



## 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) Chief Privacy & Compliance Officer (at the contact information on the last page). 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.** MCCMH is required to give you this Notice of Privacy Practices. MCCMH is required to 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. If a breach of your unsecured PHI occurs, we will notify you without unreasonable delay and no later than sixty (60) days after discovery. This notice will describe (1) what happened, (2) what types of information were involved, (3) steps you should take, (4) what MCCMH is doing, and (5) how to contact us.

**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.

**Certain Health Care Operations:** MCCMH may use your protected health information for certain health care operations. These uses and disclosures are necessary for MCCMH to

operate and coordinate care. For example, MCCMH may share information with your primary care provider to help arrange for services.

**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. MCCMH will never sell or use your information for marketing purposes (other than face-to-face communications or nominal-value promotional gifts) without your permission. 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.

**Appointments and Other Communications:** MCCMH may contact you with appointment reminders or information about health-related benefits/services that may be of interest to you. These communications are not "marketing" under HIPAA.

**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.) If your records are maintained electronically, you have the right to receive an electronic copy in the form and format requested if readily producible, or in another readable electronic format we agree upon, and to direct us to transmit an electronic copy to a third party of your choice. Reasonable, cost-based fees may apply.

**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 may request that MCCMH restrict or limit how we use or disclose your health information for treatment, payment, or health care operations. You may also ask MCCMH to limit the information it shares with individuals involved in your care or in paying for your care. If you pay out-of-pocket in full for a specific service, you may request that MCCMH not disclose information about that service to your health plan for payment or health care operations. MCCMH will honor that request unless a law requires it to share the information or the information is needed to provide you with emergency treatment. In such an emergency, MCCMH may use or disclose the restricted PHI to a health care provider when necessary to ensure you receive needed treatment. In those situations, MCCMH will request that the 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. **If 42 CFR Part 2 applies to your records, those records have extra protections described in the "Part 2" section below.**

**Fundraising:** Your PHI will not be used for fundraising because MCCMH does not engage in fundraising activities. Therefore, MCCMH will not send you fundraising communications.

## **42 CFR Part 2: ADDITIONAL CONFIDENTIALITY PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) RECORDS**

Some MCCMH programs create, receive, or maintain SUD treatment records that are protected by 42 CFR Part 2. When Part 2 applies, stricter rules govern the use and disclosure of those records:

**Consent Generally Required:** Your Part 2 records cannot be disclosed without your written consent, unless an exception applies (e.g., bona fide medical emergency, certain audits/evaluations, IRB/Privacy-Board approved research, or specific court orders).

**Single Consent for T/P/O:** You may give a single consent for all future treatment, payment, and health care operations disclosures. If a HIPAA-regulated entity, such as a covered provider or a patient's health plan, receives Part 2 information pursuant to a TPO consent, it is allowed to redisclose that information in any manner permitted under HIPAA, with the sole exception that it may not use or disclose the information in a legal proceeding against you.

**SUD Counseling Notes:** Your separate, specific consent is required for the use and disclosure of SUD counseling notes.

**Required Redisclosure Warning:** Each consented disclosure includes a notice that 42 CFR Part 2 prohibits unauthorized use or disclosure and will include a copy or scope of your consent.

**Prohibition of Use in Legal Proceedings:** SUD treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. Records obtained during audits or evaluations cannot be used for criminal investigations or prosecutions without your consent.

**Court orders:** A special Part 2 court order is required to authorize use/disclosure for legal purposes and does not itself compel disclosure; a subpoena or similar process is also needed to compel. Strict criteria apply (especially for orders to investigate or prosecute you).

## **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](http://www.mccmh.net).

## **HOW TO USE YOUR RIGHTS UNDER THIS NOTICE**

If you have questions or need help understanding this notice, please contact:  
Chandra Cozart, MCCMH Chief Privacy & Compliance Officer at:  
MCCMH Office of Privacy & 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](mailto: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 February 18, 2026, and replaces all prior MCCMH Privacy Notices.