

**COMMUNITY MENTAL HEALTH AUTHORITY**  
**NOTICE OF PRIVACY PRACTICES**  
(Updated/Reviewed: March 2022)

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**General Information**

Information regarding your health care, including payment for health care, is protected by federal and state laws: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, and the Michigan Mental Health Code, MCL 330.1001 et seq. Your information may also be protected under 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Under these laws, Community Mental Health Authority (CMHA) and their contract providers may not say to a person outside their agencies that you receive services, nor may CMHA or their contract providers disclose any information identifying you as a recipient of alcohol or drug abuse services or disclose any other protected information except as permitted by federal and state law.

Your information is stored in a paper record, or an electronic record, or both. CMHA and its affiliates may use the information in either form for treatment, payment, and healthcare operations. CMHA may use your information through a Health Information Exchange. You have the option to opt-out of the Health Information Exchange.

CMHA and their contract providers must obtain your written consent before they can disclose information about you for payment purposes. For example, CMHA and their contract providers must obtain your written consent before they can disclose information to your health insurer in order to be paid for services. CMHA will not sell information about you or disclose information about you for marketing purposes. CMHA must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before CMHA, and their contract providers can share information for treatment purposes or for health care operations. However, federal law permits CMHA and their contract providers to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on CMHA or their contract providers’ premises or against CMHA or their contract providers’ personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child or vulnerable abuse or neglect;
6. As allowed by a court order.

For example, CMHA or their contract providers can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before CMHA or their contract providers can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Unless substance abuse confidentiality applies, if your services are paid through Medicaid, you have already signed a consent for coordination of care and benefits.

### **Your Rights**

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. CMHA and their contract providers are only required to agree to your request if you request a restriction on disclosures to your health plan and you pay for the services yourself (out-of-pocket) unless the disclosure is otherwise required by law. In any other situation, CMHA is not required to agree to any other restrictions you request but if they do agree they are bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. CMHA and their contract providers will accommodate such requests that are reasonable and will not request an explanation from you. You also have the right to inspect and copy your own health information maintained by CMHA and their contract providers, (your records are available to you in the form or format you request: in paper or electronically) except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. You also have the right, with some exceptions, to amend health care information maintained in your clinical record, and to request and receive an accounting of disclosures of your health-related information made by CMHA or their contract providers during the six years prior to your request. You also have the right to receive a paper copy of this notice.

### **CMHA and their Affiliate's Duties**

CMHA and their contract providers are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. CMHA must notify individuals if there is a breach of unsecured protected health information. CMHA and their contract providers are required by law to abide by the terms of this notice. CMHA and their contract providers reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If there is a significant revision of this Notice, CMHA will post the revised notice on the CMHA website and provide a copy in the CMHA Customer Handbook on an annual basis.

### **Complaints and Reporting Violations**

You may complain to CMHA, their contract providers, and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. To complain, contact CMHA's Privacy Officer, Kristina Potesta at 1-906-229-6104 and/or:

U.S. Department of Health and Human Services  
Office of Civil Rights Division  
Centralized Case Management Operations  
200 Independence Avenue, S.W.  
Suite 515F HHH Building  
Washington, D.C. 20201  
Customer Response Center: 1-800-368-1019  
FAX: 1-202-619-3818  
TDD: 1-800-537-7697  
E-Mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html)

You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

If there is a breach of unsecured information CMHA or its affiliates will notify you.

**Contact**

For further information, contact Kristina Potesta, CMHA Privacy Officer at 1-906-229-6104.