

• **Right to an Accounting of Disclosures**

You can ask for a list of the times we've shared your health information for six years prior to the date you ask. This list will not include the times that information was disclosed for treatment, payment, or health care operations. We'll provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.

• **Right to Request Restrictions**

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request if it would affect your care.

If you, or someone on your behalf, pays for a treatment service out-of-pocket in full, you can ask us not to share that information with your health insurer. We will comply with this request unless otherwise required by law.

• **Right to Request Confidential Communications**

You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

• **Right to a Paper Copy of This Notice**

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. *Please contact us to request a copy; this request does not have to be in writing.*

Changes to this Notice

We reserve the right to revise this notice. A revised notice will be effective for PHI we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be available at our offices and on our website: www.norcocmh.org

Complaints about Privacy Practices

If you believe that your privacy rights have been violated, you have the right to file a complaint with NCCMH and/or the federal government. *You will not be penalized for filing a complaint.*

• **Complaints and Communications to Us**

If you wish to communicate with us about privacy issues or file a complaint, you can contact:

Privacy Officer
North Country Community Mental Health
1420 Plaza Drive
Petoskey, MI 49770
Phone: 231-439-1268 TTY: 711
Email: recipientrights@norcocmh.org

• **Complaints to the Federal Government**

You may file a complaint with the federal government electronically at:
www.hhs.gov/hipaa/filing-a-complaint
or you may write to:

Office of Civil Rights
Dept. of Health and Human Services
233 N. Michigan Ave, Suite 240
Chicago, IL 60601
Phone: 800-368-1019 TTY: (800) 537-7697
Email: ocrmail@hhs.gov

**North Country
Community
Mental Health**

**HIPAA
PRIVACY
NOTICE**

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please read carefully.



www.norcocmh.org

*Effective April 14, 2003
Revised July 24, 2018*

What is HIPAA?

"HIPAA" is the short name of a federal law called the *Health Insurance Portability and Accountability Act*, which gives you rights concerning your **Protected Health Information** "PHI." These rights are in addition to the confidentiality rights you have through the Michigan Mental Health Code, and through 42 CFR Part 2 which covers substance use records. *NOTE: NCCMH will never disclose your confidential substance use records without your written consent unless necessary to comply with the law.*

Understanding the Information We Have

We get information about you when you come to us for services. "PHI" consists of all individually identifiable information created or received by NCCMH, that relates to your past, present or future physical or mental health condition, to your treatment, and to payment for treatment. It includes, but is not limited to, your date of birth, sex, social security number and other personal information.

Our Privacy Commitment to You

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices, to follow these practices and to notify you following a breach of unsecured PHI. Only people who have both the need and the legal right may see your information. We may disclose your information without your permission when necessary for purposes of treatment, coordination of care, payment, health care operations or when we are required to by law. In all other cases we will get your written consent prior to releasing information.

• Treatment

We may disclose information about you to coordinate your care. For example, we may notify your primary care doctor about medications our psychiatrist prescribes to you or to consult about a diagnosis. We may also share your information to coordinate different things you need, such as medical equipment, prescriptions, lab tests, or admission to a hospital or staffed community placement.

• Payment

We may use and disclose information so the care you get can be properly billed and paid. For example, sending billing information to your health insurance plan.

• Health Care Operations

We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you receive. We will not use your information for marketing, fundraising or research without your permission.

• As Required By Law

We will share information when we are required by law to do so. Examples of such releases would be for law enforcement if you threaten to harm another person; reporting abuse or neglect; responding to court orders; communicable disease reporting; disaster relief; review of our activities by government agencies; national security purposes; or in other kinds of emergencies.

• Business Associates

There are some services provided at NCCMH through contracts with Business Associates (BA). When services are contracted, we may share your information,

so the provider can perform the job we've asked them to do and bill for it. However, to protect you, we require the provider (BA) to appropriately safeguard your information.

• With Your Permission

If you give us permission in writing, we may use and disclose your personal information. For example, you may ask us to share your information with a family member, friend, or attorney. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights

You have the following rights regarding the PHI that we have about you. **Your requests to exercise these rights MUST be made in writing to NCCMH.**

• Right to Inspect and Copy

In most cases, you have the right to look at or get copies of your records in either paper or electronic format (if available). You may be charged a reasonable, cost-based fee for copying your records. Please contact the clerical staff at the CMH office where you receive services to complete a request for records.

• Right to Amend

You can ask us to correct information that you think is wrong or incomplete. We can deny your request for certain reasons, but we must give you a written explanation of the denial. If you feel there is a mistake, you have the right to add a statement to your record.