

- You have the right to request your medical record (called an amendment) if you believe it is incorrect or incomplete.
 - BABHA will help you with this process. We may ask that your request be in writing and that you give the reason(s) for your request.
 - BABHA will let you know if we agree or disagree with your request. If we disagree, we will tell you in writing and provide information on why we disagree within 60 days of your request. If we disagree, you have the right to appeal this decision by contacting the Privacy Officer.
- You have the right to request that we contact you in a specific way such as; at home, an office, at a certain phone or address, or to contact you electronically.
 - BABHA will say “yes” to all reasonable requests and will not require that you give a reason for your request.
- You have the right to ask us not to use or share certain health information for payment, treatment, or our operations.
 - BABHA is not always able to agree to this request, especially if it would affect your care. If we are not able to agree, we will let you know.
 - If you pay for a service in full out of your own pocket, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. BABHA will say “yes” to this unless a law requires us to share that information.
- You have the right to ask for a list (called an accounting) of the times BABHA has shared your health information, who we shared it with, why we shared it, and the information we shared.
 - BABHA will include all the disclosures for six (6) years prior to the date of your request. We are not required to provide an accounting before the six year limit date.
 - Disclosures you authorized in writing, routine internal disclosures such as those made to staff when providing you services, and/or disclosures made in connection with payment are examples of disclosures not included in the accounting.
 - The accounting will give the date of the disclosure, the purpose for which your PHI was disclosed, and a description of the information disclosed.
 - If there is a fee for the accounting, BABHA will let you know what the fee is before the accounting is done.
- You have the right to choose someone to act on your behalf. If you have given someone medical power of

attorney, or if someone is your legal guardian, that person can act on your rights and make choices about your health information just as you would.

- BABHA staff will make sure the person has this authority and can legally act for you before we respond to any such request.
- You have the right to file a complaint if you believe your privacy rights have been violated.
 - You can make a complaint if you feel BABHA has violated your rights by contacting the BABHA Privacy Officer or the U.S. Department of Health and Human Services using the contact information below.
 - BABHA will neither penalize nor retaliate against you for filing a complaint.

Complaints, Concerns and Questions. If you have a complaint or concern that your PHI and/or privacy rights have not been protected or handled in a respectful way, or if you have further questions about this Privacy Notice or any of the information in it, please call or write the BABHA Privacy Officer using the contact information below. Please note that any services you are receiving, or that we pay for, will not be affected by a complaint, concern, or question.

Privacy Officer
Bay-Arenac Behavioral Health
201 Mulholland, Bay City, MI 48708
(800) 243-7483

You may also contact the Region V Office of Civil Rights at:
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(800) 368-1019 or TDD (800) 537-7697 or
www.hhs.gov/ocr/privacy/hipaa/complaints/

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HIPAA Privacy Notice

This notice describes how medical information about you may be used and disclosed. It also describes how you can access this information. Please review it carefully.

This notice is available to you in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Esta notificación esta disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA). 1 -800-243-7483.

Bay-Arenac Behavioral Health Authority (BABHA) provides residents of Bay and Arenac counties with mental health services and supports. As a mental health service provider, BABHA is required under the Health Insurance Portability and Accountability Act of 1996, better known as HIPAA, to protect your privacy, follow the privacy practices described in this Notice, and give you a copy of this Notice. In the following paragraphs, we explain in more detail how we protect your health information.

Privacy Notice Introduction. This Notice tells you about the ways your health information is used and disclosed (shared). It tells you what our responsibilities and your rights are regarding the use and disclosure of your health information.

BABHA reserves the right to change the terms of this Notice but if we do so, we are required to let you know this and make a revised Notice available to you. The revised Notice will be available upon your request and at our offices. In addition, the most current Notice can always be found on our website at: www.babha.org

General Information. When you contact or receive services from our agency, a medical record is usually made. This record contains “demographic information” such as; name, address, telephone number, social security number, birth date, and health insurance information. This record also contains other information related to your services such as; any health problems you may have, your plan of care, and information about your treatment, including diagnosis, goals for treatment, progress, etc. All of this information is known as protected health information, commonly referred to as PHI, and is used for many purposes.

BABHA cannot release any information in your medical record without your signed permission, unless BABHA is required to do so by law as described in this Privacy Notice. If you give us permission to disclose your medical record, or parts of it, you may change your mind about this at any time and cancel (revoke) your permission but you must let us know this in writing, either by signing a revocation form or giving us a signed written statement that cancels your permission. If you revoke your authorization, this will only apply to future disclosures and not ones BABHA has already disclosed.

BABHA also does not release any information regarding substance use disorder treatment records or HIV/AIDS status without your signed permission, unless required to do so by law. Disclosures regarding these areas are subject to additional federal and state laws. Substance use treatment records are specifically protected under Federal Law 42 CFR Part 2.

BABHA never sells your information and does not use or disclose it for marketing or fund raising purposes. We also take steps to protect your PHI from people who do not need to see it or have no legal right to see it.

Our Responsibilities. Any time BABHA discloses your PHI to another person or agency, we must do so under strict federal and state laws. This often requires you to sign an authorization form giving us permission to provide that information to the other party.

If another person or agency requests your PHI and your authorization is needed, BABHA staff will tell you why your information is being requested, who is asking for the information, and what information they are asking for.

In the event that BABHA discovers that a breach of your PHI has occurred, BABHA will notify you as required by law. A

breach occurs when your PHI has been used or disclosed in ways not permitted by law.

BABHA provides mental health services and supports, such as assessment and treatment. We also make payments to other mental health care providers, most often under the Medicaid program. In any of these situations, we may need to access your PHI for payment purposes, to manage health services for you, or for our agency operations.

When your PHI is used or disclosed for payment purposes, treatment, or for agency operations, it is generally used or disclosed in the following ways:

- For treatment, we use and disclose your PHI to coordinate, provide, and manage your health care and any other related services. This may include coordination or management with another person, like a doctor or therapist. We may also contact you to remind you of appointments or inform you of possible treatment options.
- For payment, your PHI is used and disclosed as needed, so the care you get can be properly billed and paid for. As an example, we may need to disclose your PHI to healthcare professionals or to your health plan regarding treatment you received so payment can be approved and made. We may also include statistical reports to federal and state agencies that make funds available to us for your benefit. We may also inform you of health benefits or services that may be of interest to you.
- For operations, we may use or disclose your PHI in order to maintain or improve services. This may include quality assessment, accreditation, licensing or business management, general administrative activities, and the training of professional health students, such as counselors and therapists who work for BABHA.

Under certain circumstances, BABHA is allowed to share your information in ways usually related to public health and research, however, we must meet many more conditions under the law before we can use your information for those purposes. For more information on this, go to the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>

We are sometimes required to disclose some of your information without your signed authorization if federal or

state laws say we must do so. Such disclosures are usually related to one of the following:

- A medical emergency: in the event of a medical emergency, we may not be able to give you a copy of this Privacy Notice until after you receive care;
- To prevent, control, or report disease, injury, disability, or death;
- To alert state or local authorities if we believe you are a victim of child or adult abuse, neglect, or domestic violence;
- To alert authorities or medical personnel if we believe someone is at risk of injury by means of violence;
- To comply with health oversight agencies for things like audits, civil or administrative reviews, proceedings, inspections, licensing activities, or to prove BABHA is complying with federal privacy laws;
- To respond to a court or administrative order, or a subpoena;
- To a law enforcement official to report a crime on agency premises.

Your Rights. Anyone receiving services from BABHA has certain rights. This section explains your rights and our responsibilities to help you with them. Your rights are as follows:

- You have a right to get a copy of this Privacy Notice.
 - BABHA will provide you with an electronic or paper copy of this notice whenever you ask for one.
 - Notices are also available at any of our offices and on our website at: www.babha.org
- You have the right to ask to see or get an electronic or paper copy of your medical record.
 - If you ask to see your medical record, BABHA will arrange for a mutually agreeable time.
 - If you ask for a copy of your medical record, BABHA will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee and will let you know what the fee is before a copy is given to you.
 - BABHA may deny either of these requests in a few limited situations. If your request is denied, you may ask for a review of the denial by contacting our Privacy Officer who will arrange for a review to be conducted by a licensed healthcare professional. BABHA will accept the decision of the reviewer.