

## COPPER COUNTRY MENTAL HEALTH SERVICES NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE OR IF YOU WOULD LIKE TO MAKE A REQUEST PERMITTED PURSUANT TO THIS NOTICE, YOU MAY CONTACT:

Copper Country Mental Health Services Privacy Officer, 901 West Memorial Drive, Houghton, MI 49931  
(906) 482-9400, 1-800-526-5059, or [privacy@cccmh.org](mailto:privacy@cccmh.org).

### Who Will Follow This Notice

Copper Country Mental Health Services (CCMHS) employees, volunteers, agents and contract providers.

### Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protect medical information about you. We create a record of the care and services you receive at CCMHS. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private, to give you this notice of our legal duties and privacy practices with respect to medical information about you, and to follow the terms of the notice that is currently in effect.

### How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose your medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians, therapists or other CCMHS personnel who are involved in taking care of you at CCMHS. For example, a therapist treating you for depression may need to know your medication history from your family physician. Different departments of CCMHS may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and doctors appointments. We also may disclose medical information about you to people outside of CCMHS, such as family members, clergy or others we use to provide services that are part of your care. **Psychotherapy notes will only be disclosed without your authorization by the person creating those notes, to those involved in training and quality assurance operations, and to defend CCMHS in a legal action you might initiate.**

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at CCMHS may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at CCMHS to be paid by your health plan or to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for CCMHS operations. These uses and disclosures are necessary to run CCMHS and make sure that all of our recipients receive quality care. For example, we may use medical information to contact you as a reminder that you have an appointment, to tell you about or recommend possible treatment options, alternative care, or health-related benefits or services, to review our treatment and services and to evaluate the performance of our staff or the staff of other mental health centers in caring for you. We may also combine medical information about many CCMHS' recipients to decide what additional services CCMHS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, case managers, students, and other personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific recipients are.

**For Substance Abuse medical information:** We will not disclose your information without a signed authorization even for treatment, payment or health care operations.

**Individual Involved in Your Care or Payment for Your Care.** Under certain circumstances we may release medical information about you to a family member or caregiver who is involved in your medical care. We may also give information to someone who helps pay for your care.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave CCMHS. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at CCMHS.

**Military and Veterans.** 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.

**Workers Compensation.** We may disclose medical information about you 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 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.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products,
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to avert a serious threat to health or safety; and
- to 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.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Law Enforcement.** We will disclose medical information about you where required to do so by federal, state or local law. Some possible situations are:

- If we receive a court order, subpoena, warrant, summons or similar process;
- If we must help identify or locate a suspect, fugitive, material witness, or missing person;
- If we must provide information about the victim of a crime;
- If we believe a death may be the result of a crime;
- If there is a crime at CCMHS; and
- If we must report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials if required for special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**You have the following rights, regarding medical information we maintain about you:**

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you wish to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by CCMHS will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by CCMHS. If you wish to request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by CCMHS;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. If you wish to request this list or accounting of disclosures, you must submit your request in writing. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. 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.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or caregiver. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. **To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limit to apply, for example, disclosures to your spouse.**

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will not ask you your reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time while you are at our office or by calling 1-800-526-5059.

**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 at all CCMHS facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are admitted to CCMHS for treatment, we will offer you a copy of the current notice in effect.

**Complaints.**

If you believe your privacy rights have been violated, you may file a complaint with CCMHS Privacy Officer and the Secretary of the Centers for Medicaid and Medicare Services. All complaints must be in writing, either paper or electronically. In your complaint you must name the entity that is the subject of your complaint and describe the acts or omissions believed to be in violation of your rights. Your complaint must be dated and filed within 180 days of when you knew or should have known that the act or omission you are complaining of occurred. To file a complaint with CCMHS, contact:

Privacy Officer  
Copper Country Mental Health Services  
901 West Memorial Drive, Houghton, MI 49931  
(906) 482-9400, 1-800-526-5059, or [privacy@cccmh.org](mailto:privacy@cccmh.org).

To file a complaint with the Secretary of the Centers for Medicaid and Medicare Services, contact:

U.S. Department of Health and Human Services  
Office of Civil Rights Division  
233 N. Michigan Avenue, Suite 249  
Chicago, IL 60601  
1-800-368-1019

**Important - You will not be penalized for filing a complaint!**

**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 authorization. If you provide us 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 to you.

**Legal Authority.**

- ✓ Act 258 of the Public Acts of 1974, as amended (Michigan Mental Health Code) Sections 748, 748 (a), and 750.
- ✓ 45 CFR Part 164 Section 520.
- ✓ 42 CFR Part 2 Subpart B section 2.22.

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Consumer Name

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Case #

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I have received a copy of Copper Country Mental Health Services and NorthCare Network's Notice of Privacy Practices as required by Federal and State law.

I decline a copy of Copper Country Mental Health Services and NorthCare Network's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Consumer / Parent / Guardian / \_\_\_\_\_  
Date