

\*Before we can act on your rights, we may ask you to put your request in writing. There may be a cost to receive a copy of information from your record or an accounting of disclosures.

**We Will Not:**

- Sell your protected health information
- Use or disclose your genetic health information for underwriting purposes

**We Are Required by Law To:**

- Make sure that any information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices
- Follow the terms of the current notice
- Notify you in case of a breach of our security system likely resulting in unauthorized disclosure of your personal information

**Changes To This Notice**

We may make changes to this notice in the future. If we make a change, we will print a new notice. A copy of our current notice will be posted in each of our ACCMHS buildings. You are welcome to ask for a copy at any time. Our current notice will always tell you what you need to know about how we use your personal information. It will also tell you about your rights.

**Complaints**

If you believe your rights have been violated, you may file a complaint with us. You can also file a complaint with the federal government:

Office of Civil Rights  
Dept. of Health & Human Services  
200 Independence Avenue, SW  
Washington DC 20201  
Phone: 866-927-7748  
TTY: 886-788-4989  
E-mail: ocrprivacy@hhs.gov

\*You will not be penalized for filing a complaint.

**Contacting Us**

If you have any questions about this privacy notice, your rights, or if you want to file a complaint, please contact our HIPAA Privacy Officer at 269-673-3384 ext. 2720 or write to:  
P.O. Drawer 130  
Allegan, MI 49010

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.

**Our Privacy Pledge**

We are required by federal and applicable state law to protect the privacy of your health information and to provide you with this notice. We will do our best to keep your personal information private and free from errors.

**Who is Required to Keep These Promises?**

- Allegan County Community Mental Health Services (ACCMHS) officers, employees, interns, and volunteers
- Anyone who has a contract with ACCMHS to provide services to the agency or people served by the agency

**The Use and Disclosure of Information About You**

In order to provide you services, there are times we need to talk about you with other people or agencies. The following sections tell you what we will do with your personal information. The information we have may be about your mental health, your medical health, or your use of alcohol or drugs. All of the ways we are allowed to use and communicate your information fall within one of the following sections.

**(1) Routine Disclosures.** Routine disclosures are the ones we need to make as a part of serving you. We do not need any specific consent or permission from you for the uses listed below.

**Treatment/Services.** We will be internally using and disclosing personal information about you to coordinate what is documented in your Individual Plan of Service.

**Payment.** We may use and disclose personal information about you so the services you receive can be billed and paid for correctly.

**ACCMHS Operations.** We may use personal information about you to run our agency's operations or to improve the way we provide services.

**Medical Records.** Your personal information is seen by various ACCMHS staff to fulfill the duties of their jobs.

**Appointment Reminders.** We may call or write you to remind you of your next appointment.

**Health Oversight Activities.** Our organization is monitored on a regular basis. We need to follow rules set by the mental health care system, the state and federal government. Agencies who monitor us are the Michigan Department of Community Health, the Michigan Auditor General's Office, and the Commission on Accreditation of Rehabilitation Facilities (CARF). Their supervision activities include audits, investigations, inspections, and licensure.

**(2) Disclosures Which Require an Authorization.** As a general rule, we will need your permission before we can use or communicate your personal information with people outside of our agency. Most uses and disclosures of psychotherapy notes will be made only with your authorization. Before we share any personal information about you for any of the following reasons, we will ask you to sign a specific form allowing us to do this.

- **Additional Services.** Before we can help you work with other agencies, we may need to tell them some personal information about you.
- **Individuals Involved in Your Care.** We may tell personal information to other people or agencies who are helping us to provide your services. Examples may include your family, friends, or others you want informed.
- **Your Primary Medical Doctor.** We believe it is important to coordinate your mental health care with your physical care.
- **Jail or Prison.** If you are an inmate of a jail or prison, we may release personal information about you to the jail or prison.
- **Marketing.** We do not intend to use your protected health information to engage in third party marketing. If we were to use your protected health information for third party marketing, we would ask for your authorization before doing so.

**(3) Mandatory Disclosures.** There are certain times that we are unable to protect the privacy of your personal information. We will give information about you when required to do so by federal, state, or local law.

- **Law Enforcement.** We release personal information if asked by law enforcement officials:
  - In response to a court order
  - To identify or locate a suspect, fugitive, material witness, or missing person
  - About criminal conduct at ACCMHS
- **Public Health Risks.** If sharing information about you can prevent the spread of diseases, we may be required to release some of your personal information.
- **National Security Purposes.** If your records have information about security threats, we may be required to release some of your personal information.
- **Other kinds of Emergencies.**

**(4) Other Disclosures.** We may release your protected health information during specific circumstances involving:

**Decedent Information.** The protected health information of a decedent is under HIPAA protection for 50 years after death. We may continue to communicate a decedent's protected health information with relevant individuals after the decedent's death unless the MI Mental Health Code supersedes the release.

**Security Breaches.** We will keep a log of all security breaches and will report them to the Department of Health and Human Services annually. Upon discovery of a breach, we will notify those whose information may be involved in the breach within 60 days via both verbal and written communication.

**\*Other uses and disclosures that are not described in this notice will only be made with your authorization.**

**Electronic Medical Records.** In 2013, ACCMHS implemented an electronic medical record. Health information technology involves the exchange of health information electronically, using computers. This will improve the quality of healthcare, help prevent medical errors, reduce the cost of services, increase efficiency, decrease paperwork, and expand access to ACCMHS' services. ACCMHS' electronic medical record is used to collect, use, and disclose information about you for the purpose of accomplishing a specific task, such as coordination of care, ensuring health and safety, improving the quality of our services, or billing. You have the right to receive electronic copies of all of your electronic medical records upon request. The same privacy rules apply to electronic records as they do to any other types of records.

### **Your Rights Regarding Information About You**

Two Federal acts, the Health Insurance Portability and Accountability Act (HIPAA) and the Affordable Care Act (ACA), give you some additional rights to what you have through the Michigan Recipient Rights system. This notice gives you information about your additional rights through HIPAA and the ACA. If you do not have information that describes your rights through the Recipient Rights system, please ask us.

Your rights include the:

**Right to Inspect and Copy.** In most cases, you have the right to look at and receive a copy of information that is in your record.

**Right to Amend.** If you think any information we have about you is not correct or not complete, you can ask us to add a statement to your record stating what you think is incorrect or incomplete.

**Right to an Accounting of Disclosures.** You have a right to ask for a list of disclosures not authorized by you as of April 14, 2003. The list will not include disclosures made by us for treatment, payment, or our operations.

**Right to Request Restrictions.** You have the right to put limits on what we can do with your personal information. However, we are not required to agree with your request.

**Right to Designate Third-Party Receipt of Your Protected Health Information.** You have the right to request that a third-party receive your protected health information. Requests must be made in writing, and clearly identify the recipient and where to send the protected health information.

**Right to Request Confidential Communications.** You have the right to ask us to communicate with you in a certain way or at a certain place. For example, you may ask that we only get in touch with you at work or by mail.

**Right to Opt Out of Fundraising.** Different categories of protected health information may be used or disclosed for fundraising efforts. You have the right to refuse any category of your protected health information to be used for fundraising purposes.

**Right to Restrict Disclosure.** You have the right to restrict disclosure to a health plan if you pay in full for a service or item.

