



**HIAWATHA BEHAVIORAL HEALTH**  
**NOTICE OF PRIVACY PRACTICES**  
EFFECTIVE APRIL 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN THIS INFORMATION. PLEASE READ THIS NOTICE CAREFULLY. IF YOU HAVE ANY QUESTIONS FEEL FREE TO ASK HBH STAFF AND THEY WILL ASSIST YOU.**

**Our Pledge Regarding Medical Information**

Protecting your health information is important. We will receive **Protected Health Information (PHI)** about you. PHI is any information that is received or created by Hiawatha Behavioral Health (hereafter referred to as HBH), which identifies you and relates to your past, present, or future physical or mental health condition. This includes information necessary for us to administer business and to provide customer service. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; to give you this notice describing our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the current notice.

**How We May Use and Disclose Medical Information about You**

The following categories describe different ways we use and disclose medical information. For each category of uses or disclosure we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians, therapists or other HBH personnel who are involved in your care. For example, a therapist providing your ongoing treatment at HBH may consult with the staff at an inpatient psychiatric unit where you are currently hospitalized. Different departments of HBH may share medical information about you in order to coordinate the different services you need such as prescriptions, lab work and doctors appointments. *Psychotherapy notes will only be disclosed without your authorization by the person creating those notes, to those involved in training and quality assurance operations, and to defend HBH in a legal action you might initiate.*

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at HBH may be billed and payment may be collected from you or your insurance company or a family member responsible for payment of your care. HBH will be reporting eligibility information and authorized services for all Medicaid consumers to NorthCare, which is the Prepaid Health Plan for Medicaid Specialty Mental Health services. For private insurance companies, we may need to give your health plan information about your treatment to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose medical information about you for HBH operations. These uses and disclosures are necessary to run HBH and make sure that all of our recipients receive quality care. For example, we may use medical information to contact you as a reminder that you have an appointment; to tell you about or recommend possible treatment options, alternative care, or health-related benefits or services; or to review our treatment and services. We might contact you to evaluate the performance of our staff or the staff of other providers in caring for you. We may also combine medical information about consumers to decide what additional services we should offer; what services are not needed; and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, case managers, students, and other personnel for review and learning purposes. We may remove information that identifies you, so others may use it to study health care health care delivery without learning who the specific recipients are.

**Research:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at HBH.

**Military and Veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers Compensation:** We may disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities may include the following:

- Prevention or control of disease, injury, disability or substance abuse.
- Reporting births and deaths.
- Reporting child abuse or neglect.
- Reporting reactions to medications or problems with products.
- Notifying people of recalls or projects they may be using.

- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Averting a serious threat to health or safety.
- Notifying the appropriate government authority if we believe a consumer has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required to do so by federal, state, or local law.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities required by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Law Enforcement:** We may disclose medical information about you where required to do so by federal, state or local law. **Some possible situations are:**

- If we receive a court order or properly validated subpoena, If we must help identify or locate a suspect, fugitive, material witness, or missing person.
- If we must provide information about the victim of a crime.
- If we believe a death may be the result of a crime.
- If we must report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials if required for special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

***HBH WILL NOT DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN AUTHORIZATION/CONSENT EXCEPT AS REQUIRED OR PERMITTED BY LAW.***

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

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. If you wish to inspect and copy medical information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by HBH will review your request and

the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by HBH. If you wish to request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by HBH;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

You shall be allowed to insert into the record a statement correcting or amending the information at issue. The statement shall become part of the record.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than for treatment, payment or healthcare operations. If you wish to request an accounting of disclosures, you must submit your request in writing. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care such as the caregiver or a family member. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. **To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limit to apply, for example, disclosures to your spouse.**

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters 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. We will not ask you your reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a paper copy of this notice at the reception desk.

### **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all HBH facilities. In addition, each time you are admitted to HBH for treatment, we will offer you a copy of the current notice.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with:

HBH Privacy Officer Lisa Hinkson at 1-800-839-9443

HBH Rights Officers Ruth Musser (Chippewa and Mackinac Counties)  
or Pam Edwards (Schoolcraft County) at 1-800-839-9443

### **AND / OR**

U.S. Department of Health and Human Services  
Office of Civil Rights Division  
233 N. Michigan Ave Suite 240  
Chicago, IL 60601 Toll Free 1-800-368-1019

***YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT***

### **Other Uses of Medical Information**

Other uses and disclosure of medical information not covered by this notice or State laws that apply to mental health providers will be made only with your written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our record of the care that we provided to you.