

***Right to Request Confidential Communications:***

If you could be endangered by our normal communication channels, you have the right to request that we communicate information to you by alternative means or at an alternative location. We will ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

***Right to Inspect and Copy:*** You have a right to inspect and copy personal information that we maintain about you for as long as the information is on file with NEMCSA. If you request a copy of the information, we may charge a cost-based fee for the copying, mailing, and other supplies.

Inspections and copies will be provided within 30 days if the information is maintained on site or within 60 days if it is maintained offsite. You or your representative will be required to make a written request to the program you are working with or with the NEMCSA Main Office. If you are denied access to your information, you may request that the denial be reviewed.

***Right to Amend:*** If you believe the information we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. You have the right to request an amendment for as long as the information is kept by us.

We may deny your request if it is not in writing or does not include a reason to support the request.

We may also deny your request if the information was not created by us, is accurate or complete as is, or is not part of the health information you would be permitted to inspect or copy.

***Right to Request an Accounting:*** You have the right to receive an accounting of certain disclosures of information about you that we made, if any. This right applies to disclosures for purposes other than for treatment, payment, health care operations, or as otherwise permitted or required by law. You have a right to receive specific information about any

disclosures that occur after April 13, 2003. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

The first disclosure list you request within a 12 month period is free. For any additional requests, we may charge you for the cost of providing the list.

***Right to a Copy of this Notice:*** You have the right to obtain a copy of this notice at any time.

### **Notice to Consumers of Homeless Services**

The Michigan State Homeless Management Information System (MSHMIS) was developed to meet a data collection requirement made by the U.S. Congress to the Dept. of Housing and Urban Development (HUD) in order to get a more accurate count of individuals who are homeless and to identify the need for services by those individuals. NEMCSA works with the State of Michigan in meeting this need and, therefore, participates in the Michigan Coalition Against Homelessness, which administers the MSHMIS database.

With your permission, we share information with other agencies that also use the MSHMIS to better understand the number of individuals who need services from more than one agency. This also helps us make referrals more easily and enables us to develop more efficient and new programs. We collect information only when appropriate to provide services, manage our organization or as required by law. Your record will only be shared if you give your permission to do so. You have the right to request that your name be entered in the system as "anonymous." You cannot and will not be denied services that you would otherwise qualify for if you choose not to share information.

Please note that even if you do not want to share your information with other agencies or have your actual name entered into the system, we must still report some information to the central data collection system. There are provisions to protect your name and privacy.

If you have questions regarding the MSHMIS, call the NEMCSA Client Services Dept. at (989) 471-3277. If you have questions regarding NEMCSA's privacy practices, call the agency Privacy Officer at (989) 356-3474.

### **Our Duties Regarding Personal Information (Including Health Information) About You**

We are required by law to: maintain the privacy of your personal information; provide you with notice of our legal duties and health information privacy practices; and abide by the terms of this notice. NEMCSA will make reasonable efforts to not use, disclose, or request more than the minimum amount of information necessary to accomplish the intended purpose.

***Changes to This Notice:*** NEMCSA reserves the right to change its privacy practices and to apply the changes to any personal information received or maintained by NEMCSA prior to that date. If a privacy practice is changed, a revised version will be available at [www.nemcsa.org](http://www.nemcsa.org).

***To File a Complaint:*** If you believe that your privacy rights have been violated, you may complain to NEMCSA in care of the following office:

NEMCSAPrivacy Officer  
2375 Gordon Rd.  
Alpena, Michigan 49707

You may call the Privacy Officer at (989) 356-3474.

You may also file a complaint with the Secretary of the U.S. Dept. of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

NEMCSA will not retaliate against you for filing a complaint.

*This notice was revised November 6, 2008.*



Form Date: 11/6/08

# **Notice of Privacy Practices**

**for  
Northeast Michigan  
Community Service  
Agency, Inc.**



**2375 Gordon Road  
Alpena, Michigan 49707  
Phone: 989-356-3474  
Fax: 989-354-5909  
Website: [www.nemcsa.org](http://www.nemcsa.org)**

**This notice describes how medical and other personal information about you may be used and disclosed by Northeast Michigan Community Service Agency, Inc. (NEMCSA), and how you can get access to this information. Please review it carefully.**

*Protecting the privacy of your medical and other personal information is a responsibility we take very seriously. We understand that this information is personal and it is important to you that we keep it confidential. NEMCSA is committed to the practices and procedures we have established to protect and keep confidential the information we obtain from you.*

*This Notice covers not only NEMCSA, but all departments and units of NEMCSA to the extent that these departments offer health care or other services; any member of a volunteer group that assists individuals receiving health care or other services; and all employees, staff, and other NEMCSA personnel involved in health care services, or other services, in relation to any personally identifiable information.*

**Uses and Disclosures of Information About Your Health Without Your Authorization**

The following categories describe different ways that we may use or disclose information about you without your written authorization. For each category, we will explain what we mean and try to give some examples.

**Treatment:** We use your information to coordinate health care and related services. It will also be used to consult or refer between one or more of your providers. For example, if you are participating in the Care Management Program, we may disclose to your physician what services you are receiving.

**Payment:** Generally, we use and disclose information about your health so we can administer claims, which includes reimbursing incurred expenses for treatment and services you receive from a health care provider. For example, we may disclose to your doctor whether you are eligible for Medicaid coverage.

**Health Care Operations:** We use and disclose information about you for quality assessment and improvement, insurance activities, case management, legal services, and auditing functions. These uses and disclosures are necessary to make sure our participants are receiving quality services. For example, we may use information about you to refer you to other programs for beneficial services and for program auditing purposes.

**Informational Purposes:** NEMCSA may use your personal information to give you helpful information such as program benefit updates and consumer protection information. We also may use your information to contact you for appointment reminders.

**Public Health Risks:** As required by law, we may disclose information about you to public health authorities that receive information to: prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; and notify a person who may be at risk for contracting or spreading a disease or condition.

**Oversight Activities:** We may disclose information about you to an agency for activities authorized by law. Examples of these oversight activities include: audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and entities subject to civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order. We may also disclose this information in response to a subpoena or other lawful process by someone else involved in the dispute. We will make reasonable attempts to tell you about the request.

**Law Enforcement:** We may release information about you if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. We may also release information about you to law enforcement or other governmental authorities to protect us against fraud or other illegal activities.

**Coroners, Medical Examiners, and Funeral Directors:** We may release information about you to a coroner or medical examiner. We also may release information about you to funeral directors as necessary to carry out their duties.

**Research:** Under certain circumstances, we may use information about you for program research purposes subject to conditions.

**To Avert a Serious Threat to Health or Safety:** Although it is not our practice, we may use and disclose information about you when necessary to help prevent a serious threat to the health and safety of you or others. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans:** If you are a member of the armed forces, we may release information about you as required by military command authorities.

**Workers' Compensation:** We may release information about you to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related illnesses and injuries.

**Uses and Disclosures of Information About You With Your Authorization**

Other uses and disclosures of information about you that are not described in this notice, or are not otherwise permitted by law, will be made only with your written authorization. You may revoke such authorization as described in this notice.

**Your Rights Regarding Your Personal Information (Including Health Information)**

You have the following rights regarding the information we maintain about you, which you may exercise by submitting a request in writing to the NEMCSA program you are working with, or with the

NEMCSA Main Office,  
2375 Gordon Road  
Alpena, MI 49707.

**Right to Revoke Authorization:** You may revoke your authorization that allows us to use or disclose personal information that is not otherwise covered by this notice, or allowed under state or federal law. Any request to revoke should be in writing and may be made at any time, except to the extent that we have taken action in reliance on your written authorization. You understand that we are unable to take back any disclosures that have already been made with your authorization, and that we may retain documents that may contain information about you.

**Right to Request Restrictions:** You have a right to request a restriction on the information about you that we disclose for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment of your care, like a family member.

In your request, you must tell us: the information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply (for example, disclosures to your spouse). We are not required to agree to your requested restriction or limitation.

I hereby acknowledge that I received a copy of Northeast Michigan Community Service Agency, Inc.'s Notice of Privacy Practices, and that I have had an opportunity to discuss my concerns or questions about the privacy of my information. I also understand that any changes to the notice will be available at [www.nemcsa.org](http://www.nemcsa.org)

Date

Printed Name

Signature