you ask for or receive services for a substance use disorder.

FOR TREATMENT:

Sometimes, people need your health care records to provide a diagnosis, treatment, or a referral. SCCMHA may use or share your health care records if those people need them.

FOR PAYMENT:

Sometimes you may pay directly for the treatment and services that you get from SCCMHA. Or the services may be paid for by an insurance company or another third party. SCCMHA may use or share your health care records to allow this payment to happen. For example, SCCMHA may need to share your health care records so your health plan will pay for the service that you received. SCCMHA may also tell your health plan about the treatment you are going to receive. This may be necessary to get approval for the treatment.

FOR HEALTH CARE OPERATIONS:

SCCMHA may use or share your health care records for things like administration, planning, and various activities that improve the quality and effectiveness of your care. For example, SCCMHA may use your health care records to evaluate the quality and competence of our staff. SCCMHA may share information with qualified people for outcome evaluation, management reviews, financial reviews, or program evaluation. However, these people may not be identified in any report or evaluation. These people may not share your identity in any way. SCCMHA may share your health care records to resolve complaints or issues that relate to your care.

APPOINTMENT REMINDERS:

We may share your health care records to remind you about an appointment. We may share your health care records to provide you with treatment options. We may share your health care records to let you know about health-related benefits and services that might be of interest to you.

TO BUSINESS ASSOCIATES:

SCCMHA may share your health care records with “business associates.” Business associates provide services to SCCMHA (such as attorneys) under contracts with SCCMHA. These contracts require the Business Associate to protect your health care records. All our Business Associates must agree to: (1) Protect your health care records; (2) Use or share your health care records only for specific purposes; (3) Follow the law of 42 CFR Part 2 about substance use disorder services; and (4) if necessary, resist in judicial proceedings any efforts to obtain access to your health care records except as permitted by law.

MARKETING COMMUNICATIONS:

We will not share your health care records for marketing without your permission. And we will not sell your health care records without your permission.

PSYCHOTHERAPY NOTES:

Most uses and disclosures of psychotherapy notes will be done only with your permission.

MEDICAL EMERGENCIES:

SCCMHA may share your health care records in a medical emergency. 42 CFR Part 2 permits this sharing, which may include HIV information.

LEGALLY INCAPACITATED AND DECEASED PATIENTS:

If you have a personal representative, a guardian, or another person authorized by Michigan law, that person may be permitted to share your health care records. This permission must comply with HIPAA. This permission must also comply with the laws governing substance use services.

DECEDENTS:

We may share your health care records with a coroner or a medical examiner. This may happen if a law requires collecting information about a death. This may also happen if the coroner is examining the cause of death.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:

If you are receiving substance use services, a court may order that we share your health records. It is important to understand that if your records are not actually “patient records” within the meaning of 42 CFR Part 2 (for example, if your records are created because you participate in the family program or another non-substance use treatment setting), your records may not have the extra protections of 42 CFR Part 2.

COMMISSION OF A CRIME ON PREMISES OR AGAINST PROGRAM PERSONNEL:

We may share your health care records with the police if a crime is committed on our premises. We may also share your health care records if a crime is committed or threatened against a person we work with.

CHILD ABUSE:

SCCMHA may share your health care records to report child abuse or neglect to public health authorities or other government authorities. However, civil, or criminal proceedings after the initial report of abuse or neglect may be protected by substance use laws.

DUTY TO WARN:

If SCCMHA learns that someone has made a specific threat of serious physical harm to another specific person or to the public, and disclosure is otherwise required under statute and/or common law, SCCMHA will carefully consider proper options that would permit disclosure.

REVIEWS AND EVALUATION ACTIVITIES:

SCCMHA may share health care records with individuals who conduct reviews or evaluations for certain oversight agencies. For example, agencies that review, investigate, and inspect health programs for the public's health.

RESEARCH:

SCCMHA may use your health care records for research purposes. Your healthcare records will be shared with researchers only when certain requirements are met. These requirements may include approval by an institutional review board. 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.

USES AND DISCLOSURES OF YOUR PHI WITHOUT YOUR AUTHORIZATION (FOR PHI THAT IS NOT RELATED TO SUBSTANCE USE DISORDER SERVICES)

The laws that control substance use services (42 CFR Part 2) have more protections than other privacy laws (HIPAA). If you are not applying for or receiving services for substance use disorder, HIPAA is the main law that protects your health records. The next section discusses the additional ways that SCCMHA may share your health records if you are not applying for or receiving services for substance use disorder.

ALLOWABLE DISCLOSURE WHEN REQUIRED BY LAW:

Michigan and federal law may have rules about how we share your health care records. SCCMHA will comply with those laws.

ALLOWABLE DISCLOSURE FOR HEALTH OR SAFETY:

We may share your health care records if there is a serious threat of harm. This harm may be to you, to others, or to the public.

REPORTING OR INVESTIGATION OF ABUSE:

After the initial report of abuse or neglect, we may share your health care records during the investigation of abuse or neglect.

PUBLIC HEALTH AND OVERSIGHT ACTIVITIES:

SCCMHA may share your health care records for public health reasons and health oversight purposes. These reasons may include licensing, auditing, or review agencies authorized by law to collect such information. For example, SCCMHA may be required to collect, report, or share information about disease, injury, or vital statistics for public health purposes.

LAW ENFORCEMENT ACTIVITIES:

SCCMHA may be required to share your health care records with law enforcement officials. This may be in response to a valid court order, a warrant, or as otherwise required by law.

TO YOUR LEGALLY AUTHORIZED REPRESENTATIVE:

A court may appoint a person to represent you. For example, this person may be a guardian. We may share your health care records with that person.

JUDICIAL OR ADMINISTRATIVE PROCEEDINGS:

A valid court order may require that we share your health care records. In some cases, we may need to share your health care records in response to a subpoena or other legal order.

TO THE SECRETARY OF HEALTH AND HUMAN SERVICES:

We may share your health care records with the United States Department of Health and Human Services to enforce the privacy laws.

SUBSTANCE USE DISORDER (SUD) - 42 CFR PART 2 RECORDS

SCCMHA does not release any information regarding substance use disorder treatment records without your signed permission, unless required to do so by law. Disclosures regarding SUD Treatment Records 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 Rules set forth at 42 CFR Part 2 (“Part 2 records”).

ENHANCED PRIVACY PROTECTIONS

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 (a “General Consent”).

FURTHER DISCLOSURE OF PART 2 RECORDS

If we receive your Part 2 records from another provider or clinic, we may re-disclose them without your consent, to the extent permitted by HIPAA regulations and in accordance with the General Consent accompanying the Part 2 records.

LIMITS ON USE IN LEGAL PROCEEDINGS

We will not use or disclose your Part 2 records or provide any testimony that describes the information contained in your Part 2 records, in any civil, criminal, administrative or legislative proceedings by any Federal, State or local authority against you unless you provide additional written authorization (“Specific Consent”) or a court issues a qualifying order after notice and an opportunity to be heard.

REVOKING CONSENT OF PART 2 DISCLOSURES

You have the right to revoke your consent at any time, except to the extent that SCCMHA has acted in reliance upon it. You may revoke your consent in writing to SCCMHA.

FUNDRAISING

SCCMHA will not disclose SUD records for fundraising purposes.

THESE ARE YOUR INDIVIDUAL RIGHTS

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS:

Normally, SCCMHA will contact you through your phone number or the address you provide. You may ask that we contact you differently. You may ask that we contact you at a different location. We will agree to any reasonable request. Your request should be in writing. Your request should be sent to the Customer Services Department.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to ask for limits on how we use or share your health records. Your request must be put in writing. SCCMHA does not have to agree with your request. If SCCMHA agrees to your request, SCCMHA will follow your request in the future. You have the right to change your mind about the restrictions. We have the right to stop the restriction if we believe it is necessary.

If you have paid in full, out of pocket, for services provided by SCCMHA, you may ask us not to share your health records with your health plan.

SCCMHA will carefully consider all requests for additional restrictions. However, SCCMHA is not required to agree to a requested restriction.

If you want to ask for restrictions on how we use or share your health records, contact the SCCMHA Customer Services Department.

RIGHT TO SEE AND GET A COPY OF YOUR HEALTH INFORMATION:

You have the right to view and obtain a copy of your health record maintained by SCCMHA. Your request should be put in writing and sent to the Customer Services Department. In some circumstances, we may deny your request to access part of your records.

RIGHT TO CHANGE YOUR RECORDS:

If you think something is wrong or missing in your health record, you can ask to have it changed. You have the right to request a change to your health record for as long as SCCMHA keeps it. You must put your request to change your health record in writing. Send your request to the SCCMHA Customer Services Department.

SCCMHA may deny your request to change the health record if you ask us to change information that:

1. Was not originally written by SCCMHA,
2. Is not part of the health records kept by SCCMHA,
3. Is excluded from access and inspection under applicable law,
4. Is accurate and complete.

When SCCMHA changes a record, SCCMHA may include a note to the original record. The original record does not have to be removed or changed. If we deny your request to change the record, you may write a statement of disagreement. Your statement will be kept as part of your record and will be included with any disclosure in the future.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES:

You can ask for a list of who we have shared your health information with. This list does not include times when your health records were shared for your treatment, payment, or health care operations. This list cannot go back longer than six years. If you want a list more than once a year, there will be a charge. We will tell you the charge before we give you the list.

RIGHT TO RECEIVE NOTIFICATION OF BREACH:

We will contact you if we discover that your health information has been improperly shared. We will tell you within 60 days of discovering that your information has been improperly shared. This notification may be delayed if the police, the FBI, or other law enforcement agencies instruct us to wait.

RIGHT TO RECEIVE A PAPER COPY OF THIS NOTICE:

We can give you a paper copy of this Notice. Contact our Customer Services Department for a copy.

REVISIONS TO THIS NOTICE:

We reserve the right to revise this Notice. Any revised Notice will be effective for information currently in SCCMHA's possession as well as any information that we receive in the future. SCCMHA will post a copy of any revised Notice. Revisions will include the effective date at the bottom of each page, in the lower-left corner.

FOR FURTHER INFORMATION AND COMPLAINTS

If you have any questions about SCCMHA's Privacy Practices or if you believe that your rights have been violated, contact:

SCCMHA Privacy Officer
(989) 797-3506

SCCMHA
Attention: Compliance Department
500 Hancock
Saginaw, Michigan 48602

**SCCMHA Customer Service
Department**
(989) 797-3452

SCCMHA
Attention: Customer Service
Department
500 Hancock
Saginaw, Michigan 48602

You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. We will give you the address if you ask for it.

SCCMHA will not retaliate against you for filing a complaint.