



## OUR AGENCY AND YOUR PRIVACY

**This notice describes how medical information about you may be used and disclosed. It also describes how you can access this information as allowed by the Health Insurance Portability and Accountability ACT (HIPAA)**

**Please review it carefully.**

This notice is available to you in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA). 1-800-243-7483.

We, *Shiawassee Health and Wellness (SHW)*, provide residents of Shiawassee County, mental health services and supports.

Our agency knows that your health information is personal. As a mental health service provider, we are required to protect your privacy and provide you with this notice. In the following paragraphs, we explain in more detail how we are obligated to protect your health information. Please read it carefully.

**Privacy Notice Introduction.** This Notice tells you about the ways health information is used. It describes your rights and our obligations regarding the use and disclosure of health information. Over time, we may change this Notice. If we do, we are required to inform you of our new privacy policy by making a revised Notice available to you.

You can also find this notice on our website: [www.shiabewell.org](http://www.shiabewell.org).

*We reserve the right to change this notice and to make the new notice provisions effective for all Protected Health Information that we maintain.*

**General Privacy Information.** When you contact or come to our agency, a record is usually kept. These records contain demographic information (such as name, address, telephone number, Social Security Number, birth date, and health insurance information). The records may also contain other information including how you say you feel, what health problems you have, treatments you may have received, observations by health care providers, diagnosis and plan of care. **This information is known as Protected Health Information, or PHI,**

and is used for a number of purposes explained in detail in this brochure. There are 19 identifiers and any health information that contains even one identifier is protected under HIPAA.

As a provider, we provide mental health services and supports, such as assessment and treatment. We also make payment to other mental health care providers. Often, these payments are made under the Medicaid program. In any of these situations, we may need to access your PHI.

We do not sell your PHI and we take steps to protect your PHI from people who do not need, or who do not have the legal right, to see it. We are required by law to notify you if your PHI was disclosed without proper consent. We may use your PHI for payment purposes, to manage health services for you, or for agency operations. If we disclose or give your PHI to another person or entity, we must do so consistent with Federal and State laws. In many circumstances, this requires you to sign an authorization form giving us permission to provide that information to the other party. If you do not sign an Authorization, we may not be able to manage or make payment for your health services.

When your PHI is used or disclosed for treatment, payment purposes, or for agency operation, it means:

**Treatment**-We will use and disclose your PHI to coordinate, provide and manage your health, and any related services. This includes the coordination or management of your health care with another person, like a doctor or therapist.

**Payment**-Your PHI will be used and disclosed, as needed, so the care you get can be properly billed for and paid. For example, we may need to disclose your PHI to healthcare professionals or to your health plan, about treatment you received, so payment can be made. You may request that we not disclose PHI to your health plan if you have paid in full out of pocket. It may also include statistical reports to Federal and State agencies making funds available to us for your benefit.

**Operations**-We may use or disclose your protected health information for our operations in order to maintain or improve services. This can include quality assessment, accreditation, licensing or business management, and general administrative activities for our operations, in order to maintain or improve services.

Other uses and disclosures included within treatment, payment and operations are:

**Treatment Options**—to inform you of potential treatment options.

**Benefits and Services**—to inform you of health benefits or services that may be of interest to you.

**Education**-training of health professional students such as counselors and therapists who work in our agency.

**Research**-if the study is approved by our privacy committee, the program director, and meets the requirements of Federal and State law and regulation.

**Fundraising**-We do not use PHI for fundraising purposes. Fundraising is communicated thru public notice and directed to consumers on an individual basis.

**To Coroners, Funeral Directors, and for Organ Donation.** We may disclose protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the Agency to use or disclose your protected health information to facilitate specified government functions relating to military and veterans activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

**For Worker's Compensation.** The Agency may release your health information to comply with worker's compensation laws or similar programs.

**Other Uses and Disclosures.** As part of treatment, payment, and healthcare operations, we may also use or disclose your protected health information for the following purposes:

To remind you of an appointment including the use of postcards and/or messages left on answering machines.

- To inform you of potential treatment alternatives or options.
- To inform you of health-related benefits or services that may be of interest to you.
- Copies of PHI may be provided to patients for a reasonable fee. We will let you know what the fee will be before a copy of your PHI is made.

**Uses and Disclosures without Your Authorization.** When required by law, we may also disclose some protected health information, for example, we may provide limited information:

**Health Risk or Death** – to prevent, control, or report disease, injury, disability, or death.

**Abuse, Neglect or Domestic Violence** – to alert State or local authorities if we believe you are a victim of child abuse, neglect, or domestic violence.

**Duty to Warn** – or alert authorities or medical personnel if we believe someone is at risk of injury by means of violence.

**Health Oversight** – to comply with health oversight agencies for things like audits, civil or administrative reviews, proceedings, inspections, and licensing activities.

**Judicial and Legal Proceedings** – in response to a court order.

**Law Enforcement** – to a law enforcement official in response to a court order or to report a crime on agency premises.

Copies of PHI may be provided to patients for a reasonable fee. We will let you know what the fee will be before a copy of your PHI is made.

**Right to Request an Amendment.** You may request an Amendment to your PHI if you think it is incorrect or incomplete. We may ask that the request be in writing and states the reasons for the amendment. We will notify you to let you know if we agree or disagree with your request. If we do not agree, we will provide you with information on why we disagree and what options you have. To request an amendment, please contact our Privacy Officer.

**Right to Request Alternate Methods of Communication.** You may request an alternate method of receiving confidential mailings and other communications of your PHI. For instance, you may request that your PHI be sent to your office or to a post office box rather than to your home address. You may also request that calls be made to a certain telephone number. We do not require that you state a reason for your request. We will try to accommodate reasonable requests.

**Right to Review and Copy.** You may request a copy of your PHI. You may also request to review your health information. If your request is accepted, we will arrange a mutually agreeable time for you to look at your PHI. We may deny your request to review and copy in a few limited circumstances. If your request is denied, you may ask for a review of a denial by contacting our Privacy Officer. This review will be done by a licensed healthcare professional and we will comply with the decision of the reviewer.

**Right to Request Restriction.** You may request limitations on the use of your health information. For example, you can ask that your information not be shared with certain family members. We are not always able to comply with these requests. If we are unable to honor your request, we will let you know. If we agree to a restriction, and the restricted information is needed for your emergency care, we may still use or disclose the information as we think appropriate. To request a restriction on your information, please contact our Privacy Officer.

**Right to an Accounting of Disclosures.** You have the right to request a periodic accounting of the disclosures of your PHI so that you will be aware of who has had access to your information. Your request may specify a time period of up to six years. We are not required

to provide an accounting for disclosures prior to April 14, 2003. Not every disclosure made is included in the accounting. Disclosures you authorized in writing, routine internal disclosures such as those made to agency personnel in the course of providing you services, and/or disclosures made in connection with payment are all examples of things not included in the accounting. The accounting will state the date of the disclosure, the purpose for which it was disclosed and a description of the information disclosed. If there is any fee for the accounting, we will let you know what it is before the accounting is done.

**Right to Receive a Copy.** This **Privacy Notice** will be available at our office and on our website at: [www.shiabewell.org](http://www.shiabewell.org)

**Uses Requiring Consumer Authorization.** This brochure covers some areas where consent to release PHI is not needed. There are some uses of PHI that do require consumer authorization. We will not disclose your health information, electronically, in hard copy or by any other means without your written approval. If your PHI is requested for a use that requires your approval or Authorization, you will be told why your information is requested, who is asking for the information, and what information is requested. You will also be told how you may cancel (revoke) our authorization. If we have already acted on an Authorization you gave us earlier, your cancellation will affect information for the future.

Although HIPAA does not require that we obtain a written HIPAA authorization for disclosures made to family members in certain circumstances, Michigan law requires that we obtain your written consent prior to disclosing your health information to a family member who is not your personal representative. The Agency will continue to follow its current policy to obtain written consent under State law when disclosing patient information to a family member or friend who is not a personal representative of the patient.

As a covered entity, Shiawassee Health and Wellness will take steps to make sure that our business associates comply with applicable sections of the privacy rules.

**Privacy Officers and Consumer Concerns.** You may believe that your PHI has not been handled in a way that respects your privacy. You may also seek to appeal a denial of your request to review or amend your PHI. Please feel free to express your concerns to our Privacy Officer. **Please note that services we provide or pay for will not be affected by your raising a privacy issue.**

**If you have a complaint or concern about your PHI, please call the Privacy Officer (989) 723-0870  
Shiawassee Health & Wellness 1555 Industrial Drive, Owosso, MI, 48867**

**Another way you can express your concern is to contact  
Region V Office of Civil Rights at the Dept. of Health and Human Services  
233 N. Michigan Ave., Suite 240 Chicago, IL 60601  
(312) 886-2359 or TDD (312) 353-5693.**