



Notice of Privacy Practices

Rev 06/2021

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.

SCCMHA’s Commitment to Your Privacy

SCCMHA is committed to providing you with quality behavioral healthcare services. An important part of this commitment is the protection of your health information according to applicable law. This Notice (“Notice of Privacy Practices”) describes your rights and SCCMHA’s duties under Federal law. Protected health information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you.

How SCCMHA May Use or Disclose Your Protected Health Information

The Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Regulations (45 CFR Parts 160 and 164) protects your health information, (including if you are applying for or receiving services for a substance use disorder). Additionally, if you are applying for or receiving services for a substance use disorder, your PHI is protected under Federal law, 42 CFR Part 2. Generally, if you are not applying for or receiving services for a substance use disorder, the way SCCMHA may use and disclose your health information differs slightly. These differences will be explained in this Notice.

PHI in connection with Substance Use Disorder Services

Federal law, 42 CFR Part 2, protects the confidentiality of patient records for substance use disorder services maintained by SCCMHA (including diagnosis, treatment, or referral for treatment). Generally, if you are applying for or receiving services for a substance use disorder, SCCMHA may not acknowledge to a person outside the program that you attend the program except under certain circumstances that are listed in this notice.

Uses and Disclosures of Your PHI With Your Authorization (Including PHI Related to Substance Use Disorder Services)

1. Generally, SCCMHA may use or disclose your protected health information when you give your

authorization to do so in writing on a form that specifically meets the requirements of the laws and regulations that apply (such as form MDHHS 5515)

2. You may revoke your authorization except to the extent that SCCMHA has already acted upon your authorization. If you are currently receiving care and wish to revoke your authorization, contact your counselor or the SCCMHA Privacy Officer. After you no longer receive care from SCCMHA, you will need to contact the SCCMHA Privacy Officer or Customer Services if you wish to revoke your authorization.
3. Please understand that a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization.
4. There are exceptions and special rules that allow for the use and disclosure of your PHI without your authorization or consent. They are listed below.

Uses and Disclosures of Your PHI Without Your Authorization

The following categories describe different ways in which SCCMHA may use or disclose your PHI even when you have not provided your written authorization. Note that not every possible use or disclosure is specifically mentioned in this document. This list applies to all PHI, including the information SCCMHA is provided when you apply for or receive services for a substance use disorder.

FOR TREATMENT:

SCCMHA may use or disclose your protected health information between or among personnel who have a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment.

FOR PAYMENT:

SCCMHA may use or disclose PHI about you so that your treatment and services from SCCMHA may be billed for and payment may be collected from you, an insurance company or a third party. For example, SCCMHA may need to disclose your health information about treatment you received at SCCMHA so your health plan will pay SCCMHA or reimburse you for treatment. SCCMHA 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 your PHI for the purposes of health care operations that include internal administration, planning and various activities that improve the quality and effectiveness of care. For example, SCCMHA may use information about your care to evaluate the quality and competence of our clinical staff. SCCMHA may disclose information to qualified personnel for outcome evaluation, management audits, financial audits, or program evaluation; however, such personnel may not identify, directly or indirectly, any individual patient in any report of such audit or evaluation, or otherwise disclose a patient's identity in any way. SCCMHA may disclose your information as needed within SCCMHA to resolve complaints or issues arising regarding your care.

APPOINTMENT REMINDERS:

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 contain requirements that safeguard your health information. All our Business Associates must agree to: (1) Protect the privacy of your PHI; (2) Use or disclose your PHI only for the purpose for which the Business Associate was engaged; (3) Be bound by 42 CFR Part 2; and (4) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

MARKETING COMMUNICATIONS:

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.

MEDICAL EMERGENCIES:

SCCMHA may disclose your PHI to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 CFR Part 2), this information might include HIV status if applicable.

LEGALLY INCAPACITATED AND DECEASED PATIENTS:

In such cases, authorization of a personal representative, guardian or other person authorized by applicable Michigan law may be given in accordance with HIPAA and 42 CFR Part 2.

DECEASED:

SCCMHA may disclose protected health information to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:

SCCMHA may disclose your PHI in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2, concerning Confidentiality of Alcohol and Drug Abuse Patient Records. Note also that if your records are not actually "patient records" within the meaning of 42 CFR Part 2 (e.g., if your records are created because of your participation in the family program or another non-treatment setting), your records may not be subject to the protections of 42 CFR Part 2.

COMMISSION OF A CRIME ON PREMISES OR AGAINST PROGRAM PERSONNEL:

SCCMHA may disclose protected health information to the police or other law enforcement officials if a crime is committed on SCCMHA premises or against SCCMHA personnel or if such a crime is threatened.

CHILD ABUSE:

SCCMHA may disclose your PHI for the purpose of reporting child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports. However, restrictions apply to the original substance use disorder patient records maintained by SCCMHA including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

DUTY TO WARN:

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

AUDIT AND EVALUATION ACTIVITIES:

SCCMHA may disclose PHI to those who perform audit or evaluation activities for certain health oversight agencies, e.g., state licensure or certification agencies such as the Commission on Accreditation of Rehabilitation Facilities, CARF International, which is an independent, nonprofit accreditor of health and human services in behavioral health and ensures compliance with regulations and standards.

RESEARCH:

SCCMHA may use your PHI for research purposes or disclose your PHI to researchers when certain requirements have been met, such as 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
(PHI NOT Related to Substance Use Disorder
Services)**

If you are not applying for or receiving services for substance use disorder, the rules governing the use and disclosure of protected health information are different from and less restrictive than the rules governing PHI involving substance use disorder diagnosis, treatment, and referral. The next section lists the additional allowable disclosures that may be made without your authorization if you are not applying for or receiving services for substance use disorder.

**ALLOWABLE DISCLOSURE WHEN
REQUIRED BY LAW:**

SCCMHA may disclose your protected health information as required by Michigan or federal law.

**ALLOWABLE DISCLOSURE FOR HEALTH
OR SAFETY:**

SCCMHA may disclose your protected health information to avert or lessen a serious threat of harm to you, to others, or to the public.

REPORTING OR INVESTIGATION OF ABUSE:

SCCMHA may disclose protected health information to a person legally authorized to investigate a report of abuse or neglect.

**PUBLIC HEALTH AND OVERSIGHT
ACTIVITIES:**

SCCMHA may disclose your PHI for public health purposes and health oversight purposes including licensing, auditing or accrediting agencies authorized or allowed by law to collect such information, including, for example, when SCCMHA is required to collect, report, or disclose information about disease, injury, vital statistics for public health purposes or other information for investigation, audit, or other health oversight purposes.

LAW ENFORCEMENT ACTIVITIES:

SCCMHA may disclose PHI to law enforcement officials in response to a valid court order or warrant or as otherwise required or permitted by law.

**TO YOUR LEGALLY AUTHORIZED
REPRESENTATIVE:**

SCCMHA may disclose your health information to a person appointed by a court to represent or administer your interests.

**JUDICIAL OR ADMINISTRATIVE
PROCEEDINGS:**

SCCMHA may disclose your health information pursuant to a valid court or administrative order, or in some cases, in response to a valid subpoena or discovery request.

**TO THE SECRETARY OF HEALTH AND
HUMAN SERVICES:**

SCCMHA must disclose your health information to the United States Department of Health and Human Services when requested to enforce the privacy laws.

Your Individual Rights

**Right to Receive Confidential
Communications:**

Normally SCCMHA will communicate with you through the phone number and /or the address you provide. You may request, and we will accommodate any reasonable, written request for you to receive your protected health information by alternative means of communication or at alternative locations. Requests should be made in writing to the SCCMHA Privacy Officer.

Right to Request Restrictions:

You have the right to request restrictions or limitations on how SCCMHA uses and discloses your PHI for treatment, payment, and operations. SCCMHA is not required to agree to restrictions for treatment, payment, and healthcare operations except in limited situations as described below. This request must be in writing. If SCCMHA agrees to the restriction, SCCMHA will comply with restrictions going forward, unless you take affirmative steps to revoke the restrictions or SCCMHA believes, in our professional judgment, that an emergency warrants circumventing the restriction to provide the appropriate care or unless the use or disclosure is otherwise permitted by law. In rare circumstances, SCCMHA reserves the right to terminate a restriction that SCCMHA has previously agreed to after providing you notice of termination.

At your request, SCCMHA will not disclose your PHI to your health plan if the disclosure is for payment of a health care item or service for which you have paid SCCMHA out of pocket in full. You may request additional restrictions on the use and disclosure of protected health information for treatment, payment, and health care operations. While SCCMHA will consider requests for additional restrictions carefully, SCCMHA is not required to agree to a requested

restriction. If you wish to request additional restrictions, contact the SCCMHA Privacy Officer.

Right to Inspect and Copy Your Health Information:

You have the right to inspect and copy your medical record maintained by SCCMHA, and to inspect and request copies of the records. All requests for access to your PHI must be made in writing. Under limited circumstances, SCCMHA may deny your request for access to a portion of your records. If you desire access to your records, please contact the SCCMHA Privacy Officer.

Right to Amend Your Records:

If you believe the information SCCMHA has about you is incorrect or incomplete; you may ask SCCMHA to amend the information. You have the right to request an amendment for as long as the information is maintained by SCCMHA. 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:

- a. Was not created by SCCMHA,
- b. Is not part of the medical information maintained by SCCMHA,
- c. Is excluded from access and inspection under applicable law,
- d. Is accurate and complete.

When SCCMHA “amends,” a record, SCCMHA may append information to the original record, as opposed to physically removing or changing the original record. If your requested amendment is denied, you may write a statement of disagreement which will be maintained as part of your PHI and will be included with any disclosure.

Right to Receive an Accounting of Disclosures:

Upon request, you may obtain a list of instances that SCCMHA has disclosed your PHI other than when you gave written authorization OR those related to your

treatment and payment for services, or SCCMHA’s health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, there will be a charge. You will be told the cost prior to the request being filled.

Right to Receive Notification of Breach:

You will be notified in the event SCCMHA discovers a breach has occurred such that your protected health information may have been compromised. A risk analysis will be conducted to determine the probability that PHI has been compromised. Notification will be made no more than 60 days after the discovery of the breach, unless it is determined by a law enforcement agency that the notification should be delayed.

Right to Receive a Paper Copy of This Notice:

Upon request to the SCCMHA Privacy Officer, you may obtain a paper copy of this notice.

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.

For Further Information and Complaints:

If you want additional information about your privacy and confidentiality rights, or if you believe that SCCMHA may have violated your privacy rights, contact in writing the SCCMHA Privacy Office at 989-797-3539, 500 Hancock, Saginaw MI 48602. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. Upon request, we will provide you with the correct address. SCCMHA will not retaliate against you if you file a complaint.