

Easterseals MORC Notice of Privacy Practices

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU CAN BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.”

OCR/HIPAA
Privacy Regulation Text
October 2002

We value you as a consumer of our agency and we take the privacy of your health information seriously. A number of laws and regulations, including HIPAA, the Health Insurance Portability and Accountability Act of 1996 and Public Act 258 of the Michigan Mental Health Code, protect your health information.

1. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information. We are required by law to:
 - a. Make sure that medical information that identifies you is kept private;
 - b. Give you this notice of our legal duties and privacy practices with respect to medical information about you and;
 - c. Follow the terms of the notice that is currently in effect
2. More detailed information about how health information about you may be used and disclosed and how you can get access to this information is available from the program from which you receive services. Or, you may contact our Privacy Officer at 248-475-6400 for this information.
3. During the time that you are using services at our agency, we will collect and keep different kinds of information about you. This information is called **Protected Health Information (PHI)**. We want you to understand how we might use the information we collect.
4. Use of recording devices (audio or video) is strictly prohibited by you, a representative, or a family member, whether on Easterseals MORC property or not, unless specifically consented to, in writing, by all parties. A violation of this policy could result in legal action, civil or criminal.

The following is some information that gives you a summary of your privacy rights:

“Protected Health Information” means:

- Information about you that may identify you **and**
- Relates to your past, present or future physical or mental health or condition, **and**
- Health care services related to your health or condition.

Examples of this may include:

- Your name, address, telephone number and date of birth
- Your diagnosis (the condition for which you are receiving treatment)
- Your treatment plan and goals
- Your progress toward those goals.

Your information will be used to **help us to provide you health care services.**

- We will use your information when we are giving you services. We may disclose your information when we are helping you get other services you need.
- We will disclose parts of your information to get payment for your health care services.
- We may use or disclose your health information to obtain help for you in an emergency.
- We may disclose your health information for surveys and other quality improvement projects.

We may sometimes use or disclose your information **without your permission** when the law requires it.

- We may disclose parts of your information for public health uses.
- We may disclose your information if the Food and Drug Administration requires it.
- We may disclose your information to follow rules for workers’ compensation and other similar programs.
- In certain situations, we will disclose your information to the police.
- If you are incarcerated, we may use or disclose your information that we created or received while we provided services to you.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- We may disclose medical information about you for public health activities to:
 - Prevent or control disease, injury or disability
 - Report child abuse or neglect
 - Report reactions to medications
 - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - Notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process
 - To identify or locate a suspect, fugitive, material witness, or missing person
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - About a death we believe may be the result of criminal conduct
 - To report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime
 - We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law

We may use your information **for business operations.**

- We may use your information to do the business of this agency which may include conducting quality assessment and improvement activities.
- We may use parts of your information to send you newsletters and other information.
- We may use parts of your information for business planning and development

YOUR RIGHTS:

- **You have the right to review and make copies of your protected health care information, which may be provided in paper and/or electronic form. *A fee may be charged for the costs of copying, mailing, or other supplies associated with your request.***
- **You have the right to request a restriction or limitation on your protected health care information. To request restrictions, you must make your request in writing on the ESM "Request for Restrictions on the Use and/or Disclosure" Form.**
- **You have the right to be told when we disclose your protected health care information and to whom.**
 - **To request this list of accounting for disclosures, you must submit your request in writing to the Easterseals MORC Corporate Compliance Team. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (e.g. paper or electronic). The first accounting you request is free. For additional requests, we may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.**
- **You have a right to request that we communicate with you about confidential matters in a certain way or at a certain location.**
- **You have the right to amend parts of your protected health information if you think they are incorrect or incomplete.**
- **You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.EastersealsMichigan.com or contact the Easterseals MORC Privacy Officer at (248) 475-6400.**
- **You have a right to be notified of any breach of your PHI.**
- **You have the right to opt out of being contacted for fund-raising purposes, appointment reminders or information regarding other health services.**
- **You have the right to restrict certain disclosures of PHI to a health plan when you (or any person other than the health plan) pay for treatment out of pocket in full.**

EASTERSEALS MORC IS NOT REQUIRED TO AGREE TO YOUR REQUEST AND/OR MAY DENY YOUR REQUEST BASED ON STATE AND FEDERAL LAWS. EASTERSEALS MORC WILL PROVIDE YOU IN WRITING WITH REASONS FOR THE DENIAL OF YOUR REQUEST

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 MEDICAL 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 ON THE EASTERSEALS MORC WEBSITE. THE NOTICE WILL CONTAIN THE EFFECTIVE DATE.

BUSINESS ASSOCIATES:

This “Notice of Privacy Practices” applies to all services provided to you by Easterseals MORC. In accordance to HIPAA requirements, our agency also has “Business Associate Agreements” with each organization with which we do business that may relate to your personal health care information. Each Business Associate must also comply with the requirements of HIPAA, and where applicable, the Michigan Mental Health Code or other federal or state laws and regulations.

MARKETING:

You may receive marketing materials from Easterseals MORC. You have the option to opt out of receiving these materials by contacting our Marketing Department. Easterseals MORC does not sell your PHI for marketing purposes.

ADDITIONAL RIGHTS:

Depending on your services received from Easterseals MORC, you may have additional privacy protection under existing or future state laws. We are committed to complying with all applicable laws when we use or disclose your health information.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide Easterseals MORC permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

BREACHES OF PHI:

Easterseals MORC privacy and security policies and procedures were updated to comply with the breach reporting and notification requirements of the HITECH Act, passed as part of the American Recovery and Reinvestment Act of 2009.

PRIVACY COMPLAINTS:

If you have any concerns about our privacy practices, or if you feel your rights have been compromised, you have a right to file a complaint with Easterseals MORC at:

Or, you may file a complaint with:

Rebecca O'Reilly
Privacy Officer
Easterseals MORC
2399 E. Walton Blvd.
Auburn Hills, MI 48326
Phone: 248-475-6400
Fax: 248-475-6402

Region V, Office for Civil Rights,
U.S Department of Health and Human Resources
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601
Phone: 312-886-2359
Fax: 312-886-1807
TDD: 312-353-5693

All complaints must be submitted in writing. Please be assured that if you file a privacy complaint, your complaint will be handled in a professional manner, and you will not be subject to any type of penalty for filing the complaint.

QUESTIONS:

We want to make it easy for you to make informed health care decisions. Your Easterseals MORC service staff are more than happy to assist you with any questions that you may have about your services. If you have any questions about this Notice, please contact our Privacy Officer at (248) 475-6400.