

Oakland Community Health Network

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 our Privacy Officer. The contact information for the Privacy Officer is listed on the last page of this document.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to sign a form stating you have received this notice. We want you to understand your privacy rights and how we might use your PHI (protected health information). You do not have to sign the form. If you decide you do not want to sign it, we will still give you the services you need, and will still use your Protected Health Information (PHI) when we need to.

In the rest of this Notice, we will use “**PHI**” to mean “protected health information”, and “**release**” to mean “**disclose**”.

WHO WILL FOLLOW THIS NOTICE

This notice describes the Oakland Community Health Network practices regarding your protected health information. This notice covers all service providers who have contracts with Oakland Community Health Network.

This notice describes the Oakland Community Health Network practices regarding your protected health information. This notice covers all service providers who have contracts with Oakland Community Health Network. You may also receive a Notice of Privacy Practices from the service provider directly providing your services.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“**Protected health information**” is:

- Information about you that may identify you **and**
- relates to your past, present or future physical or mental health or condition, **and**
- health care services related to your health or condition.

Examples of this may include:

- Your name, address, telephone number, and date of birth
- Your diagnosis (the condition for which you are receiving treatment)
- Your treatment plan and goals
- Your progress toward those goals.

OCHN and its provider agencies are required by law to do the following:

- Make sure your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Let you know about any changes in the notice.

We may change our notice at any time. The new notice will cover all PHI that we keep at the time of the new notice. You can ask us to give you any new Notice of Privacy Practices. Any new notice will also be posted on our website, www.oaklandchn.org. You can also call our office and ask us to send you a copy in the mail, or you can ask for one at the time of your next appointment.

This Notice of Privacy Practices describes how we may use and release (give to others) your PHI. We may use it to carry out treatment, payment or health care operations. We may also use it for other purposes that are permitted or required by law. This notice also describes your rights to see and control your PHI.

How We May Use or Release Your PHI:

Your PHI may be used and released to help us give you health care services. This includes services that you get from your treating professional(s), and our other staff. It can also include others outside of our offices that are involved in your care and treatment. It may also be used and released to pay your health care bills and to help our agency do its work.

Here are examples of the types of uses and releases of your PHI that our office can make. These examples are not a complete list, but they describe the types of uses and releases that we might make.

1. Treatment: We will use and release your PHI when we are giving you services. We will also release your PHI when we are helping you get other services you need. For example, we would release needed parts of your PHI to a home health agency that we contract with that gives you care.

2. Payment: We will use the parts of your PHI needed to get payment for your health care services. Some of the reasons we would use your PHI are:

- Finding out if your insurance will pay for the kind of service you are asking for.
- Making sure services you get are medically necessary.
- Evaluating how we use various services.

For example, getting approval for a hospital stay may require that your PHI be released to your insurance company or Oakland Community Health Network.

3. Healthcare Operations: We may use or release your PHI to support the business activities of this agency. If this is necessary, your information will be de-identified, unless the information is required by law. This means that no identifying information about you, such as your name or address, will be included. These activities include such things as:

- Making sure we meet important goals and standards

- Judging how well our employees do their job
- Training workers and volunteers
- Licensing or accreditation of our agency.

We may also use your PHI for carrying out other business activities. For example, we may release your PHI to volunteers or interns that see persons served at our agency. We may also use a sign-in sheet at the registration desk where you will be asked to sign your name, and/or call you by name in the waiting room. We may use or release your PHI, such as your name and address, to contact you to remind you of your appointment.

We will share your PHI with outside (third-party) “business associates” that perform different kinds of activities for our agency. For example, we might use an outside computer company to help us with our computer records. Whenever an arrangement like this involves the use or release of your PHI, we will have a written contract with that organization that will protect your privacy.

We may use or release parts of your PHI to offer you information that may be of interest to you. For example, we may use your name and address to send you newsletters or other information about activities of our agency or Oakland Community Health Network. You may contact our Privacy Officer to ask that these materials not be sent to you.

Other Permitted and Required Uses and Releases

We may use or release your PHI in the following situations required by law without your consent or authorization.

1. Public Health: We may release parts of your PHI for public health purposes when the law requires us to do so. The release will only be made for the purpose of controlling disease, injury or disability.

2. Health Oversight: We may release your PHI to agencies that are responsible for making sure our services meet quality standards. They may need your PHI for activities such as audits, investigations, and inspections. Agencies that use this information include the Center for Medicare and Medicaid Services and the Michigan Department of Health and Human Services. If requested, we must release your PHI to the Department of Health and Human Services so they can make sure we are following the law.

3. Food and Drug Administration: We may release your PHI if the Food and Drug Administration requires it. This would be for the following reasons:

- To report adverse events or product defects or problems,
- To help track products
- To allow product recalls
- To make repairs or replacements
- To allow other types of product monitoring

4. Legal Proceedings: If we are ordered to do so, or if it is needed to meet legal requirements, we may release PHI for any court or administrative proceeding. In this case, your PHI may be disclosed unless prohibited by State or Federal law.

5. Law Enforcement: We may also release PHI for law enforcement purposes. These may include:

- To help identify or locate victims of a crime
- If a death may have occurred as a result of a crime

- If a crime occurs on the property of our agency
- If there is a medical emergency not on the Agency's property where it is likely that there has been a crime.
- If a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer is received.

6. Coroners or Medical Examiners: We may release PHI to a coroner or medical examiner to help identify someone, to determine the cause of death or for the coroner or medical examiner to perform other duties.

7. Criminal Activity: If you tell your treating professional that you are going to harm another person we may release your PHI to the police and the person you threaten to harm.

8. Workers' Compensation: We may release Your PHI to comply with workers' compensation laws and other similar programs.

9. Inmates: We may use or release your PHI if you are an inmate of a correctional facility and this agency created or received your PHI in the course of providing care to you. In this situation, the request for PHI would need to be initiated by the correctional facility. The reasons this could be necessary are:

- For the facility to provide you with health care,
- For your health and safety or the health and safety of others, or
- For the safety and security of the correctional facility

10. Abuse or Neglect: We will release your PHI to the Michigan Family Independence Agency if we think a child or a vulnerable adult has been abused or neglected. Federal and state laws require these reports. Michigan law does not require us to notify you when we make a report about Abuse or Neglect.

Uses and Disclosures of Protected Health Information Based On Your Written Authorization

You must give us special permission by signing a form called an **authorization** for any use or release of your PHI that is not covered in the consent that we just described. You may cancel this authorization in writing at any time, unless our agency has already released your PHI based on an authorization you gave us.

You have the right to say how we can use or disclose your PHI. There are two times when your treating professional is allowed to use their professional judgment to decide if a use or release is in your best interest:

1. Emergencies: We may use or release your PHI in an emergency treatment situation.

2. Communication Barriers: If you are an adult (18 years of age or older) and do not have a guardian, we may use and release your PHI if someone at our agency tries to get consent from you but cannot because of substantial communication barriers.

"Substantial communication barrier" means that a person does not use any kind of speech, or other type of communication such as a body signal like blinking of the eyes for yes or no. Your treating professional may use their professional judgment to decide if you mean to agree to this use or release. If they do, they must follow these rules:

- A witness who does not work for this agency (preferably a family member or advocate) agrees that you cannot give consent.

- The witness signs a written statement agreeing that you were unable to give any type of consent. They must also give the reason why this is true.

In these cases, only the PHI that is important for your health care will be released.

The only time we would not need an authorization is if the use or release is permitted or required by state law. We have already described these situations in the section “Other Permitted and Required Uses and Releases”.

YOUR RIGHTS

Following is a statement of your rights regarding your PHI and a brief description of how you may use these rights.

1. You have the right to inspect and copy your protected health care information. This means you may look over and get a copy of your PHI that is held in a **designated record set** for as long as we maintain the PHI. “Designated record set,” means medical and billing records and any other records that this agency uses for making decisions about you.

Under federal law, however, you may not see or copy the following records:

- Psychotherapy notes
- Information we have gathered for use in court or at hearings
- PHI that is covered by a law that states you may not see it

You may have a right to have this decision reviewed. Please contact our Privacy Official if you have questions about seeing or copying your medical record. We will respond to your request for access no later than 30 days from receipt of your request. We will provide access to your records in the form and format you request if available. Otherwise, we will provide a paper copy in a format agreed upon by you and the service provider.

2. You have the right to ask us to not release parts of your protected health care information. This means you may ask us not to use or release any part of your PHI for treatment, payment or healthcare operations purposes. You may also ask that any part of your PHI not be released to others who may be involved in your care, or for other purposes we have described. You must tell us in writing what parts of your PHI you do not want released, and to whom you do not want it released.

We are not required to agree to your request. We will allow your PHI to be used or released if your treatment professional believes it is in your best interest. If your treatment professional does agree to your request, we will only use or release your PHI if it is needed to provide emergency treatment. Please discuss any restriction you want to ask for with your treating professional.

3. You have the right to request to receive confidential communications from us by another means or at another location. For instance, you can ask us to send mail from our office to your Post Office box instead of your home address. We will go along with reasonable requests. We will not ask you why you want this change. Please make this request in writing to our Privacy Officer.

4. You have the right to be told of any releases we have made of your PHI. This right does not apply to releases for treatment, payment or healthcare operations that we have described. It also does not apply to releases we may have made to you or others involved in your care, or for notification purposes. You have the right to be told about releases that happen after April 14, 2003. There are rules that may limit your right to receive some kinds of information. Please contact our Privacy Officer if you have questions.

5. You have the right to request amendment to your protected health care information. If you believe that the information we have about you is incorrect or incomplete, you may ask to put the correct information in. This does not apply to information we may have received from other sources by your authorization. If you believe that information we have received from another provider or source is wrong, you must ask that provider or agency to change it. We will respond to your request within 60 days of receipt of your request.

6. You have the right to receive a copy of any authorization you sign allowing us to disclose your information.

COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact the Privacy Officer at the agency that directly provides your services with any questions or concerns. You may also contact the Oakland Community Health Network Privacy Officer at (248) 858-1210 or in writing at the addresses listed below for further information about the complaint process.

This notice was published and became effective on **April 14, 2003**. **Subsequent revisions are made to ensure compliance with Federal Law and regulations.**

**Privacy Officer
Oakland Community Health Network
5505 Corporate Drive
Troy, MI 48098
(248) 858-1210**