

**NOTICE OF PRIVACY PRACTICES**  
**Washtenaw County Community Support and Treatment Services**

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

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) is committed to protecting the privacy of your medical, mental health and substance abuse information. We are required by law to maintain the privacy of your health information, to provide you with this notice and to comply with its terms. The privacy practices in this notice apply to all CMHPSM staff, students and volunteers and to CMHPSM contract providers and affiliates.

We reserve the right to change the terms of this notice and will post the revised notice and, upon your request, we will give you a copy of the revised notice. The new notice would be effective for any health information that we hold at that time or receive from that time on.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

- **Confidential Communications** You may ask that we communicate with you in a particular way, or at a certain location, such as calling you at work rather than at home, to maintain your confidentiality.
- **Inspect and Copy** You have the right to review and/or receive a copy of the information in your record. Under limited circumstances we may deny access to the record, or to portions of the record (for instance, if disclosing the information would endanger you or someone else). You can request a review of this decision.
- **Addendum** You may ask us to add an addendum to the information in your record if you feel that it is incorrect or incomplete. You may prepare a correcting statement that will be included in your record.
- **Accounting of Disclosures** You may request a list of disclosures that we have made of your protected health information with the exceptions of treatment, payment and healthcare operations described in this notice, or information that was released with your authorization.
- **Requesting Restrictions** You may ask us to limit our use or disclosure of your health information. We are not required to agree to your request, but if we do agree to it, we will honor your request unless the information is needed to provide emergency treatment for you.
- **Receiving a Copy** You may receive a paper copy of this notice at any time upon request.

**HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION**

**Uses and Disclosures for Treatment, Payment and Healthcare Operations**

- **For Treatment** We may use and disclose your health information to provide, coordinate and manage your services. Information about you may be shared with CMHPSM staff, students or volunteers, and with CMHPSM contract providers or affiliation members who may be involved in your care. For example, a staff person may need to speak with his or her supervisor about the services that you are receiving. We also may use your health information to remind you about an appointment or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **For Payment** Your health information will be used and disclosed, as needed and allowed by law, to obtain payment for services. (42 CFR requires authorization for payment regarding Substance abuse treatment.) For example, a bill for services, sent to you or to a third-party payer such as Medicaid, might include identifying information about you such as your name, your diagnosis and services received.

- **For Health Care Operations** We will use or disclose your health information, as needed, to support and improve the activities of the CMHPSM. For example, staff may use information in your clinical record to evaluate the care that you received.

**Uses and Disclosures That May Be Made Only With Your Specific Authorization**

- Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

**Uses and Disclosures That May be Made Without Your Authorization**

- **As Required by Law** We may be required by federal, state, or local law to disclose your health information.
- **For Public Health Activities** We may need to disclose your health information to a public health authority that is required by law to receive the information. Such disclosures would be made for the purpose of controlling disease, injury or disability.
- **Abuse or Neglect** We may be required to disclose your health information if we suspect that you or another person has been abused or neglected.
- **Health Oversight** We may be required to disclose your health information for an audit, inspection, investigation or other health care oversight activity.
- **Judicial and Administrative Proceedings** We may have to disclose your health information if we receive a court order or subpoena or for risk management purposes.
- **Law Enforcement** We may have to disclose your health information in connection with a criminal investigation by a federal, state, or local law enforcement agency, or to authorized federal officials who provide protective services for the President or other persons.
- **Serious Threat to Health or Safety** We may be required to disclose information about you to prevent a serious threat to your health and safety or that of another person or of the public.
- **Coroner or Medical Examiner** We may need to disclose your health information to help identify a deceased person or to determine a cause of death.
- **Research** We may disclose your health information to researchers if their research proposal includes protocols to ensure the privacy of your health information and has been approved by an Institutional Review Board.

**If you believe that your rights have been violated, contact the Recipient Rights Privacy Officer or the Office of Civil Rights.** Your services will not be affected in any way if you file a complaint.

- To file a complaint with Recipient Rights, or if you have any questions or want more information, call or write: Privacy Officer, Shane Ray, WCHO, 555 Towner Blvd, Ypsilanti, MI 48197, (734) 544-3000.
- To file a complaint with the Office of Civil Rights, call or write: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. SW, Washington, DC 20201 or toll-free phone 1-877-696-6775.

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, (please print) \_\_\_\_\_, acknowledge that I have received a copy of the CMHPSM's Notice of Privacy Practices.

My signature below indicates that I have received the notice and that I have been provided an opportunity to ask questions about the agency's privacy practices as they pertain to my protected health information.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Client ID Number

\_\_\_\_\_  
Witness Date