

You may obtain a Notice of Privacy Practices by accessing The Center's web site at www.phdm.org or by contacting The Center's Privacy Officer.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures: By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information according to the legal requirements regarding community health issues.

Treatment: We will use and disclose health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to another physician, or health care provider for the purpose of diagnosis for treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities The Center might undertake before it bills for services, such as determining eligibility or coverage for benefits.

Health Care Operations: We may use or disclose, as needed, health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of medical studies, program interns, licensing, communications about a product or service, and conducting or arranging for other health care related activities.

For example, we may disclose health information to students or interns seeing clients at The Center. We may call you by name in the waiting room. We may use or disclose health information, as necessary, to contact you to remind you of your appointment.

We will share health information with third-party "business associates" who perform various activities. Examples include billing and transcription services. The business associates will also be required to protect your health information.

Required by Law: We may use or disclose health information if law or regulation requires the use of disclosure.

Public Health: As a public health authority we have the legal right and obligation to use protected health information in the following situations:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority regarding issues of abuse, neglect, or domestic violence.

Communicable Disease: We will report by law to the Michigan Department of Health and Human Services Disease Surveillance and/or Centers for Disease Control and Prevention issues related to communicable diseases that would endanger public health.

Health Oversight: We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings: We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings.
- Information requests for identification and location.

- Circumstances pertaining to victims of a crime.
- Deaths suspected from criminal conduct.
- Crimes occurring at The Center site.
- Medical emergencies (not on The Center premises) believed to result from criminal conduct.

Coroners, Funeral Directors and Organ Donations: We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaver, organ, eye, or tissue donations.

Research: We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Worker's Compensation: We may disclose health information to comply with workers' compensation laws and other similar legally established programs.

Parental Access: Some state laws concerning minors permit or require disclosure of health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the state law.

USES AND DISCLOSURES OF PROTECT HEALTH INFORMATION REQUIRING YOUR PERMISSION: In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Individuals Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a

close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:

You may exercise the following rights by submitting a written request to The Center's Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. The Privacy Officer can guide you in pursuing these options. Please be aware that The Center might deny your request.

Right to Inspect and Copy: You may inspect and obtain a copy of your health information that is contained in a "designated record set" for as long as we maintain the information. A designated record set contains medical and billing records and any other records that The Center uses for making decisions.

This right does not include inspection and copying of the following records: clinical progress notes and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions: You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Restrictions are not transferable across all programs at The Center. In your request, you must tell us (1) what information you want restricted (2) whether you want to restrict our use, disclosure or both (3) to whom you want the restriction to apply and (4) an expiration date.

If The Center believes that the restriction is not in the best interest of either party, or The Center cannot reasonably accommodate the request, The Center is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency care. You may revoke a previously agreed upon restriction at any time, in writing.

Right to Request Confidential Communications: You may request that we communicate with you using alternative

means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests.

Right to Request Amendment: If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosures: You may request a list of certain disclosures we have made of health information for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made no more than 6 years from the date of the request. This right excludes disclosures made to you, family members, or friends involved in your care or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

FEDERAL PRIVACY LAWS: This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies.

COMPLAINTS: If you believe these privacy rights have been violated, you may file a written complaint with The Center's Privacy Officer or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION: If you have any questions about this notice, for further information about the complaint process or for further explanation of this document, please contact:
Carrie Polley, Privacy Officer
Public Health, Delta & Menominee Counties
2920 College Avenue
Escanaba, MI 49829.
Phone (906) 789-8113
Email cpolley@phdm.org

Effective: April 14, 2003
Updated: December 19, 2023

NOTICE OF PRIVACY PRACTICES



THE CENTER FOR YOUTH HEALTH & WELLNESS

This Notice of Privacy Practices describes how The Center for Youth Health & Wellness (The Center) may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes our legal duties and privacy practices, as well as, your rights regarding protected health information about you.

PLEASE REVIEW IT CAREFULLY.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE: You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

OUR DUTIES TO YOU:

"Protected health information" is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. The Center is required by law to do the following:

- Make sure that 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 protect health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the bottom of the last page. The revised notice would be effective for health information we already have about you as well as any information we receive in the future.