



NOTICE OF PRIVACY PRACTICES

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974). THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR PRIVACY OFFICE AT THE PHONE NUMBER AT THE BOTTOM OF THIS NOTICE.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION

This notice is being provided to you in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Effective April 14, 2003, and an amendment to that law known as HITECH. Other statutes and regulations, including, for example, the Michigan Mental Health Code and Part 2 of Title 42 of the Code of Federal Regulations may further restrict our use and disclosure of health care information. The greater restrictions will apply. Protected Health Information or PHI is all individually identifiable health information that is created or received by Community Living Services, Inc. (CLS) that relates to your past, present or future physical or mental health condition, the provision of behavioral health care services and payment for those services. Examples of identifiable health information includes: your name, address, telephone number and date of birth; your diagnosis (the condition for which you are receiving supports and services) and your Individual Plan of Service and goals.

II. OUR PRIVACY COMMITMENT TO YOU

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices, to follow these practices, and to notify affected individuals following a breach of unsecured PHI. Only people who have both the need and the legal right may see your information.

III. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

- A. We may use and disclose medical information about you without your prior consent or authorization for:
- **Treatment:** such as using and disclosing your PHI to the Michigan Department of Health and Human Services, your Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP), their Network Providers, or your employee or contractor under your Self-Directed Arrangement to coordinate your behavioral health care and related services. (This includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment);
 - **Receive Payment for Treatment:** such as sending claims to your PIHP or CMHSP or billing information to your insurance company or Medicare to receive payment or collecting payment

from you or another third party (Note: only limited psychiatric or HIV information may be disclosed for billing purposes without your authorization).

- **Health Care Operations:** such as supporting our operational purposes like meeting performance goals; training, improving methods for supports and services; fraud and abuse detection; or for professional education purposes.
- **Communications:** such as contacting you for appointments; sending you newsletters or information about activities; or contacting you to raise funds.
- **Business Associates or Subcontractors:** Business Associates and Subcontractors may receive your PHI only after they have signed an agreement to implement safeguards regarding your PHI.
- **As Required By Law:** We may disclose PHI about you when required to do so by federal, state, or local law, such as laws that require us to report abuse.
- **Individuals Involved in Your Care:** We may disclose PHI about you to a family member or other person that you designate with your consent.

B. We may use and disclose PHI without your prior consent or authorization in the following special situations except as noted below:

- **THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS):** To determine our compliance with set standards.
- **AN AGENCY OF A STATE GOVERNMENT:** For purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State programs within the State.
- **THE FOOD AND DRUG ADMINISTRATION (FDA):** Related to adverse events involving food, drugs, supplements, product defects, to enable product recalls, repairs, or replacements.
- **VICTIMS OF ABUSE, NEGLECT, OR DOMESTIC VIOLENCE:** We may disclose your PHI to a government authority, such as a social service or protective agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.
- **PUBLIC HEALTH OR AVERT A SERIOUS THREAT TO HEALTH:** As authorized by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may use or disclose your PHI if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **WORKERS' COMPENSATION:** We may disclose your PHI to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- **CORONERS OR MEDICAL EXAMINERS:** Consistent with applicable law, we may disclose health information to funeral directors, coroners, medical examiners, as required by military command

authorities and for national security activities. A mental health services recipient's information will be disclosed only as allowed under Michigan law.

- **SUBSTANCE ABUSE TREATMENT PROGRAMS:** If you are treated in a specialized substance abuse program, your special authorization is required for most disclosures other than emergencies.

IV. YOUR WRITTEN PERMISSION IS REQUIRED FOR OTHER USES AND DISCLOSURES OF YOUR PHI

The following uses and disclosures of you PHI will be made only with your written authorization:

- Uses and disclosures of PHI for marketing purposes;
- Disclosures that constitute a sale of your PHI; and
- Uses and disclosures of psychotherapy notes other than to carry out the treatment, payment, and health care operations set forth at 45 CFR § 164.508(a)(2).

Other uses and disclosures of your PHI not covered by this notice or applicable laws will be made only with your written permission.

V. YOUR PRIVACY RIGHTS

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to us at the address below. You have the right to:

Inspect and Copy	In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records. All requests for copies or access must be submitted in advance, in writing. If your request for inspection is granted, we will arrange for a convenient time and place for you to look at your record. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
Amend	You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial. You may also submit a written statement of disagreement with a decision by us not to amend a record.
Accounting	You have the right to ask for a list of disclosures made in the six years before the date of your request. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. You must submit your request in writing to the Privacy Officer at the address listed below.
Request Restrictions on Our Use or Disclosure of Information	You have the right to ask, in writing, for limits on how your health information is used or disclosed for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We are not required to agree to such requests unless all of the following conditions are met: (1) you request that your information is not shared with an insurer for purposes of payment or other purposes unrelated to your treatment; (2) you pay all charges associated with the services you received out-of-pocket; and (3) we are not required by law to release your information to the insurer. We will notify you if we are unable to agree to a requested restriction. All written requests or appeals should be submitted to our Privacy Office listed below.

Request Confidential Communications	You have the right to ask, in writing, 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. We may deny your request unless you clearly state your safety is at risk.
Revoke Authorization	If you give us permission to use or disclose your health information, you have the right to change your mind and revoke it. This must be in writing. We cannot take back any uses or disclosures already made with your permission.

VI. 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 published on our website. Go to [<http://www.comlivserv.com/>] Community Living Services, Inc., Towne Square Plaza, 35425 Michigan Ave. W., Wayne, MI 48184-1687. If the changes are material, a new notice will be mailed to you before it takes effect.

VII. HOW TO USE YOUR RIGHTS UNDER THIS NOTICE

If you want to make a Privacy Rights request or file a complaint, your request or complaint must be in writing. If you are writing a complaint, tell us your name (and the name of the person affected, if you are filing the complaint for another person), identification number, what right you believe was violated, who you believe committed the violation, what you want done to correct the problem, and an address and telephone number where you can be contacted. You may get a complaint form by going to <http://www.comlivserv.com>. Requests and complaints should be sent to:

Chandra Cozart, Privacy Officer
Community Living Services, Inc.
35425 Michigan Ave. W.
Wayne, MI 48184-1687

Phone: (734) 467-7600
TTY: (866) 468-7600
Fax: (734) 467-7646
Email: ccoart@comlivserv.com

You also have the right to file a complaint with the federal government. Written complaints should be sent to:

Office of Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Ste. 240
Chicago, IL 60601

Phone: (312) 886-2359
TTY: (312) 353-5693
Fax: (312) 886-1807
Email: OCRMail@hhs.gov

You will not be penalized or retaliated against for filing a complaint with either CLS or the Federal government.

COPIES OF THIS NOTICE. You have the right to receive an additional copy of this notice at any time. Please call or write to us to request a copy.