

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Information

This notice describes the privacy practices of Cherry Street Health Services (CSHS) and all of its clinic sites and healthcare professionals. It includes all staff, volunteers and other personnel who work on our behalf.

Each time you visit a CSHS clinic, a record of your visit is made. Usually this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for care or treatment. This information, referred to as your health or medical record serves as:

- Basis for planning your care and treatment.
- Means of communication between the health care providers caring for you.
- Legal document describing the care you received.
- Means by which you or a third party payer can verify services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the community and the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve.
- Understanding what is in your record and how your health information is used helps you to ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Cherry Street Health Services, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and the HITECH Act.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Review and request a copy of your E-PHI, in form and format, if readily producible as provided in the HITECH Act and 45 CFR 164.524. If not readily producible, and maintained in paper, then a readable hard copy.
- Request your provider to amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information, including disclosures for treatment, payment and healthcare operations, as provided in 45 CFR 164.528 and the HITECH Act.

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- Request confidential communications of your health information by alternative means or at alternative locations.
- Revoke your authorization in writing, to use or disclose information except to the extent that action has already been taken.
- Right to opt out of fundraising and marketing (if applicable).
- Right to restrict disclosure of PHI when paid out of pocket.

Our Responsibilities

This organization is required by State and Federal law including HIPAA, Michigan Mental Health Code, Sec. 748, Federal Rule 42 CFR, Sections R 325.14301 to 14306 of Administrative Rules for Substance Abuse and State of Michigan Rules for Substance Abuse and the HITECH Act.

- Maintain the privacy of health information that identifies you.
- Provide you with a notice as to our legal practices with respect to information we collect and maintain about you.
- Abide by terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations (send appointment notices by mail or leave telephone message).
- Prohibit the sale of PHI.
- Notify you in the event there is a breach of unsecured PHI.
- Limit use of genetic information (if applicable).

We reserve the right to change our practices and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will post copy of our current notice in our facility. The effective date will be on page one in upper right-hand corner. We will also give you a copy of our current notice upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

How we May Use and Disclosure your Health Information for Treatment, Payment and Health Operations

We may use your information for treatment.

For example: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we may disclose your protected health information to a physician you may have been referred to or when in the emergency department or hospital, to ensure he/she has the necessary information to diagnose or treat you.

We may use your health information for payment.

For example: Your protected health information may be used, as needed, to obtain payment for your health care services including Medicare and Medicaid. This may include certain activities that your health

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insurance plan may undertake before it approves or pays for health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and any procedures done or supplies used.

We may use your health information for regular health operations.

For example: We may use or disclose, as-needed, your protected health information (PHI) in order to support the business activities of Cherry Street Health Services. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities as allowed by the HIPAA Omnibus Rule, and conducting or arranging other business activities. For example, we may disclose your PHI to medical students that see patients in our offices.

We may share your protected health information with third party “business associates”, an entity that creates, receives, maintains, or transmits PHI on behalf of CSHS, such as, radiology or laboratory services. Whenever there is a business arrangement between our organization and a business associate and it involves the use of your protected health information, we will have a written contract that contains terms that will protect your privacy.

Appointment Reminders: We may use or disclose your protected health information as necessary to remind you of your appointments. We may call you by name in the waiting room when your provider is ready to see you.

Health-Related Services and Treatment Alternatives: We may use or disclose your protected health information as necessary to provide you with information about treatment alternatives or other health – related benefits and services that may be of interest to you. We may use your protected health information to send you newsletters about our clinics and the services we offer.

Other Permitted Uses and Disclosures Without your Consent, Authorization or Opportunity to Object: We may disclose your PHI in the following situations without your consent or authorization. These include:

Required by law. The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. You will be notified, as required by law, of any such disclosures.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your

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information if we believe you are a victim of abuse, neglect or domestic violence to the government agency authorized to receive such information. This disclosure will be made according to applicable federal and state laws.

Research: We may disclose information to researchers when administration has approved the research proposal and established protocols and meets the guidelines as determined by in the Omnibus Rule 2013, to ensure your privacy.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable laws to carry out their duty.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or recall of defective products for replacement or repair.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose health information to the institution or agents for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Uses and Disclosures of PHI Based Upon Your Written Authorization:

Other uses and disclosures of your PHI not covered by this notice or applicable law will be made only with your written authorization. If you have given us written authorization to use or disclose your PHI, you may revoke your authorization in writing at any time, except to the extent that Cherry Street Services has taken an action based upon the use or disclosure indicated on the authorization.

We may use and disclose your PHI in the following instances: You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of your PHI, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Business Associates: There are some services at CSHS that are provided by outside organizations. Examples would be laboratory and radiology services. When we contract with these services, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or the third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

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Communication with family: Medical and support staff, using their best judgment, may disclose to a family member, relative or close friend or any other person you identify as being relevant in your care and/or payment, your protected health information.

Communication Barriers: We may use and disclose your protected health information if there is a substantial communication barrier that prohibits a provider to obtain consent from you, and the provider determines, using professional judgment, that you intend to consent to the use or disclosure of your protected health information under the circumstances.

Emergencies: We may disclose your protected health information in an emergency treatment situation. If this happens, your provider will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If a provider is required by law to treat you and the provider has attempted to Obtain consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

For More Information or to Report a Problem
Privacy Officer at Cherry Street Health Services or Rights Advisor
100 Cherry St. SE
Grand Rapids, MI 49503
(616) 965-8200

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint. The address for the Office of Civil Rights is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F, HHH Building
Washington, D.C. 20201