



Notice of Privacy Practices

This notice describes the privacy practices of Northwest Michigan Health Services, Inc. and all its health centers and health care professionals. This notice defines how information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Health Information Rights

Although your health record is the physical property of NMHSI, the information belongs to you. You, or someone who has the legal right to act on your behalf, has the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and the HITECH Act.
- Obtain the Notice of Privacy Practices from our website, or at any of our treatment sites upon request.
- Review and request a copy of your Electronic Record, in form and format, if readily producible as provided in the HITECH Act and 45 CFR 164.524. If not readily producible, and maintained in paper, then a readable hard copy. You are allowed to see your medical information and to have a copy of your medical record, unless it is the private notes taken by a mental health provider or is part of a legal case. *If you are less than 18 years old, your parent or guardian may receive your medical information without your consent, unless you are able to consent for your own healthcare. However, provider discretion applies to Mental Health and specific medical services.*
- Request to have health information sent to another health care provider or to another person, a signed authorization form which tells us which information to send, where, and to whom to send it must be completed. This authorization is good for the specific dates and types of information specified on your authorization form. If more information is requested at a later date, a new authorization form must be signed.
- Request your provider to amend your health record as provided in 45 CFR 164.528. You will receive a response within 30 days of the request. If we disagree with the amendment, you may have a statement of your disagreement added to your health information.
- Obtain an accounting of disclosures of your health information, including disclosures for treatment, payment and healthcare operations, as provided in 45 CFR 164.528 and the HITECH Act.
- Request confidential communications of your health information by alternative means or at alternative locations.
- Revoke your authorization in writing, to use or disclose information except to the extent that action has already been taken.

NMHSI is required by State and Federal law including HIPAA, Michigan Mental Health Code, Sec.748, Federal Rule 42 CFR Part 2, Sections R 325.14301 to 14306 of Administrative Rules for Substance Abuse and State of Michigan Rules for Substance Abuse and the HITECH Act. Specifically,

- To maintain the privacy of health information that identifies you.
- To only share information about you that is needed at the time by the provider or staff to do our job.
- To provide you with a notice as to our legal practices with respect to information we collect/maintain about you
- To accommodate reasonable requests, you may have to communicate health information by alternative means or at alternative locations (send appointment notices by mail or leave telephone message).
- To notify you in the event there is a breach of unsecured PHI.
- To prohibit the discloser of your health information without your authorization, except as described in this notice.

Health Information Exchange: NMHSI records and transmits health information electronically. Health information is shared for the purposes outlined in this notice and is protected electronically through local, state, and national health information exchanges. NMHSI participates in health information exchanges, including the Great Lakes Health Exchange (GLHC), and may participate in other information exchanges in the future.

NMHSI Duties

How Your Health Information May Be Used: NMHSI may use health information about you for your treatment purposes, to obtain payment, or for healthcare operations and other administrative purposes.

Treatment: We may need to send your health record to a specialist or physician as part of referral for continuity of care.

Payment: We will use your health information and other identifying information for billing Medicare, Medicaid or other health insurance plans.

Operations or Administrative Purposes: We use your information when processing your health records for completeness and to compare patient data to improve our treatment methods. We may disclose your information to our business associates we contract with to provide service on our behalf that require the use of your health information. We may contact you or disclose certain of your information to our associates or related foundations, for fundraising purposes. You have the right to opt out of receiving such fundraising communications.

We are also required by law to release certain medical information without your consent in certain instances:

<ul style="list-style-type: none"> • Communicable Disease - We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. 	<ul style="list-style-type: none"> • Public Health - As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
<ul style="list-style-type: none"> • Victims of Abuse and Neglect - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence. 	<ul style="list-style-type: none"> • Law Enforcement - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a: court order, court-ordered warrant, subpoena, summons issued by a judicial officer, and grand jury subpoena.
<ul style="list-style-type: none"> • Specialized Government Functions – We may disclose To the federal Government when they are investigating something important to protect our country, the president or other government agencies 	<ul style="list-style-type: none"> • Immunization & Funeral Directors - Birth, death and immunization information.
<ul style="list-style-type: none"> • Workers' Compensation - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. 	<ul style="list-style-type: none"> • FDA - We may disclose health information to the Food and Drug Administration (FDA) relative to adverse events with respect to food, supplements, product and product defects, or recall of defective products for replacement or repair.
<ul style="list-style-type: none"> • Research - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI. 	<ul style="list-style-type: none"> • Emergencies: We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previous identified by you.

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of your PHI, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Contact information:

Privacy Officer at Northwest Michigan Health Services, Inc.

10767 E. Traverse Hwy, Traverse City, MI 49684
231-947-1112
www.nmhsi.org

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

The address for the Office of Civil Rights is as follows: Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Ave, S.W. Room 509F, HHH Building Washington, D.C. 20201

We reserve the right to change our policies and Notice of Privacy Practice and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will post a copy of our current notice on our website. You may also request a copy at any of our treatment sites.

Signature of Patient/Guardian: _____ **Date:** _____

Print Guardian/Legal Representative Name: _____ **Relationship:** _____