COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **HIPAA**	**Chapter** **05**	**Section** **03**	**Subject** **10**
Subject **ARC HIV**	**Authorization**		**Approved: 04/08/03** **Replaces: None**	

Updated: October 2024; Reviewed/No Update: October 2025

I. PURPOSE: To establish policy and procedure regarding information concerning AIDS, HIV, and ARC.

II. APPLICATION: All programs of Gogebic Community Mental Health Authority (GCMHA).

III. DEFINITIONS:

A. AIDS: Acquired Immune Deficiency Syndrome

B. HIV: Human Immunodeficiency Virus

C. ARC: AIDS Related Condition

IV. POLICY: Community Mental Health Authority shall not disclose any information regarding the HIV or AIDS Related Condition of any recipient without the written permission of the recipient or the recipient's legal guardian to release the information.

V. PROCEDURE:

A. Information pertaining to an individual's HIV infection or diagnosis of AIDS or AIDS related condition (ARC) is confidential and shall not be disclosed in conjunction with an individual's clinical or medical record unless expressly authorized in writing by the individual.

B. If the individual is legally incapacitated or a minor, the written authorization may be executed by the guardian or parent with legal custody.

C. Information pertaining to an individual's HIV infection or diagnosis of ARC may be disclosed to the Michigan Department of Health and Human Services (MDHHS), a local health department or other health care provider for one or more of the following purposes:

1. To protect the health of an individual;

2. To prevent further transmission of HIV;

3. To diagnose or care for a patient.

D. If a GCMHA employee suspects that a report should be made they should immediately consult their supervisor and GCMHA's Privacy Officer.

VI. REFERENCES AND LEGAL AUTHORITY: MCL 333.5131.

VII. EXHIBITS: None