

Catholic Charities Diocese of Kalamazoo Manual: Client Rights

Purpose: The rights and dignity of clients are respected throughout the organization.

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Notice of Privacy Practices

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.

If you have any questions about this Notice please contact our Privacy Officer at 381-9800 or contact via mail at 1819 Gull Rd., Kalamazoo, MI 49048. You may also contact the Office of Civil Rights at 535 S. Burdick St., Kalamazoo, MI 49007, 337-3640.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION (PHI)

“Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We understand that your PHI information is personal. We are committed to protecting your PHI and to sharing minimum necessary information required to accomplish the purpose. We create a record of the care and services you receive through Catholic Charities Diocese of Kalamazoo. This notice applies to all of the PHI compiled about you during your care with our agency.

This Notice of Privacy Practices describes how we use and disclose your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law (see in the body of the Notice). It also describes your rights to access and control your PHI.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. Whenever there is a material change to the uses and disclosures of PHI, we will promptly revise and distribute our Notice or the Revised Notice will be available for you at your next visit to the agency.

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health Information

When you come into our agency there are many forms that you will need to complete and data that you will provide. We are required to compile much of this information by our funders. Your PHI may be used and disclosed by our agency, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing services to you.

Your PHI may also be used and disclosed to pay your health care bills and to support the operation of the provider’s practice.

Following are examples of the types of uses and disclosures of your protected health care information that we will make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- A. Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care. We will also share information that you provide with supervisors or our internal team members so that they can assist in determining the best course of care and services for you.

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- B. Payment:** Your PHI will be used, as needed, to obtain payment for the services that we provide. This may include certain activities that your health insurance plan or service funder may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan/funder to obtain approval for the hospital admission. We may also disclose your information to another provider involved in your care as part of ensuring your eligibility for services.
- C. Healthcare Operations:** We may use or disclose, as-needed, your PHI for our own health care operations in order to provide quality care to all consumers, to assess staff training needs or to ensure the efficiency of program operations. Health care operations include such activities as:
- Quality assessment and improvement activities,
 - Employee review activities,
 - Training programs including those in which students, trainees, or practitioners in health care learn under supervision,
 - Accreditation, certification, licensing, or credentialing activities,
 - Review and auditing, including compliance reviews, record reviews, legal services and maintaining compliance programs, or
 - Business management and general administrative activities.

In certain situations, we may also disclose patient information to another provider or health plan for their health care operations.

- D. Other Uses and Disclosures:** As part of treatment, payment and health care operations, we may also use or disclose your PHI for the following purposes:
- To remind you of an appointment,
 - To inform you of potential treatment alternatives or options,
 - To inform you of health-related benefits or services that may be of interest to you.

The use or disclosure of genetic information PHI for underwriting purposes is prohibited.

II. OTHER PERMITTED USES AND DISCLOSURES

- **Others Involved in Your Healthcare:** We may use or disclose PHI to your guardian or personal representative or any other person that is directly responsible for your care. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Communication Barriers:** We may use and disclose your PHI if we attempt to obtain an authorization from you but are unable to do so due to substantial communication barriers that we cannot overcome and we determine, using professional judgment, that you intend to provide authorization to share information.

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III. OTHER REQUIRED USES AND DISCLOSURES

We may use or disclose your PHI in the following situations without your authorization. These situations include:

- A. In Connection With Judicial and Administrative Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceedings in response to an order of a court or magistrate as expressly authorized by such order or in response to a signed authorization.
- B. To A Designated Hospital To Which A Client Is Involuntarily Committed:** We may disclose PHI to assure continuity of care.
- C. To Report Abuse, Neglect or Domestic Violence:** We may notify government authorities if we believe that a patient or client is the victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient or client agrees to the disclosure.
- D. Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- E. In a Medical or Psychological Emergency or with Imminent Threat to Health or Safety:** We may disclose PHI to direct medical services or mental health personnel if a medical or psychological emergency arises. Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- F. When Legally Required:** We will disclose your PHI when we are required to do so by any Federal, State or local law.
- G. For all other disclosures of your PHI we must obtain a written authorization for release of information from you. This authorization must include:**
 - Specific person or agency or party to whom the information is being released
 - Purpose of the release
 - Date of the release –time frame
 - Specific information or documents that are being released
 - Opportunity to revoke consent.

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IV. YOUR RIGHTS REGARDING PHI

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- A. Right to be notified upon a breach of unsecured PHI: If we are aware of a breach, we will contact you. (See ADM 502.4):** These individual notifications must be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a brief description of the breach, a description of the types of information that were involved in the breach, the steps affected individuals should take to protect themselves from potential harm, a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for the covered entity (or business associate, as applicable).
- B. Right to Written Authorization for Marketing Purposes:** Written authorization is generally required for uses or disclosures for marketing purpose and the sale of PHI, as well as for most disclosures of psychotherapy notes (if applicable).
- C. Right to Opt-out of Fundraising Communications:** You have the right to opt-out of fundraising communications (if applicable).
- D. Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI. We may have to charge you for copying. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set. A “designated record set” contains PHI and billing records and any other records that we use for making decisions about you. If we perceive that providing you access to your record constitutes a danger to self or a danger to others, we can use our professional judgment regarding access.
- E. Right to Request Restrictions:** You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your case record not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

- F. Right to Request Confidential Communications:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. WE are not required to honor your request, but if we do not do so, we will explain in writing.

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- G. Right to Amend:** You may have the right to amend your case record. This means you may request an amendment of the information in your record for as long as we maintain this information. This request must be in writing and provide a reason for the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, we will do so in writing. You have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your provider if you request an amendment.
- H. Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. By law it excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame.
- I. Right to a Paper Copy of This Notice:** You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

V. COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing, with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer as follows for further information about the complaint process:

Privacy/Security Officer
1819 Gull Road
Kalamazoo, MI 49048
Telephone: 269-381-9800
Fax: 269-381-2932

You may also file a complaint with the Secretary of Health and Human Services at 200 Independence Avenue, S.W.; Washington, DC 20201, or reach the Secretary by phone at (202) 690-7000.

There will be no retaliation for filing a complaint.

VI. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. The notice will contain on the first page, in the top right-hand corner, the effective date. You will be offered a copy of the current notice when you visit our officers for services.

VII. EFFECTIVE DATE: This Notice of Privacy Practices is effective 4/14/03.