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Amended: November 11, 2005  
Revised: February 2014  
Revised: January 2021

# Notice of Privacy Practices

Northeast Michigan Community Service Agency, Inc.



THIS NOTICE DESCRIBES HOW MEDICAL 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.** If you have any questions about this notice, please contact the Corporate Compliance Officer.

Northeast Michigan Community Service Agency, (NEMCSA) is committed to safeguarding all information including history, records and discussion regarding NEMCSA employees and the individuals we serve. We are required by law to protect the privacy of your medical and any other personal identifiable information we have about you on file as part of your affiliation with NEMCSA. 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 applies to all NEMCSA employees, staff, trainees, contractors, and other personnel, any member of a volunteer group that is authorized to assist you while receiving health care or other services at NEMCSA; as well as our business associates. This notice will tell you about the ways NEMCSA may use and disclose personal identifiable information, including health, information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your information.

## Uses and Disclosures:

### How we may use and disclose information about you:

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 may 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 or MI Choice Waiver Program, we may disclose to your physician what services you are receiving.

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

**Health Care Operations:** We may 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 may also 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 or adult abuse or neglect; and notify a person who may be at risk for contracting or spreading a disease or condition.

**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort or for facility directories.

**Oversight Activities:** We may disclose information about you to an agency for activities authorized by law. Examples of these activities include the following: 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.

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

**As Required by Law:** We will disclose health information when required to do so by international, federal, state, or local law.

**Data Breach Notification Purposes:** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

**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 health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, 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. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also release information about you to funeral directors as necessary to carry out their duties.

### Your written authorization is required for other uses and disclosures:

The following uses and disclosures of your information will be made only with your written authorization: Uses and disclosures for marketing purposes; and Disclosures that constitute a sale of your information.

**Uses and Disclosures of Information about you with your consent:** 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.

**Your Rights Regarding Personal Information about you: (Including Health Information):** You have the following rights regarding the information we maintain about you:

**Right to Revoke Authorization:** At any time, 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. Requests should be in writing and can only pertain to future disclosures.

**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. For example, you could ask that we not use or disclose information about a health concern you have. We will carefully consider all requests, but we are not required to agree to your requested restriction or limitation.

Your request must be in writing and 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).

**Right to an Electronic Copy of Electronic Medical Records:** If your protected health information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have a right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make reasonable efforts to provide access to your information in the format requested, if it is readily producible in such form or format. If it is not available in the form/format of your request, it will be provided in either our standard electronic format or a readable hard copy format. We may charge you a reasonable, cost-based fee for the labor associated with this request.

**Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured protected or health information.

**Right to Request Confidential Communication:** You have the right to request an alternative means or location for receiving communications of your identifiable, health or otherwise, information by means other than those that NEMCSA typically employs. For example, you can ask that we only contact you at work or by mail. Your request should be in writing. We will not ask you the reason for your request and we will accommodate, to the extent possible, all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Inspect and Copy:** Except in certain circumstances, NEMCSA will provide individuals the right to review and obtain a copy of their individually identifiable, health or otherwise, information contained in a designated record set. Usually this includes medical and billing records but does not include psychotherapy notes, information compiled for legal proceedings, laboratory results to which the Clinical Laboratory Improvement Act (CLIA) prohibits access or information held by certain research laboratories. To inspect and copy individually identifiable, health or otherwise, information about you, submit your request in writing. One request per 12-month period will be provided at no cost. A cost-based fee for the copying, mailing, and other supplies may be charged for additional requested copies. We may deny your request to inspect and copy in certain very limited circumstances. 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 request an accounting of disclosures of information we have made about you without your authorization. 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 request an accounting of any disclosures that occurred after April 13, 2003. 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 paper copy of this Notice at any time. You may request a paper copy of this Notice by contacting your NEMCSA program representative, the NEMCSA HR Department or NEMCSA's Corporate Compliance Officer at [privacyofficer@nemcsa.org](mailto:privacyofficer@nemcsa.org). You may also obtain a copy of this Notice from our website at [www.nemcsa.org](http://www.nemcsa.org).

**Right to Restrict Disclosures to Your Health Plan:** You have the right to restrict disclosure of information to your health plan and pay out of pocket in full for the time or service provided.

**Other 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 this Notice. We reserve the right to apply the changes to any personal information received or maintained by NEMCSA prior to that date as well as any information we receive in the future. The Notice will contain on the first page, in the top left corner, the effective 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: NEMCSA Corporate Compliance Officer, 2375 Gordon Rd., Alpena, MI 49707; (989) 358-4600. All complaints must be in writing. 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.

#### **Addendum: Additional 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 database 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 NEMCSA's privacy practices, or the MSHMIS database, contact the agency's Corporate Compliance Officer at (989) 358-4674 or [privacyofficer@nemcsa.org](mailto:privacyofficer@nemcsa.org).

**Acknowledgement Receipt**

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).

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*Signature**Date*

2375 Gordon Rd., Alpena, MI 49707—Phone (989) 358-4600~Fax: (989) 354-5909~Website: [www.nemcsa.org](http://www.nemcsa.org)  
e-mail – [privacyofficer@nemcsa.org](mailto:privacyofficer@nemcsa.org)