



## 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.**

(This Notice covers all service providers who have contracts with Genesee Health System and all GHS personnel)

### Our Privacy Commitment to You

- In order to provide services to you, we must collect information about you from many sources not limited to your insurance, hospitals, doctors, family members, and caregivers. This information will let us know what your medical needs are. It is important that we notify you that our goal is to protect the privacy of this information. It is also state and federal law.
- In this Notice, we will describe what your health care record or **Protected Health Information (PHI)** is (for example, your name, address, bills, progress notes, medical information, social security number, etc.), your rights concerning these records, who can see your record *with* your written permission, who can see your record *without* your written permission, and the fact that we have policies that protect your health care record. We do not collect genetic information about you, but you should be aware for example the Genetic Information Nondiscrimination Act (GINA) prohibits healthcare organizations from using or disclosing genetic information to establish your eligibility or qualifications for services.
- We want to make sure you understand your rights and will give you a copy of this Notice of Privacy Practices to keep for yourself. A government rule also requires that we give you this Notice to sign.

We are required to abide by this Notice of Privacy Practices, but we will occasionally need to update or change this Notice and may do so at any time. The new Notice will apply to all of the information in your patient record at the time the changes are made. A copy of our privacy practices with any updates will be posted in the lobby of our Health Information Department as well as on our website at [www.genhs.org](http://www.genhs.org). Additionally, feel free to pick up a copy in our Customer Services Department, call us at 810-257-3705 (toll free at 877-346-3648 or TTY at 810-257-1346), or ask for a copy at your next appointment.

### Uses and Disclosures of Your Protected Health Information Without Your Authorization

There are times where we may need to share your information *without* your written permission in order to provide you with good quality treatment, to pay your bill or bill you, or for the sake of our health care operations. Some situations in which this may occur are:

- **Treatment:** When we need to coordinate your care with an agency that is a business associate, and/or with personnel treating you or providing services such as case management, labs, ACTP, etc.
- **Payment:** In order to receive payment, make a payment for your treatment, or manage your account.
- **Health care operations:** For official reviews such as audits, accreditation surveys, or agency oversight by MDHHS. Sharing of such information will help to ensure that we are providing you with quality care.
- **Health Information Exchanges:** We will contribute to a community health record or participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operations purposes.

### Uses and Disclosures of Which You Have the Opportunity to Agree or Object to Individuals Involved in Your Care or Payment for Your Care

There are a few situations in which we *must* release information about your care *without* seeking your permission. We may have to disclose PHI under certain conditions (as explained in local, state, or federal laws) to satisfy and/or comply with a provision of the law. Some examples of situations when we may provide your health information *without* your permission include, but are not limited to:

- **Public health purposes:** To a provider of mental or other health services or a public agency if there is a compelling need for disclosure based upon a substantial probability of harm to you or someone else. Reasons may include abuse/neglect of you or by you, to control disease, injury/ disability, or to avert serious harm to the public.
- **Health oversight:** To meet quality standards for audits, investigations, and inspections by agencies like Medicaid and Medicare, MDHHS, and the Food and Drug Administration; for the purpose of research, evaluation, accreditation, or statistical compilation where you are *not* identified; or to a peer review committee (these reports are protected and are not shared).
- **Psychotherapy notes (outside of the organization):** may only be used and disclosed with your authorization.

**Marketing:** We must also obtain your written permission (authorization) prior to using your PHI to send you any marketing materials that encourages you to purchase or use a product or service. For example, we may not sell your PHI without your written authorization. However, we may communicate with you about products or services related to your treatment, case management, or care coordination, or alternative treatments, therapies, health care providers, or care settings without your permission.

**For judicial or administrative proceedings:** Genesee Health System will not share information about you unless the law compels us to, pursuant to an order or subpoena of a court of record, or a subpoena of the legislature, unless the information is privileged by law. We may also have to share your information with a prosecuting attorney if necessary to participate in a proceeding governed by the Mental Health Code and/or HIPAA; to an attorney who has acquired the proper consents (from you, a guardian, advocate, the court, etc.); to MDHHS or a governing body of Genesee Health System if the information is necessary for that office to discharge responsibility placed upon it by the law; or to the Office of the Auditor General if the information is necessary for that office to discharge constitutional responsibility. Some examples of when or where we might have to release your information include:

- Funeral directors, coroners, medical examiners
- To comply with workers compensation laws
- Correctional facilities pursuant to Mental Health Code rules
- Upon your death in order to establish benefits of a relative as defined by law

Additionally, we may need to contact you for appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. This communication may be in person, by mail, by phone, or even e-mail, unless you restrict this communication. Other uses and disclosures will be made only with your written permission. You may take away your permission **in writing** at any time.

## Your Rights

- **Right to inspect and copy.** In most cases you have the right to inspect and copy your PHI. You must submit your request **in writing** to our Health Information Department. **We will have 30 days to respond to your request. Genesee Health System will supply you with a free copy of your medical records.** A formal request accompanied by a signed consent to share PHI is required. The law does allow that in some very limited circumstances, you may *not* see or copy certain records. Reasons may include: **psychotherapy notes, information we have gathered for use in court or hearings, and when (in the written judgment of Genesee Health System) the disclosure of certain information would be detrimental to you or others).** We will notify you of a denial of any part of your request. By law, some denials are reviewable and you will be notified regarding the procedures for invoking your right to have a denial reviewed. However, according to the law, other denials are *not* reviewable. Each request will be reviewed individually, and a response will be provided to you according to the law.

- **Right to access your protected health information (PHI):** We must send record copies directly to another individual when requested in writing by you. This request must be signed by you or legal representative and clearly identify the designated person and their address. You may request electronic copies of their PHI that is maintained in an electronic health record (EHR) or other electronic designated record set. Genesee Health System must provide an electronic, “machine readable copy” to satisfy individual requests for specific formats, if possible. We may charge a reasonable fee that complies with state law in some circumstances.
  
- **Right to amend your protected health information (PHI):** If you believe that your PHI is not accurate, complete, timely, or relevant to the factual information, you may challenge that information. You may ask us to amend the information while it is kept by or for us. You must submit your request and your reason for the request **in writing** to the Health Information Department. You will be allowed to insert a statement into the record correcting or amending the information, and your statement will become part of the record. If your right to amend is denied, we will notify you of the denial and provide you with instructions on how to exercise your right to submit a statement, **in writing**, disagreeing with the denial. If you receive a denial to amend the information, the denial will be kept with the document(s) in question and will be disclosed along with that document to any other places that may need the information. It will be rare that we will deny a request to amend your information. Instances where we may deny your request include:
  - It was not in writing
  - It was not created by us (such as a court order)
  - It is not a part of your PHI
  - It is part of the information that you are permitted to inspect and copy
  
- **Right to an accounting of disclosures:** You have the right to request an accounting or list of the disclosures that we made of your PHI. This list will not include certain disclosures as indicated by HIPAA regulations, including those made for treatment, payment, or health care operations; for purposes of national security; or where you have already given us permission to share the information. To request an accounting or list of disclosures, you must submit your request **in writing** to the Health Information Department. Your request must state the time period for which you want to receive a list of disclosures. The time period may not be longer than six (6) years, and may not include dates before April 14, 2003. Your request should indicate the form in which you want the list (for example, on paper or electronically). We will also notify you whenever a breach of your unsecured PHI occurs.
  
- **Right to forward student immunization records to schools disclosure:** Genesee Health System may provide school immunization records with the consent of a parent, guardian, or person acting *in loco parentis* as long as this information is in the EMR and has been provided by a reliable source.
  
- **Right to request restrictions:** You have the right to request a restriction or limitation on your PHI that we use or disclose about you for treatment, payment, or health care operations; or that we disclose to someone who may be involved in your care or payment for your care (such as a family member or friend); or for notification purposes as described in this Notice. While we will consider your request, **we are not required to agree to it.** If we agree to it, we will comply with your request, except in emergency situations where your PHI is needed to provide you with emergency treatment. We will not agree to restrictions on uses or disclosures that are legally required, or those which are legally permitted and which we reasonably believe to be in the best interests of your health. Lastly, the HITECH Act gives you the right to have your provider restrict certain protected health information from disclosure to your health plans where you pay out of pocket, in full for your care and requests such a restriction.
  
- **Right to request confidential communications:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request **in writing** to the Health Information Department and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to opt out of fundraising:** It is not the practice of Genesee Health System to send you fundraising materials; however, if at any time you receive such information from Genesee Health System, you have the right to opt out of receiving any fundraising communications from this entity.
- **Right to file a complaint:** If you believe your privacy rights have been violated, you may file a complaint with the Genesee Health System Office of Recipient Rights. You may also send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint. If you have questions about how to file a complaint, please contact us.

## **Contact Information**

### **Genesee Health System Office of Recipient Rights:**

420 W. 5th Avenue, Flint, MI 48503.

Phone: (810) 257-3710

### **Health Information Department:**

808 N. Grand Traverse, Flint, MI 48503 (which is a part of the 420 W. 5th Avenue building). You may contact this office by going to Customer Services.

### **Privacy Officer at Genesee Health System Customer Services:**

420 5th Avenue, Flint, MI 48503.

Phone: (810) 257-3705

### **Region 10 PIHP:**

3111 ELECTRIC AVENUE, SUITE A, PORT HURON, MICHIGAN 48060.

Phone: (810) 966-3399. FAX: (810) 966-3388

### **Region V Office for Civil Rights, U.S. Department of Health and Human Services:**

233 N. Michigan Ave., Suite 240, Chicago IL 60601.

Phone: (312) 886-2359. Fax: (312) 886-1807. TDD: (312) 353-5693

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### **Our Responsibilities:**

This office is required to:

- Maintain the privacy of your Protected Health Information (PHI);
- Provide you with this notice of our legal duties and privacy practices with respect to your PHI; and
- Abide by the terms of this Notice while it is in effect.

The Privacy Office reserves the right to change the terms of this Notice at any time and to make a new Notice with provisions effective for all PHI that we maintain. In the event that changes are made, this office will post those

changes at your program for your review, and notify your program and/or you at the program indicated in your medical record. The changes will also be posted on our website. Your program will assist you in reviewing the copy on the website and/or provide you with a copy, if it is your preference.

**To receive additional information:**

For a further explanation of this Notice, you may contact the Genesee Health System Privacy Officer, Lisa A. Hearn-Shumpert, at (810) 762-5288.

**Availability of Notice of Privacy Practices:**

This notice will be posted in the Health Information Department. You have a right to receive a copy of this Notice. All individuals receiving care will be given a hard copy or may download a copy from the website individually or with the assistance of their program, at [www.genhs.org](http://www.genhs.org).

**Acknowledgment:**

I hereby acknowledge that I received a copy of this Notice of Privacy Practices.

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**Patient signature**

\_\_\_\_\_

**Date**

**Client Name:**  
**DOB:**  
**Case Number:**