

MACOMB COUNTY COMMUNITY MENTAL HEALTH

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions or need help understanding this notice, please contact Macomb County Community Mental Health's (MCCMH) Compliance Officer. The contact information for the Compliance Officer is listed on the last page of this document.

Information About You. State and Federal laws require MCCMH to maintain the privacy of your Protected Health Information (PHI). PHI is individually identifiable information that MCCMH creates or receives about you when you apply for or receive services. It includes information like contact information, date of birth, Social Security Number, and insurance. It includes information from health care providers, bills for services we provide, and other information about your care.

Our Commitment to Your Privacy. We are required to give you this Notice of Privacy Practices. We must follow the privacy practices as described below. The information we gather about you is private. Only people who have both the need and the legal right to do so may see your information. MCCMH is required to notify you if there is an actual or suspected breach of the privacy of your health information. This means that MCCMH is required to notify you if we know or believe that your protected health information has been inappropriately accessed by others, including electronically.

SUBJECT TO THE LIMITATIONS OF THE MICHIGAN MENTAL HEALTH CODE AND 42 CFR PART 2, MCCMH MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR THESE REASONS:

Treatment: MCCMH may use your protected health information to provide professional services to you, and to coordinate your health care with other providers. For example, a physician treating you may need to know if you have problems with your heart because some medications may affect your blood pressure. MCCMH may share your PHI for treatment to coordinate things such as prescriptions and lab tests to determine an appropriate diagnosis and treatment plan.

Payment: MCCMH may share your protected health information for the purposes of determining coverage, eligibility, funding, billing, claims management, and medical data processing. For example, MCCMH may disclose PHI as part of an encounter sent to the state to ensure reimbursement for medically appropriate services that you receive.

Health Care Operations: MCCMH may use your protected health information for health care operations. These uses and disclosures are necessary for MCCMH to operate and ensure all persons served receive quality care. For example, MCCMH may use PHI to evaluate the effectiveness of rendered services and determine what additional services may be needed for the network.

As Required By Law: MCCMH will share information when required by law to do so. Examples include law enforcement or national security purposes; subpoenas or other court orders; communicable disease reporting; disaster relief; a government agency's review of MCCMH activities; to avert a serious threat to the health or safety of others; and other emergency situations.

Business Associates: MCCMH provides some services through its Business Associates. MCCMH will disclose your information to the extent necessary for our Business Associates to perform the requested services. MCCMH's Business Associates are required by law to protect your PHI, just as MCCMH is required to do.

Public Health Responsibilities: MCCMH will share PHI to report problems with products or reactions to medications; to comply with product recalls; to report disease/infection exposure; and to prevent and control disease, injury, and/or disability.

Abuse, Neglect, Threat to Health or Safety: MCCMH may share your PHI with the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. PHI is shared only to the extent necessary to prevent a serious threat to your health or safety, or the health or safety of others.

With Your Permission: You can give your permission, in writing, for MCCMH to share your PHI with others, including friends and family members. You have the right to change your mind about these releases of information. If you change your mind about a release, you must notify MCCMH in writing. Information that was already shared with your permission cannot be taken back.

Exceptions: For certain kinds of records, including substance use treatment records and psychotherapy notes, your permission may be needed to release your records even for treatment, payment, or health care operations.

YOUR PRIVACY RIGHTS AS A MEMBER OF MACOMB COUNTY COMMUNITY MENTAL HEALTH

You have the following additional rights about the privacy of your protected health information:

Access: Upon written request, you have the right to look at and get copies of your PHI (or the PHI of an individual for whom you are a legal guardian.) MCCMH may charge a small fee for copying your records.

Amendment: You have the right to amend (change) your PHI located in your health records if you think the information is not accurate or not complete. Your request must be in writing and must include an explanation of why the information should be amended. MCCMH reserves the right to deny an amendment to the health record when appropriate.

Non-Routine Disclosures: You have the right to a list of instances in which MCCMH, or its Business Associates, shared your protected health information for reasons *other* than treatment, payment, or health care operations. You have the right to receive a list of non-routine disclosures of your PHI that MCCMH has made in the six years before the date of your request.

Confidential Communications: You may request, in writing, confidential communications with MCCMH regarding your health information. You may request that we contact you by alternate means or at alternate locations. For example, you may ask MCCMH to send information to your work address instead of your home address, or use your cell phone instead of a home phone.

Restrictions: You have the right to request a restriction or limitation on the PHI MCCMH uses or discloses about you for treatment, payment, or health care options. You also have the right to request a limit on the PHI MCCMH discloses about you to someone involved in your care, the payment of your care, and notifications to family members. MCCMH will do its best to honor such requests, however, when the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and the PHI pertains solely to a service that you paid fully out-of-pocket, MCCMH is not required to agree to your request. If MCCMH does agree, your request will be upheld unless the restricted information is needed to provide emergency treatment.

In such an emergency, MCCMH may use the restricted PHI or disclose such information to a health care provider to provide the needed treatment. MCCMH will in such circumstances request that the health care provider not further use or disclose the information.

Requests to restrict information must be in writing and must include the information you wish to limit; whether you want to limit MCCMH's use of information, disclosure of information, or both; and to whom you want limits to apply.

Substance Use Treatment and Privacy: If you are receiving substance use treatment services funded by the MCCMH Substance Use Department, you have other rights related to your privacy. Your alcohol and drug treatment records are protected by Federal law and regulations. For example, MCCMH Substance Use Department is required to comply with the confidentiality of Alcohol and Drug Client Information Act (42 CFR Part 2). Generally, this means that information about you cannot be shared with others without your written permission, except as permitted by law.

CHANGES TO THIS NOTICE

MCCMH reserves the right to revise (change) this notice. A revised notice will apply to information already compiled about you and any information received after the change. We are required to abide by whatever notice is currently in effect. Any changes to this notice will be published on the MCCMH website.

Copies of this Notice: You have the right to receive additional copies of this notice at any time. Ask for a copy at the site where you receive services. This privacy notice is also available on the MCCMH website at www.mccmh.net.

HOW TO USE YOUR RIGHTS UNDER THIS NOTICE

If you have questions or need help understanding this notice, please contact the MCCMH Compliance Officer at:
MCCMH Office of Compliance
19800 Hall Road
Clinton Twp., MI 48038
586-783-0917

For additional information about your privacy rights and records, contact the MCCMH Clinical Records Department at:
MCCMH Clinical Records Department
6555 Fifteen Mile Road
Sterling Hts., MI 48312
586-466-8717

If you receive services from MCCMH and you want to make a Privacy Rights complaint, contact the Office of Recipient Rights at:
MCCMH Office of Recipient Rights
19800 Hall Road
Clinton Township, MI 48038
586-469-6528 (V)
Michigan Relay Service (TTY Users): 711

You may also have the right to file a complaint with the Federal Government at:
Office of Civil Rights, Region V
US Department of Health and Human Services
233 North Michigan Ave., Suite 240
312-866-2359
312-353-5693
Email: OCRMail@hhs.gov.

You will not be penalized for filing a complaint or making a request related to your privacy. If you would like help to make a request related to your privacy or to file a complaint, contact the MCCMH Ombudsman at 586-469-7795.

Interpreter Services Available: You have the right to an independent interpreter to help you use mental health or substance use treatment services. If you need an interpreter, one will be provided at no charge to you.

Date of this Notice: This notice is effective August 14, 2023, and replaces all prior MCCMH Privacy Notices.