

## MMH Counseling Services HIPAA PRIVACY NOTICE

*This notice describes how personal and medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

**Understanding the Type of Information We Have**—We get information about you when you come to us for service. It includes your date of birth, sex, ID number, and other personal information. We may also get bills, reports from your doctor, and other data about your physical and mental health.

**Our Privacy Commitment to You**—We care about your privacy. The information we collect about you is private and is protected by law: The Federal Health Insurance Portability and Accountability Act (HIPAA). We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purpose of treatment, payment, business operations, or when we are required by law to do so.

- **Treatment**: We may disclose health information about you to coordinate your health care.
- **Payment**: We may use and disclose information so the care you get can be properly billed and paid for. For example, we may need to inform the insurance company about your diagnosis in order to obtain payment or to obtain prior approval for treatment.
- **Business Operations**: We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you receive.
- **Exceptions**: For certain kinds of records, your permission may be needed even for treatment, payment and business operations.
- **As Required by Law**: We will release information when we are required by law to do so. Examples of such releases would be for national security purposes, subpoenas or other court orders, review of our activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.
- **With Your Permission**: If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission

**For more information see:**

**[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)**

**Your Privacy Rights**—You have the following rights regarding the health information we have about you. Your requests must be made in writing to MMH Counseling Services at the address below.

- **Your Right to Inspect and Copy**: In most cases, you have the right to look at or get copies of your records. In most cases, the information will be provided within 30 days of your request. You may be charged a fee for the cost of copying your records.

- **Your Right to Amend:** You may ask us to change your records. If you feel there is a mistake, you have the right to add a statement. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of disclosures made during the 6 years prior to your request. This list will not include the times that information was disclosed for treatment, payment, or health care operations. You may be charged a fee for the cost of copying.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such request.
- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request. We will attempt to honor your request.

**Choose Someone to Act for You**—If you have given someone medical power of attorney or if someone is your legal guardian (for medical purposes), that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Changes to This Notice**—We reserve the right to revise this notice. A revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be available at our offices. You may call or stop by to receive a revised notice.

## Complaints

If you believe that we have violated your privacy rights, you may contact the Michigan Department of Consumer and Industry Services at 517-373-1820 for further information.

We support your right to protect the privacy of your medical information. You may also file a written complaint to the Secretary of the U.S. Department of Health and Human Services. The office above will provide you with the appropriate address upon request.

You may file a complaint with us by notifying:

Margo Heintz  
 MMH Counseling Services  
 304 E. Broadway St Ste 204  
 Mt. Pleasant, MI 48858  
 989-330-8116

### Copies of this Notice

**You have the right to receive a paper copy of this notice at any time. If you have agreed to receive this notice electronically, you are still entitled to a paper copy. Please call or write us to request a copy.**