

CHILD & FAMILY SERVICES
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. THE PRIVACY OF YOUR INFORMATION IS IMPORTANT TO US.

Overview

Child & Family Services (C&FS) is committed to protecting the confidentiality of all information obtained in the course of professional service. Respect for the privacy of consumers and for the protection of information obtained during the course of professional service is expected of all agency personnel and volunteers. The law requires us to keep your protected health information (“PHI”) private in accordance with this Notice of Privacy Practices (“Notice”), as long as this Notice remains in effect. We are also required to provide you with a paper copy of this Notice, which contains our privacy practices, our legal duties, and your rights concerning your PHI. From time to time, we may revise our privacy practices and the terms of our Notice at any time, as permitted or required by applicable law. Such revisions to our privacy practices and our Notice may be retroactive. Our Notice will be updated and made available to our consumers prior to any significant revisions of our privacy practices and policies.

Our Privacy Practices

Use and Disclosure. We may use or disclose your PHI for internal service coordination, including supervision and quality assurance, payment for services rendered, compliance with external third party contractors, and under court orders or other legal mandates.

Service Coordination: Your PHI may be used or disclosed as part of our internal service delivery operations. Such operations may include, among other things, case consultation with internal agency staff or consultants, regular group or individual supervision, quality assurance activities such as case reviews, and clerical operations for the purpose recording and securing information.

Payment. Your PHI may be used or disclosed in order to collect payment for the services provided to you.

Third Party Contractors: Your PHI may be used or disclosed as part of our service delivery and service coordination if services to you are paid for and arranged through a third party who has contracted with C&FS to provide services to you.

Audit, accreditation, other legal mandates: Your PHI may be disclosed to organizations providing oversight of contracts or agency performance or to courts with jurisdiction over legal proceedings involving you or your family.

Authorizations. We will not use or disclose your protected information for any reason except those described in this Notice, unless you provide us with a written authorization to do so. We may request such an authorization to use or disclose your PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.

Access. We will provide you with access to your PHI, as described below in the Individual Rights section of this Notice.

Locating Responsible Parties. Your PHI may be disclosed in order to locate, identify or notify a family member, your personal representative, or other person responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or to prohibit or restrict the extent or recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

Emergency Medical Situations. Your PHI may be disclosed in the event of a medical emergency where consent to such release is impaired due to the your condition.

Disasters. We may use or disclose your PHI to any public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Required by Law. We may use or disclose your medical information when we are required to do so by law. For example, your PHI may be released when required by privacy laws, workers' compensation or similar laws, public health laws, court or administrative orders, subpoenas, certain discovery requests, or other laws, regulations or legal

processes. Under certain circumstances, we may make limited disclosures of PHI directly to law enforcement officials or correctional institutions regarding an inmate, lawful detainee, suspect, fugitive, material witness, missing person, or a victim or suspected victim of abuse, neglect, domestic violence or other crimes. We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety or the health or safety of others. We may disclose your PHI when necessary to assist law enforcement officials to capture a third party who has admitted to a crime against you or who has escaped from lawful custody.

Research. Your PHI may also be used or disclosed for research purposes only in those limited circumstances not requiring your written authorization, such as those which have been approved by an institutional review board that has established procedures for ensuring the privacy of your PHI.

Your Individual Rights

Access and Copies. In most cases, you have the right to review or to purchase copies of your PHI by requesting access or copies in writing to your primary caseworker or the agency Privacy Officer. In rare situations where in the opinion of the Executive Director there is the likelihood of serious harm should the file or parts of the file be shared be examined, you have the right to request an independent professional review of the file on your behalf.

Disclosure Accounting. You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described in the sections above. For each 12-month period, you have the right to receive one free copy of an accounting of details surrounding such disclosures that occurred after April 13, 2003. If you request a disclosure accounting more than once in a 12-month period, we will charge you a reasonable, cost-based fee for each additional request. Please contact our Privacy Officer regarding these fees.

Additional Restrictions. You have the right to request that we place additional restrictions on our use or disclosure of your PHI, but we are not required to honor such a request. We will be bound by such restrictions only if we agree to do so in writing signed by our Privacy Officer.

Alternate Communications. You have the right to request that we communicate with you about your PHI by alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or location, and provides a satisfactory explanation of how future communications, including payments will be handled.

Amendments to PHI. You have the right to request that we amend your PHI. Any such request must be in writing and contain a detailed explanation for the requested amendment. Under certain circumstances, we may deny your request but will provide you a written explanation of the denial. You have the right to send us a statement explaining your position to which we may prepare a response, a copy of which will be provided to you at no cost. Both your statement and the agency response will become a permanent part of the file. Please contact our Privacy Officer with any further questions about amending your medical record.

Complaints

If you believe we have violated your privacy rights, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with us by notifying your primary caseworker, their supervisor, our Privacy Officer. You will be given a Consumer Grievance form to fill out and return to any agency support staff. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Us

DeLynn Smith
1044 US 23 North PO Box 516
Alpena, MI 49707
989-356-4597 X 3007
989-354-6100
smithdl@ cfsnemi.org