



Notice of Information Practices/Privacy Statement

THIS NOTICE DESCRIBES HOW YOUR CLIENT INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

We are required by applicable federal and state law to maintain the privacy of your client information. We are also required by law to give you notice about our privacy practices, our legal duties, and your rights concerning your client information. We must follow the information policies that are described in this notice while it is in effect. This notice takes effect 3/15/2003, and will remain in effect until it is replaced.

We reserve the right to make changes to our information practices and the terms of this notice at any time, provided such changes are permitted by applicable law. You may request a copy of our notice at any time. For more information about our information practices, or for additional copies of this notice, please contact us directly.

Understanding your substance use and mental health record information:

Each time you visit one of our agency facilities, we the provider make a record of your visit. Typically, this record consists of your history, current status, medical information, intake information, test results, diagnosis, treatment documentation, and aftercare plan. This information is referred to as your clinical file and serves as a:

1. Basis for planning your care and treatment
2. Means of communicating among clinical staff who contribute to your care
3. A legal document describing the care you received
4. Means by which you or a third party payer can verify that you actually received the services billed for
5. A tool for education (ie: interns)
6. A source of information for the public health officials charged with improving the health of the regions they serve
7. A tool to assess the appropriateness and quality of care you received
8. A basis for accrediting organizations, licensing, and third party audits to evaluate our treatment

To use and disclose your client information for treatment, payment, and substance use/mental health care operations. For example:

1. **Treatment:** We may use and disclose your client information to clinical staff or other health care providers providing treatment to you.
2. **Payment:** We may use and disclose your client information to obtain payment for services provided to you.
3. **Operations:** We may use and disclose client information in connections with our services. Our operations may include quality assessment and improvement activities, reviewing the competence or qualifications of clinical staff, evaluating staff and provider performance, conducting training programs, accreditation, and certification, licensing, or credentialing activities.

Your authorization: In addition to our use of your client information for treatment, payment and operations, you may give us written authorization to use your client information or to disclose it to anyone for any purpose. If you give us release, you may revoke it at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your client information for any reason except:

- As required by law: we may use or disclose your client information when we are required to do so by law
 - o Law violations: We may disclose your client information if you commit a crime at our agency or against any person who works for the agency or about any threat to commit such a crime. We may disclose your client information for suspected child abuse or neglect concerns
 - o Appointment reminders: We may use or disclose your client information to provide you with appointment reminders (such as voicemail, messages, postcards, or letters)

We will never share your client information for the following unless you give us written permission:

- Marketing purposes
- Sale of your client information
- Most uses and disclosures of your psychotherapy notes

Understanding what is in your client record and how your information is used helps you to:

1. Ensure it's accuracy and completeness
2. Understand who, what, where, why, and how others may access your client information
3. Make informed decisions about authorizing disclosure to others
4. Better understand the client information rights detailed below

Client Rights:

1. **Access:** You have the right to look at or obtain copies of your client information, with limited exceptions. You may request that we provide copies. We will make copies unless we cannot practically do so. You must make a request in writing to obtain access to your client information. We will charge a standard rate for copies.
2. **Electronic notice:** If you received this notice on our web site or by electronic mail (e-mail) you are entitled to receive this notice in written form.
3. **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclose your client information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12 month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
4. **Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your client information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
5. **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing). Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.
6. **Amendment:** You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.
7. **Electronic Notice:** If you have received this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form.

Questions and Complaints:

If you want more information about our information practices or have any questions please contact us.

If you are concerned that we have violated your rights, or disagree with a decision we make about access to your client information or in response to a request you made to amend or restrict the use or disclosure of your client information you may complain to us using the information listed at the end of this notice. You may also complain to the US Department of Health and Human Services. We will provide you the address upon request.

We support your right to the privacy of your client information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

Privacy Officer: **Lindsay Harper**
Email: lharper@1016.org
Telephone: 989-631-0241 Ext 1017
Fax: 989-631-0242
Address: 133 N. Saginaw Rd., Midland, MI 48640

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html