



## **Consumer Notice of Confidentiality and Privacy Practices Substance Abuse Services**

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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 of this Notice: January 1, 2014

Southwest Michigan Behavioral Health (SWMBH) is a provider of substance abuse access, assessment and referral services. As such SWMBH may seek information about you in order to assess your needs, determine your program eligibility, and to refer you to substance abuse treatment or other support services. In providing these services, SWMBH may share health information about you in the course of coordinating your treatment, obtaining payment, and conducting operations. Because of this, SWMBH and its employees, agents and affiliates must comply with SWMBH's policies related to the confidentiality of health information.

SWMBH is committed to protecting the confidentiality, privacy and security of your health information. This commitment to confidentiality applies in all settings where SWMBH creates, receives, uses, processes, maintains or furnishes health information, including but not limited to treatment, payment, and health care operations in administrative settings.

No SWMBH employee or agent shall access, discuss, review, disclose, transmit, alter or destroy your health information, except as required to fulfill their job. The scope of any disclosure, access, use or transmittal of your health information must be limited to information that is necessary for the performance of the job responsibility.

SWMBH protects the confidentiality of your health information as required by the Federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations as stated in 42 CFR Part 2, the Privacy Rule provisions within the Health Insurance Portability and Accountability Act (HIPAA) as stated in 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health as stated in the Omnibus Final Rule, and the Michigan Mental Health Code.

### **I. Permitted Uses and Disclosures of Protected Health Information by SWMBH**

Without consumer consent, the confidentiality of alcohol and drug abuse patient records maintained by SWMBH is protected by federal law and regulations. Generally, SWMBH may not say to a person outside of SWMBH, that a patient attends a substance abuse treatment program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing.
2. In connection with treatment, payment for services received, or health care operations;

a. Treatment: SWMBH can share consumer information as necessary to provide treatment. We may use and/or disclose protected health information to health care providers and staff in order to provide treatment. However, as a substance abuse program, we are limited in sharing confidential information and may not share confidential information without your consent, except as permitted by federal law and regulations as stated in 42 CFR §2.51, 2.52, and 2.53;

i. Treatment includes:

1. Sharing Protected Health Information with other providers (including hospitals and clinics) if you have requested health care from those providers;
2. Referring you to health care providers for treatment (including linking with available providers in areas where the patient may have relocated); and
3. Coordinating care with others.

b. Payment: SWMBH may use consumer protected health information to seek payment from Medicaid or to pay providers for services covered by SWMBH. For example, Medicaid may request and receive from SWMBH a consumer's name, address, date of birth, social security number, dates of service, the services provided, and the condition being treated. We may also use and disclose consumer health information in order to pay a health care provider for services provided to our consumers and covered by our plan.

c. Health Care Operations: Protected health information may be used as necessary to support our day to day activities or operations. For example, information on the services a consumer received may be used to support budgeting, financial reporting, and activities to evaluate service quality and delivery. Daily operations include but are not limited to: financial audits and evaluations, state and federal quality review audits, and third party medical record audits conducted for quality review purposes.

3. The disclosure is made to qualified service organizations or business associates who provide services related to the program's treatment, payment or health care operations;

4. The disclosure is made to report suspected child abuse or neglect;

5. The disclosure is made to report a crime or a threat to commit a crime on program premises or against program personnel;

6. The disclosure is allowed by court order or required in order to comply with federal or state law; or

7. The disclosure is made to medical personnel for a medical emergency or to qualified personnel for research, audit, or program evaluation.

All other disclosures of Protected Health Information not specified above require the consumer's written consent or authorization. A consumer's written consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. We will never share consumer health information without written permission for marketing purposes or to sell the information.

## **II. Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. We have the right to change our Notice of Confidentiality and Privacy Practices at any time. The revised Notice will apply to all protected health information we maintain. We will provide copies of the revised Notice to your provider so it will be available upon your request and on our website at [www.swmbh.org](http://www.swmbh.org).

### **III. Your Rights With Regard to The Use or Disclosure of Your Protected Health Information**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:

a) Requests to Restrict Use or Disclosure of Protected Health Information. You may request in writing that we restrict uses or disclosures of your protected health information to carry out treatment, payment, or health care operations and disclosure to family and friends by SWMBH under circumstances that are permitted under the Federal Regulations (45 CFR § 164.510(b)). We are not required to agree to your request, and we may say “no” if it would affect your care. If we agree in writing to restrict the use of your health information, then we may not use the restricted health information in violation of the agreed upon restriction, except in the case where you need emergency medical treatment and the protected health information is needed to provide the emergency treatment.

b) Requests for Alternative Methods of Communication to Preserve Confidentiality. You may request in writing that we provide confidential communications of your health information to you by alternative means or to alternative locations. For example, if you do not want your family members to know about your treatment, then you may request that we communicate with you about your 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 postcard, as an “alternative means”. We are required to accommodate all reasonable requests or if you tell us you would be in danger if we do not.

c) Right to Request Amendment or Correction of Protected Health Information. You have the right to ask us to correct your health care information and claims records if you think they are incorrect or incomplete. You have the right to ask for the appropriate procedures to follow in order to request an amendment or correction of your health care information and claims records. We may say “no” to your request, but we will tell you why in writing within 60 days of your request.

d) An Accounting of Disclosures of Protected Health Information. We are required to keep an accounting of certain disclosures we make of your protected health information. You can ask for a list of the times we’ve shared your health information, except for the circumstances noted below, for six years prior to the date you ask, who we shared it with, and why. We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We are not required to account for the following disclosures of protected health information:

- i. To carry out treatment, payment, or health care operations as provided in § 164.502;

ii To you regarding your protected health information that you have requested or asked us to disclose § 164.502;

iii. To persons involved in your care or other notification purposes as provided in § 164.510;

iv. For national security or intelligence purposes as provided in §164.512(k)(2);

e) Obtain A Copy of Your Health Information and Claims Records. You can ask to see or get a copy of your health information and claims records and other information we have on record about you. You may ask for the appropriate procedures to follow in order to obtain your health and claims information. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee for providing you the information.

f) Receive A Copy of This Notice of Confidentiality and Privacy Practices. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You will be provided a paper copy of the notice promptly upon your request.

g) Choose Someone to Act For You. If you have designated a durable power of attorney for health care or if someone is your legal guardian, 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.

h) File A Complaint if You Feel Your Rights Are Violated. You have the right to complain if you feel your rights have been violated by contacting the SWMBH Privacy Officer at 1-800-783-0914. You can also file a complaint with the U.S. Department of Health and Human Services office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). No one may retaliate against you if you file a complaint.