

Woodlands Behavioral Healthcare Network (WBHN)

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL AND MENTAL HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Revised and Effective date of this notice: April 13, 2018.

This HIPAA Notice of Privacy Practices (the "Notice") contains important information regarding your medical or mental health information. Our current Notice is posted on our website at www.woodlandsbhn.org. You also have the right to receive a paper copy of this Notice and may ask us to give you a copy at any time. If you receive this Notice electronically, you are also entitled to a paper copy of this Notice. If you have any questions about this Notice, please contact the person listed in Part VIII below.

Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Cass County Community Mental Health Authority, operating as "WBHN," has a duty to maintain the privacy of protected health information it obtains in the course of providing health care services, to provide individuals with notice of its legal duties and privacy practices with respect to their protected health information, and to notify affected individuals following a breach of unsecured protected health information. This Notice provides you with a description of how WBHN may use and disclose protected health information for treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your protected health information.

We understand that medical information about you and your health is personal. We are committed to protecting medical and mental health information about you and will use it to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request of it. This Notice applies to all medical and mental health records we maintain. WBHN is required to abide by the Terms of this Notice to: make sure that medical and mental health information that identifies you is kept private; give you notice of our legal duties and privacy practices with respect to medical and mental health information about you; and follow the terms of the Notice that is currently in effect.

I. PERMITTED USES AND DISCLOSURES BY “WBHN” WITHOUT AUTHORIZATION

HIPAA generally permits the use and disclosure of your Protected Health Information (also referred to as “PHI”) without your permission for purposes of health care treatment, emergencies, payment activities, and health care operations. These uses and disclosures are more fully described below. Please note that this Notice does not list every use or disclosure, but instead provides examples of the most common uses and disclosures.

Other uses and disclosures not described in this Notice may be made only with your written authorization. You may revoke an authorization by sending a written notice to the Privacy Officer; the authorization will be revoked effective upon our receipt of your written revocation, except:

- The revocation is not effective to the extent we have already taken action and released information as authorized in reliance thereon; or,
- The revocation is not effective with respect to any authorization that was obtained as a condition of obtaining insurance coverage, or other law that provides an insurer with the right to contest a claim under the policy or the policy itself. 45 CFR § 164.508(b)(5).

In addition, the privacy or confidentiality laws of the state of Michigan or other federal laws might impose a stricter standard of privacy or confidentiality. If these stricter laws apply and are not superseded by federal preemption rules, WBHN will comply with the stricter law.

A. **FOR PURPOSES OF PROVIDING YOU TREATMENT:** WBHN employs the practice of treatment for co-occurring disorders where individuals may receive mental health and substance abuse services within one provider system. The documentation of these services are combined into a single clinical record. WBHN has adopted policies for protecting information and maintaining the confidentiality of these integrated records, and to identify circumstances under which protected health information may be disclosed.

Treatment includes:

- Sharing your PHI with other health care providers (including hospitals and clinics) if you have requested health care from those providers;
- Referring you to other health care providers for treatment (including linking with available providers in areas where you may have relocated);
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services); and,
- Sharing your PHI in order to provide you with appropriate health care services under the Medicaid program if you are a participant in the Michigan Medicaid Program.

We may also utilize your PHI in order to communicate with you. **For example**, we may call you to remind you of your upcoming appointment. You will need to inform us of the most acceptable means of contacting you (e.g., telephone, mailed postcard, answering machine, text or email).

B. EMERGENCY SITUATIONS.

WBHN can share your personal health information in all of the following ways in emergency situations:

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

We will attempt to obtain your verbal permission, when possible; but if you are incapacitated or not available, we may share information for these purposes if, in our professional judgment, doing so is in your best interest. For example, but not limited, in the following situations:

- ☐ When necessary, we may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
- ☐ In addition, when we are sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary for us to obtain your permission to share the information if doing so would interfere with the organization's ability to respond to an emergency.

IMMINENT DANGER: WBHN can share your health information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and applicable standards of ethical conduct. Under Michigan law, licensed mental health care providers have a duty to warn an identifiable third party if he or she is in imminent threat of danger.

FACILITY DIRECTORY: Although HIPAA permits health care facilities to disclose if a person is at their location, as a mental health care provider, WBHN is prohibited from doing so under the Michigan Mental Health Code. Accordingly, unless another exception applies, the fact that you are at WBHN will not be disclosed by WBHN staff to any third party without your express authorization. .

C. TO APPLY FOR AND OBTAIN PAYMENT.

WBHN may use and disclose your PHI to seek or facilitate payment from your health plan, Medicaid, Medicare, or from any other source. For example, your health plan may request and receive from WBHN your name, address, date of birth, social security number, dates of service, the services provided, and medical or mental condition being treated.

D. FOR PURPOSES OF HEALTH CARE OPERATIONS.

WBHN may use and disclose your PHI as necessary to support our day-to-day activities or operations. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate service quality and delivery. Daily operations includes, but is not limited to: State and Federal quality review audits, health insurance audits, financial audits, legal services, case management peer reviews, recipient rights complaints, and third party medical records audits conducted for quality review purposes.

E. DISCLOSURES TO COMPLY WITH LAW ENFORCEMENT OFFICIALS.

WBHN may disclose your PHI to law enforcement agencies under the following circumstances:

1. Court Order or Warrant, Subpoena, or Summons issued by a Judicial Officer or a Grand Jury. To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena. The Federal Regulations recognize that the legal process in obtaining a court order and the secrecy of the grand jury process provides protections for the individual's private information (45 CFR 164.512(f)(1)(ii)(A)-(B)).
2. Administrative Subpoena. To respond to an administrative request, such as an administrative subpoena or investigative demand or other written request from a law enforcement official. Because an administrative request may be made without judicial involvement, the Federal Regulations require all administrative requests to include or be accompanied by a written statement that the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used (45 CFR 164.512(f)(1)(ii)(C)).
3. Identification of a Suspect, Fugitive, Material Witness or Missing Person. To respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person; but we must limit disclosures of PHI to *name and address, date and place of birth, social security number, ABO blood type and rh factor, type of injury, date and time of treatment, date and time of death, and a description of distinguishing physical characteristics*. Other information related to the individual's DNA, dental records, body fluid or tissue typing, samples, or analysis cannot be disclosed under this provision, but may be disclosed in response to a court order, warrant, or written administrative request (45 CFR 164.512(f)(2)):
 - i. About a suspected perpetrator of a crime when the report is made by the victim who is a member of the covered entity's workforce (45 CFR 164.502(j)(2));
 - ii. To identify or apprehend an individual who has admitted participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to a victim, provided that the admission was not made in the course of or based on the individual's request for therapy, counseling, or treatment related to the propensity to commit this type of violent act (45 CFR 164.512(j)(1)(ii)(A)(j)(2)-(3)).
 - iii. To respond to a request for PHI about a victim of a crime, and the victim agrees. If, because of an emergency or the person's incapacity the individual cannot agree, the covered entity may disclose the PHI if law enforcement officials represent that the PHI is not intended to be used against the victim, is needed to determine whether another person broke the law, the investigation would be materially and adversely affected by waiting until the victim could agree, and the covered entity believes in its professional judgment that doing so is in the best interests of the individual whose information is requested (45 CFR 164.512(f)(3)).

Where child abuse victims or adult victims of abuse, neglect or domestic violence are concerned, the Federal Regulations provide:

- iv. Child abuse or neglect may be reported to any law enforcement official authorized by law to receive such reports and the agreement of the individual is not required (45 CFR 164.512(b)(1)(ii)). Note: *Michigan law mandates that a health care*

provider report suspected child abuse or neglect to Child Protective Services;

- v. Adult abuse, neglect, or domestic violence may be reported to a law enforcement official authorized by law to receive such reports (45 CFR 164.512(c)):
 - If the individual agrees;
 - If the report is required by law¹; or
 - If expressly authorized by law, and based on the exercise of professional judgment, the report is necessary to prevent serious harm to the individual or others, or in certain other emergency situations (see 45 CFR 164.512(c)(1)(iii)(B)); and
 - Notice to the individual of the report may be required (see 45 CFR 164.512(c)(2)).
4. Reports to Law Enforcement Required by Law. To report PHI to law enforcement when we are required by law to do so (45 CFR 164.512(f)(1)(i)). For example, state laws commonly require health care providers to report incidents of gunshot or stab wounds, or other violent injuries; we are permitted under the Federal Regulations to make disclosures of PHI as necessary to comply with these laws.
5. Death of an Individual. To alert law enforcement to the death of the individual, when there is a suspicion that death resulted from criminal conduct (45 CFR 164.512(f)(4)). Information about a decedent may also be shared with medical examiners or coroners to assist them in identifying the decedent, determining the cause of death, or to carry out their other authorized duties (45 CFR 164.512(g)(1)).
6. To Report a Crime on the Premises. To report PHI that we, in good faith, believe to be evidence of a crime that occurred on our premises (45 CFR 164.512(f)(5)).
7. Responding to an Off-Site Emergency. When responding to an off-site medical emergency, as necessary to alert law enforcement about criminal activity, specifically, the commission and nature of the crime, the location of the crime or any victims, and the identity, description, and location of the perpetrator of the crime (45 CFR 164.512(f)(6)). This provision does not apply if we believe that the individual in need of the emergency medical care is the victim of abuse, neglect or domestic violence; see above Adult abuse, neglect, or domestic violence for when reports to law enforcement are allowed under 45 CFR 164.512(c).
8. Duty to a Third Party to Prevent Serious Imminent Threat. When consistent with applicable law and ethical standards, we may contact law enforcement officials for the following reasons:
 - To a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public (45 CFR 164.512(j)(1)(i)); or
 - To identify or apprehend an individual who appears to have escaped from lawful custody (45 CFR 164.512(j)(1)(ii)(B)).
9. National Security or Correctional Institution Uses. For certain other specialized governmental law enforcement purposes, we may provide PHI to the proper governmental officials, such as:
 - To federal officials authorized to conduct intelligence, counter-intelligence, or other national security activities under the National Security Act (45 CFR 164.512(k)(2)), or to provide protective services to the President or others and conduct related investigations (45 FR 164.512(k)(3));
 - To respond to a request for PHI by a correctional institution or a law enforcement official having lawful custody of an inmate or others if they represent such PHI is needed to provide health care to the individual; for the health and safety of the individual, other inmates,

officers or employees of or others at a correctional institution or responsible for the

1 Michigan law also requires health care workers report suspected adult abuse or neglect.

transporting or transferring inmates; or for the administration and maintenance of the safety, security, and good order of the correctional facility, including law enforcement on the premises of the facility (45 CFR 164.512(k)(5)).

Except when required by law, we are to make only the minimum use or disclosure necessary to law enforcement to accomplish the intended purpose (45 CFR 164.502(b), 164.514(d)). When reasonable to do so, we may rely upon the representations of the law enforcement official (as a public officer) as to what information is the minimum necessary for their lawful purpose (45 CFR 164.514(d)(3)(iii)(A)). Moreover, if the law enforcement official making the request for information is not known to the covered entity, the covered entity must verify the identity and authority of such person prior to disclosing the information (45 CFR 164.514(h)).

F. PUBLIC HEALTH REPORTING.

WBHN may disclose your health information to public health agencies as required by law. For example, we are required to report certain contagious diseases to the public health department.

G. OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION.

Unless otherwise provided by law, disclosure of your PHI without a court order, or PHI used for research, fundraising, public relations, community engagement, or its use for any purpose other than those listed above, will require your written authorization.

II. YOUR RIGHTS CONCERNING YOUR USE OR DISCLOSURE OF YOUR PHI.

You have certain rights under State law and Federal Privacy Standards:

- A. Requests to Restrict Use or Disclosure of PHI. You may request in writing that we restrict uses or disclosures of your PHI to carry out treatment, payment, or health care operations and disclosures to family or friends by WBHN under circumstances that are permitted under the Federal Regulations (45 CFR § 164.510(b)). Except as provided below, we are not required to agree to your request. However, if we agree in writing to restrict the use of your PHI, we may not use “Restricted PHI” in violation of the agreed upon restriction, except in the case where you need emergency medical treatment and the PHI is needed to provide the emergency treatment. We must comply with a requested restriction of disclosure if (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. See Section 164.522 of title 45, Code of Federal Regulations.
- B. Requests for Alternative Methods of Communication to Preserve Confidentiality. You may request in writing that we provide confidential communications of PHI to you or to your insurance carrier in a certain way or at a certain location. For example, if you do not want your family members to know about a certain treatment then you may request that we communicate about that treatment at your place of employment, by mail to a designated address, or by phone to a designated phone number. Similarly, you may request that we send communications in a closed envelope rather than a post card, as an “alternative means.” We will not ask you for the reason for your request. We are required to accommodate all reasonable requests. Health plans must accommodate all reasonable

requests, if the individual clearly states that the disclosure of all or part of the protected health information could endanger the individual. For example, if an individual requests that a health plan send explanations of benefits about particular services to the individual's work rather than home address because the individual is concerned that a member of the individual's household (e.g., the named insured) might read the explanation of benefits and become abusive towards the individual, the health plan must accommodate the request.

C. Right to Request Amendment or Correction of PHI. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend any of the following information:

(a) information that is not part of the medical information kept by us; (b) information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (c) information that is not part of the information which you would be permitted to inspect and copy; or (d) information that is accurate and complete.

D. An Accounting of Disclosures of PHI. We are required to keep an accounting of certain disclosures of PHI made by us in the six (6) years prior to the date on which the accounting is requested. You may request a copy of this record. The following disclosures of PHI are not required to be accounted for:

- To carry out treatment, payment and health care operations as provided in 45 CFR §164.506;
- To you about your own health information as provided in 45 CFR §164.502;
- Incident to a use or disclosure otherwise permitted or required by this subpart, as provided in 45 CFR §164.502;
- Where authorization was provided as permitted in 45 CFR §164.508;
- To individuals of PHI about themselves as provided in 45 CFR §164.502;
- For the facility's directory or to persons involved in the individual's care or other notification purposes as provided in 45 CFR §164.510;
- For national security or intelligence purposes as provided in 45 CFR §164.512(k)(2);
- To correctional institutions or law enforcement officials as provided in 45 CFR §164.512(k)(5); or
- Those disclosures that occurred prior to the Federal Regulations compliance date for WBHN or prior to January 1, 2011 for disclosures related to purposes of treatment, healthcare operations or payment.

III. OUR RIGHT TO REVISE THIS PRIVACY NOTICE.

WBHN has the right to change this privacy notice at any time. If we do, we will post the revised notice on our web site and provide you with a revised notice on your next office visit. The revised notice will apply to all PHI that we maintain, even if created or acquired before the effective date of the revised notice.

IV. REQUESTS TO INSPECT HEALTH INFORMATION MUST BE IN WRITING.

We require that all requests to restrict use, disclosure, inspect or copy your PHI be submitted in writing. You may obtain a form to request access to, and a copy of, your records by contacting the Privacy Officer.

WBHN may charge a fee to comply with any request for copies of medical records.

V. SUBSTANCE ABUSE SERVICES RECORDS UNDER 42 CFR Part 2.

If you are receiving substance abuse services, your information may also be protected under 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Information about you may be used by personnel within WBHN in connection with their duties to provide you with diagnosis, treatment or referral for treatment for alcohol or drug abuse. Generally, WBHN may not reveal to a person outside of WBHN that you attend the substance abuse program or disclose any information that would identify you as an alcohol or drug abuser, *unless*:

- WBHN obtains your written authorization;
- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization when such research poses minimal risk to your privacy. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection) for the program. WBHN will obtain the qualified service organization's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of WBHN's program. WBHN will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by a customer either at WBHN or against any person who works for WBHN or about any threat to commit such a crime;
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities; or
- As otherwise permitted by law.

Violation of the Federal Substance Abuse privacy regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State law.

VI. MICHIGAN MEDICAL RECORDS ACCESS ACT.

You have certain rights under the Michigan Medical Records Access Act, MCL 333.26265, to access your medical record. You have the right to:

- A. Obtain from us a copy of your medical record;
- B. Upon receipt of the request, we have 30 days to respond to your request, unless the record is maintained off-site, and in that case, we have 60 days to respond;
- C. Within said time, we are required to make the record available for inspection and copying, during regular business hours, at our offices or we will inform you that either the file cannot be found or does not exist, or that the health care provider is not the keeper of the record. In that case, we will provide you with the name and address of the custodian of the record.
- D. We may extend the time period by an additional thirty (30) days.

The Medical Records Access Act does not apply to health care providers that provide only mental health services.

VII. BREACH NOTIFICATION.

Pursuant to changes to HIPAA required by the Health Information Technology for Economic and Clinical Health Act of 2009 and its implementing regulations (collectively, "the HITECH Act") and under the American Recovery and Reinvestment Act of 2009 ("ARRA"), this Notice also reflects federal breach notification requirements imposed on WBHN in the event that your "unsecured" protected health information (as defined under the HITECH Act) is acquired by an unauthorized party.

We will notify you following the discovery of any "breach" of your unsecured protected health information as defined in the HITECH Act (the "Notice of Breach"). Your Notice of Breach will be in writing and provided via first-class mail, or alternatively, by e-mail if you have previously agreed to receive such notices electronically. If the breach involves:

- 10 or more individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute individual Notice of Breach by either posting the notice on our website or by providing the notice in major print or broadcast media where the affected individuals likely reside.
- Less than 10 individuals for whom we have insufficient or out-of-date contact information, then we will provide substitute Notice of Breach by an alternative form.

Your Notice of Breach shall be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and shall include, to the extent possible:

- A description of the breach.
- A description of the types of information that were involved in the breach.
- The steps you should take to protect yourself from potential harm.
- A brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches.
- Our relevant contact information.

Additionally, for any substitute Notice of Breach provided via web posting or major print or broadcast media, the Notice of Breach shall include a toll-free number for you to contact us to determine if your protected health information was involved in the breach.

VIII. COMMENTS OR COMPLAINTS.

If you would like to submit a comment or complaint to us about our privacy practices, you can do so by calling the number listed below, or by sending a letter outlining your concerns to:

WBHN

Privacy Officer

960 M60 East

Cassopolis, MI 49031

269-445-2451

269-445-3216 (Fax)

Compliance Hotline: 800-323-0335

You will not be penalized for filing a complaint.