

# Barry County Community Mental Health Authority

## Notice of Privacy Practices

This notice describes how we may use and disclose (share) Protected Health Information (PHI) about you and how you can get access to this information. **Please review the information carefully.**

Barry County Community Mental Health Authority (BCCMHA) and its contracted providers are required under the Federal Health Insurance and Portability and Accountability Act (HIPAA) of 1996 and an amendment to that law, known as HITECH ACT to protect your privacy, follow the privacy practices described in this notice, and give you a copy of this notice. Other statues and regulations, such as 42 CFR Part 2 and the Michigan Mental Health Code may further restrict the use and disclosure of PHI.

### How BCCMHA May Use or Disclose Your Protected Health Information

BCCMHA is committed to protecting the confidentiality, privacy, and security of your PHI. This commitment applies in all settings where BCCMHA creates, receives, uses, processes, maintains or furnishes information including, but not limited to treatment, payment, and health care operations in administrative settings. BCCMHA has a limited right to use or disclose your PHI without authorization for purpose of treatment, payment, and/or health care operations. Other uses and disclosures require your written authorization, unless the law requires or permits us to make the disclosure without your permission.

Generally, BCCMHA may not use or disclose PHI unless you consent in writing. The information below is not an exhaustive list of uses or disclosures of PHI without a written consent. Please note, there may be limitations to the below areas due to 42 CFR Part 2 and the Michigan Mental Health Code.

1. In connection with treatment, payment for services received, or health care operations;
  - a. Treatment: BCCMHA can share client information as necessary to provide treatment. We may use and/or disclose PHI to health care providers and staff in order to provide treatment. Treatment includes:
    - i. Sharing PHI with other providers if you have requested care from those providers;
    - ii. Referring you to a provider for treatment (including linking with available providers in areas where you may have relocated); and
    - iii. Coordinating care with others.
  - b. Payment: BCCMHA may use client PHI to seek payment from Medicaid or private insurance to pay for services requested and to receive payment for the services you have received. BCCMHA may also use and disclose PHI in order to pay a provider for services you may have received.
  - c. Health Care Operations: PHI may be used as necessary to support day to day activities of operations of BCCMHA. For example, BCCMHA may use information on services to evaluate service quality, budgeting, financial reporting, and state and federal quality review audits.

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2. BCCMHA may use or disclose your health information to remind you that you have an appointment.
3. Unless you object, BCCMHA may disclose to a family member, a relative, a close friend, or any other person that you identify your PHI that directly relates to the person's involved in your care or with payment related to your care. If you are not able to agree or object to a disclosure, BCCMHA will use professional judgment regarding such disclosure.
4. The disclosure is made to a qualified service organization or business associate who provides services related to BCCMHA's treatment, payment, or health care operations.
5. The disclosure is made to report suspected abuse or neglect.
6. BCCMHA may release information to a coroner or medical examiner to identify a deceased person or determine the cause of death.
7. The disclosure is made to report a crime or a threat to commit a crime on BCCMHA property or against personnel.
8. The disclosure is allowed by a court order or required in order to comply with federal or state law.
9. The disclosure is made to medical personnel for a medical emergency or to qualified personnel for research, audit, or program evaluation.

Other uses and disclosure of your PHI, such as psychotherapy notes, will be made only with your written authorization. If you provide BCCMHA an authorization in writing to use or disclose PHI about you, you may revoke that authorization, in writing at any time. If you revoke authorization, BCCMHA will no longer use or disclose PHI about you for the reasons covered by your written authorization.

### Your Rights With Regard to The Use or Disclosure of your Protected Health Information (PHI)

When it comes to your PHI, you have certain rights. This section explains some of our responsibilities to help you.

1. Requests to Restrict Use or Disclosure of PHI: you may request in writing that BCCMHA restrict uses of disclosures of your PHI to carry out treatment, payment, or health care operations and disclosure to family and friends by BCCMHA under certain circumstances that are permitted under the Federal Regulations (45 CFR 164.210(b)). BCCMHA is not required to agree to the request for a restriction. If BCCMHA does agree to the restriction, we will comply with the request unless the PHI involves emergency treatment. To request a restriction, please contact BCCMHA's Medical Records department.
2. Right to Request Amendment or Correction of PHI: If you believe information BCCMHA has about you is incorrect or incomplete, you have the right to request an amendment. BCCMHA may deny the request to amend information that:
  - a. Was not created by BCCMHA;
  - b. Is not part of the record kept by BCCMHA;
  - c. Is not part of the information that would be permitted to inspect or copy;
  - d. Is accurate and complete.

To request an amendment, your request must be made in writing to BCCMHA Medical Records.

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3. Right to Inspect and Copy Your Record: You have the right to inspect and copy your record with the exception of psychotherapy notes. To inspect or receive copies of your records, please submit your request in writing to BCCMHA Medical Records. There is no fee for inspecting or receiving a copy of your records. BCCMHA may deny your requests to inspect and copy in very limited circumstances. If you are denied access to your information, you may request that the denial be reviewed by contacting BCCMHA's Compliance Officer.
4. Requests for Alternative Methods of Communication: You may request that BCCMHA provide confidential communications of your PHI to you by alternative means such as mail to a PO Box or a work phone only. To request an alternative method, please let BCCMHA's Front Desk or your primary caseholder know.
5. Accounting of Disclosures: BCCMHA is required to keep an accounting of certain disclosures we make of your PHI. You can ask for a list of the times we've shared your PHI, except for the circumstances noted below, for six years prior to the date you ask, who we shared it with, and why. We will provide one accounting a year for free, but may charge a reasonable, cost-based fee if you ask for another one within 12 months. We are not required to account for the following disclosure of PHI:
  - a. To carry out treatment, payment of health care operations as provided in 164.502
  - b. To you regarding your PHI that you have requested or asked us to disclose 164.502
  - c. To persons involved in your care or other notification purposes as provided in 164.510
  - d. For national security of intelligence purposes as provided in 164.512(k)(2)
6. Receive A Copy of This Notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically.

### BCCMHA's Responsibilities

1. Breach Notification: BCCMHA is required by law to maintain the privacy and security of your PHI. BCCMHA will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
2. Changes to This Notice: BCCMHA reserves the right to revise this Notice. Any revised Notice will be effective for information currently in BCCMHA's possession as well as any information received in the future. The date of revision(s) will be in the bottom right corner of the Footer.
3. Complaints: If you believe your privacy rights have been violated, you may file a complaint with BCCMHA's Compliance Officer at 269.948.8041. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1.877.696.6775 or by visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. **No one may retaliate against you if you file a complaint.**