

for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections, and certain health oversight activities. To obtain an accounting of disclosures, please submit your request to the Authority's Medical Records Department or Compliance Officer.

Obtaining a Paper Copy of this Notice. You are entitled to a paper copy of this notice upon submitting a request to the Authority's Medical Records Department or the Compliance Officer.

Complaints. If you believe your privacy rights have been violated, you may submit your complaint to the Authority's Medical Records Department or Compliance Officer. In addition, you may also file a complaint with the Office of Recipient Rights or with the Office of Civil Rights (OCS) of the Department of Health and Human Services. The contact information for OCS is available from the Authority's Medical Records Department or Compliance Officer.

WE WILL NOT RETALIATE AGAINST YOU FOR FILING SUCH A COMPLAINT

Effective Date: This Notice of Privacy Practices is effective on and after April 14, 2003 until further notice.



AN ORGANIZED
HEALTH CARE ARRANGEMENT

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.

Our Duty to Safeguard Your Protected Health Information.

Northern Lakes Community Mental Health Authority (the "Authority") is required to abide by the terms of this Notice of Privacy Practices ("Notice") describing our legal duties and your rights with respect to the use and disclosure of your Protected Health Information. Protected Health Information ("PHI") consists of all individually identifiable information that is created or received by the Authority that and relates to your past, present or future physical or mental health or condition, to your treatment, and to payment for treatment.

Generally speaking, we limit disclosures to third parties of your PHI to the information we believe is necessary for purposes of treatment, payment or health care operations by the third party. We will disclose a complete set of your PHI to a third party only if: (1) a complete set is necessary for treatment; (2) you have requested us to supply a complete set; or (3) we are required by law to provide a complete set. You also have the personal right, within certain limits, to have access to a full set of your PHI.

The Authority reserves the right to change the privacy and security practices described in this Notice. Changes to our privacy and security practices would apply to all PHI we maintain, including yours. If we adopt a change, you will be given a copy of the revisions at your next appointment after the change becomes effective. We will provide you with a copy of our current Notice at any time upon your request.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI without your authorization for purposes of treatment, payment or our health care operations. Other uses and disclosures require your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to a third party in order for that party to perform a function on our behalf, the third party must agree that it will extend the same degree of privacy protection to your PHI that we do.

TREATMENT, PAYMENT, HEALTH CARE OPERATIONS, AND OTHER USES AND DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED

Subject to the limitations of the Michigan Mental Health Code, we may use or disclose your PHI without your authorization as follows:

Treatment. We may use and disclose your PHI to health care providers under contract to the Authority in order to provide and coordinate your health care and related services. Example: We may disclose your PHI to the operator of the specialized residential care facility where you reside so that the home operator understands the services you are to receive as part of your Person-Centered Plan. Example: We may disclose your PHI to an organization that provides supported employment opportunities. Example: We may disclose your PHI to a psychiatrist under contract to the Authority so that he or she has the necessary information to evaluate and treat your mental condition.

Payment. We may use and disclose your PHI in order to receive payment for the services we provide to you. For example, if you are a Medicaid beneficiary, we may be required to disclose your PHI to the Michigan Department of Community Health in order to ensure that a health care service properly qualifies for payment under the rules of the Medicaid program. Similarly, Medicare and private insurance companies

will not pay for services unless we first submit a bill that identifies you, your diagnosis, and the treatment provided to you. We will provide the PHI required by Medicare or the private insurance company required for us to receive payment.

Health Care Operations. We may use or disclose your PHI in order to improve the quality and efficiency of our services. For example, we may use or disclose your PHI: (1) to evaluate the performance of doctors, hospitals, social workers and residential care providers; (2) to compare the success of your treatment to our success in treating others with similar condition; (3) to detect and deter violations of health care laws and regulations; (4) to obtain legal advice from our attorneys; and (5) to improve management of Authority operations.

Informational Purposes. We may use your PHI to give you helpful information such as alternative treatment choices, program benefit updates, and consumer protection information.

Appointment Reminders. We may use or disclose your PHI in order to contact you and remind you of a scheduled appointment.

Government Entities Providing Benefits. We may use or disclose your PHI to other government entities as necessary for you to apply for and receive additional benefits and services.

Health Oversight Activities. We may disclose your health information to governmental entities responsible for monitoring, investigating, inspecting, disciplining and licensing persons and organizations involved in health care and for ensuring compliance with health care laws and regulations.

Legal Proceedings and Law Enforcement. Sometimes we must disclose your PHI as directed by subpoenas and court orders. We may also provide PHI to law enforcement personnel investigating a crime or suspected crime, but only if such disclosure complies with Michigan law.

Activities Related to Death. We may disclose your PHI to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.

Public Health. We may disclose PHI to governmental entities for public health activities for disease control and prevention, problems with medical products or medications, and victims of abuse, neglect or domestic violence.

Serious Threat to Health or Safety. Provided we are acting in accordance with Michigan law, we may disclose PHI to prevent a serious threat to the health and safety of an individual or the public.

Specialized Government Functions. We may disclose PHI for national security, intelligence and/or protective services for the President and, if you are or have been a member of the armed services, to the appropriate military authorities.

Workers' Compensation. We may disclose your health information to the appropriate persons in order to comply with Michigan laws related to workers' compensation or other similar programs providing benefits for work-related injuries or illness.

Correctional Institutions. If permitted by Michigan law, we may disclose your PHI to a correctional facility or law enforcement officials to maintain the health, safety and security of the corrections system.

Research. Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.

Organ Donation and Disease Registries. We may disclose your PHI to authorized organizations involved with organ donation and transplantation, communicable disease registries and cancer registries.

NOTE: EXCEPT AS DESCRIBED IN THIS NOTICE OF PRIVACY PRACTICES OR AS OTHERWISE REQUIRED BY LAW, YOUR PHI WILL NOT BE USED OR DISCLOSED WITHOUT YOUR WRITTEN AUTHORIZATION. YOU MAY AUTHORIZE OTHER DISCLOSURES BY COMPLETING AN AUTHORIZATION TO DISCLOSE HEALTH INFORMATION FORM

YOUR RIGHTS TO PRIVACY

Revocation of Authorization. You have the right to revoke an authorization at any time, except to the extent that we have already used or disclosed your PHI in reliance on the authorization. Your revocation of the authorization must be in writing. You may, but are not required, to use our form entitled **Revocation of Authorization to Disclose PHI** for this purpose. The revocation must be submitted to the Authority's Medical Records Department or Compliance Officer.

Request for Restrictions on Use and Disclosure of PHI. You have the right to request that we limit the use and/or disclosure of your PHI in carrying out treatment, payment, and health care operations. You also have the right to request that we restrict the PHI disclosed to specified family members or other persons involved in your treatment or in payment for your treatment. To restrict the use and disclosure of your PHI, direct your request to the Authority's Medical Records Department or Compliance Officer.

NOTE: WE ARE NOT REQUIRED BY LAW TO AGREE TO ANY RESTRICTIONS WHATSOEVER. YOU WILL BE NOTIFIED IN WRITING IF YOUR REQUEST FOR RESTRICTIONS HAS BEEN DENIED OR GRANTED IN WHOLE OR IN PART.

Access to Your PHI. With a few exceptions, you have the right to inspect and obtain a copy of your PHI that we maintain in a designated record set for as long as that PHI remains in a designated record set. A "designated record set" is a group of records maintained by the Authority that includes billing records and records used to make decisions about your treatment. You do not have the right to inspect or copy psychotherapy notes or PHI compiled in reasonable anticipation of or for use in judicial or administrative proceedings. Requests to inspect or copy PHI should be in writing and directed to the Authority's Medical Records Department or Compliance Officer. We may charge you a reasonable fee if you want a copy of your PHI. For certain limited reasons, we may deny your request to inspect or obtain a copy of your PHI. If you are denied the right to inspect or copy, you may be entitled to limited review of that denial. If you wish to have a denial reviewed, please contact the Authority's Medical Records Department or

Compliance Officer. He or she will designate a licensed health care professional (not involved in the original denial) to review your request. We will abide by the decision of the reviewing health care professional.

Protection of the Confidentiality of Communications. You have the right to request that you receive communications from us by alternative means or at alternative locations in order to protect the confidentiality of your communications. For example, you may request that we contact you only at home and not work, or only by e-mail and not by phone. We will accommodate all reasonable requests. Please direct requests for special confidentiality measures to the Authority's Medical Records Department or Compliance Officer. You are not required to disclose the reasons for your request.

Request to Amend your PHI. If you believe the PHI in a designated record set is in error or otherwise deficient, you may submit a written request to the Authority's Medical Records Department or Compliance Office to amend the information. The request must state the reason you believe an amendment is necessary. However, if: (1) We did not create the health information that you believe is incorrect; (2) the information is not part of a designated record set; (3) the information is not available for your inspection; or (4) the information is accurate and complete, we may deny your request. While we may agree to make corrections or additions to the information in the designated record set, under no circumstances will we make a change in the original of the documents.

Accounting of Disclosures of your PHI. In some limited instances, you have the right to ask for a list of the disclosures of your PHI that we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, the name of the person or entity that received the disclosed PHI, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. The list of disclosures will not include disclosures made to you, or disclosures