

HUMAN DEVELOPMENT COMMISSION

Notice of Privacy Information 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.

Effective Date: 2004
Revision Date: September 2013

If you have any questions or concerns regarding your privacy rights or other information in this Notice, please contact the Compliance Privacy Officer at the Human Development Commission at (989) 673-4121 or 429 Montague Avenue, Caro, MI 48723.

OUR COMMITMENT

HDC is committed to maintaining the privacy of the health information that identifies you, called "protected health information." We create records of care and services you receive from HDC, which may include protected health information. We need this information to provide you with quality care and to comply with certain legal requirements. This Notice describes how we may use and disclose your health information, as well as your rights and certain obligations we have regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of protected health information
- Give you this Notice of Privacy Practices that describes our legal duties and privacy practices concerning your health information;
- Follow the terms of our Notice of Privacy Practices that is currently in effect; and
- Notify you following a breach of unsecured protected health information.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the health information privacy practices of HDC, its directors, employees, contractors, and volunteers while providing services to you at any location, office, facility, or site. The words "we" or "our" used in this Notice refer to HDC and its directors, employees, contractors, and volunteers providing services.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Below are some examples of different ways that we are permitted to use and disclose your health information. Michigan law may require that we obtain your specific permission to use and disclose certain information; for example, when behavioral health, substance abuse, or HIV/AIDS information is used or disclosed.

1. **Treatment.** We may use and disclose your health information to provide you with treatment, products, or services. For example, we may disclose medical information about you to providers, doctors, technicians, or other personnel who are involved in your care at HDC.
2. **Payment.** We may use and disclose your medical information about you in order to bill and receive payment for services you receive. For example, in order to receive payment from Region VII Area Agency on Aging or A&D Home Health Care, Inc., we might need to provide specific health information related to the services HDC may be seeking authorization to provide to you.
3. **Operations.** We may use and disclose your health information for our operational purposes. The uses and disclosures are necessary to run HDC and help to assure that we provide quality services to all our clients. For example, we may review information in your case file that contains medical information to evaluate the performance of our staff providing services to you and to assist us in making improvements in the care and services we offer. We may also disclose information to health care providers and personnel for educational purposes.
4. **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share health information with a person who is involved in your care or payment for your care, such as a family or close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Special Situations

1. **As Required or Permitted by Law.** Under certain circumstances, we are required to report specific health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may disclose your health information in relation to cases of abuse, neglect, domestic violence or certain physical injuries, or to respond to a subpoena or court order.
2. **For Public Health Activities.** We are, at times, required to report your health information to authorities for public health purposes. For example, we may be required to disclose information to help prevent or control disease, injury, or disability, report birth or death information to the Health Department, report information of concern to the Food and Drug Administration, or report information related to child or vulnerable adult abuse or neglect.
3. **For Health Oversight Activities.** We may disclose your health information to a health oversight agency for monitoring and oversight activities authorized by law. This will also include the release of information to organizations responsible for government benefit programs such as Medicaid and Medicare.
4. **To Avoid a Serious Threat to Health or Safety.** As required by law and standards of ethical conduct, we are permitted to release your health information, if we believe, in good faith, that such a release is necessary to prevent or minimize a serious and approaching threat to your, the public's or another individual's health or safety.
5. **For Special Government Functions.** If you are involved with the military, national security or intelligence activities, we are permitted to release your health information to the proper authorities so they may carry out their duties under the law. We are permitted to release medical information about you to authorized federal officials so that they may provide protection to the President of the United States of America, other authorize persons or foreign head of state or conduct special investigations.
6. **For Worker's Compensation.** We may disclose your health information to the appropriate persons in order to comply with the laws related to worker's compensation or other similar programs.
7. **Law Enforcement.** We may release certain health information if asked by a law enforcement official if the information is: (a) response to a court order, subpoena, warrant, summons, or similar process, (b) limited information to identify or locate a suspect, fugitive, material witness or missing person, (c) about the victim of a crime, (d) about a death resulting from criminal conduct, (e) about criminal conduct on the premises of a HDC facility, or (f) in an emergency to report a crime.
8. **Business Associates.** We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions and services. For example, we may use another company to perform installation of equipment on our behalf.
9. **Fundraising.** We may use certain health information about you to contact you in an effort to raise money for HDC. You have the right to opt out of receiving fundraising communications.

OTHER USES AND DISCLOSURES

Except for the situations described in this notice, we must obtain your specific written authorization for any other release of your protected health information. For example, we must get your prior written authorization before marketing a product or service to you if we will receive payment for the marketing communication. Likewise, we must obtain your written authorization if we will receive payment or other enumeration in exchange for your health information. Additionally, most uses of client case files require your written authorization. If you provide written authorization to use or disclose health information about you, you may cancel that authorization, in writing, at any time. If you cancel the authorization, we will no longer use or disclose health information about you for the reasons covered in your written authorization.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. To exercise these rights, you must submit a request in writing to the HDC Compliance Privacy Officer, 429 Montague Avenue, Caro, MI 48723. Specifically, you have the:

1. **Right to Inspect and Copy Your Health Information.** With a few exceptions, you have the right to inspect and obtain an electronic or paper copy of your protected health information. This includes your client files, billings records, but this right does not apply to information gathered for judicial proceedings. We may charge you a reasonable fee, as permitted by law, for certain costs associated with producing this copy. We have 30 days to make your protected health information available to you and may deny your request in certain limited circumstances. If your request is denied, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request and we will comply with the outcome of that review.

2. **Right to Request an Amendment to Your Health Information.** If you believe the health information we have about you is incorrect, 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 or for HDC. We are not required to honor your request 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 information that: (a) we did not create, (b) is not part of the health information kept by us, (c) is not part of the information which you would be permitted to inspect and copy or, (d) we determine that the information is accurate and complete.
3. **Right to Request Restrictions on Certain Uses and Disclosures.** You have the right to ask for restrictions or limitations on the health information about you that we use or disclose for treatment, payment or agency operations. You also have the right to request a limit on the protected health information we disclose to someone involved in your care of the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to a family member about surgery you had. We are not required to agree to your request for a restriction if it involves treatment, payment or disclosures we are required to make by law, except that we must agree to a requested restriction on the disclosure of protected health information to Region VII Area Agency on Aging or A&D Home Health Care, Inc., not required by law if the information pertained to an item or service for which you or someone other than Region VII Area Agency on Aging or A&D Home Health Care, Inc. has paid in full. If we do agree to other requested restrictions, we will comply with your request unless the information is needed to provide you with emergency medical treatment.
4. **Right to Receive Confidential Communication of Health Information.** You have the right to ask that we communicate your health information to you in a certain way or at a certain location. For example, you may ask to receive information about your health status in a special, private room or through correspondence sent to a private address. We will accommodate reasonable requests. Your request must specifically state how or where you wish to be contacted.
5. **Right to Receive a Record of Disclosures of Your Health Information.** You have the right to ask for a list of certain disclosures we made of your protected health information in the last six years for purposes, other than treatment, payment and agency operations, and for which you have provided written authorization or for which we only needed to give you an opportunity to object (e.g. facility directory and disclosures to family and friends during the time which you received services). Your request must state a time period that may not be longer than six (6) years from the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve (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 costs involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

COMPLAINTS

If you believe your privacy rights related to services received at the Human Development Commission have been violated, you may file a complaint with our Compliance Office at the address and phone number listed below. You may also file a complaint with Region VII Area Agency on Aging, and Secretary of the Department of Health and Human Services. **Please note that you will not be penalized for filing a complaint.**

In Writing:

Human Development Commission
429 Montague Avenue
Caro, MI 48723

Region VII Area Agency on Aging
1615 S. Euclid Avenue
Bay City, MI 48706

By Phone:

(989) 673-4121

(989) 893-4506

CHANGES

We reserve the right to change our privacy practices described in this Notice at any time, and to make these changes that apply to protected health information we already have as well as any information we receive in the future. Changes to our privacy practices apply to all health information we maintain. We will post a copy of our current Notice at each HDC facility that provides aging related services. The Notice will contain the effective date.