



NOTICE OF PRIVACY PRACTICES

Updated: 03/2019

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

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by Catholic Charities West Michigan (CCWM) in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act (HIPAA) gives you, the patient, new rights to understand and control how your health information is used.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

- You have some choices in the way that we use and share your personal information as we:
- Tell your family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

OUR USES & DISCLOSURE

CCWM may use and share your information without your express authorization as we:

- Treat you
 - We can share your health information with other professionals who are treating you.
- Bill for your services
 - We can use and share your health information to bill and get payment from health plans or other entities.
- Run our organization
 - We can use and share your health information to run our agency, improve your care, and contact you when necessary.
- Respond to lawsuits and legal actions



- Help with public health and safety issues
- Comply with laws or legal demands
- Work with a medical examiner or funeral home
- Create and distribute de-identified health information by removing all references to individually identifiable information.
- May contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization, unless permitted by federal law. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Any of the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternate means or at alternate locations.
- The right to inspect and copy your protected health information, except if it has information compiled for use in a civil, criminal, or administrative proceeding or other limited circumstances, or if deemed otherwise by the agency's leadership. If your records are stored electronically, the right to access them in a readable format agreed upon by you and the agency.
- The right to request and receive a list of disclosures of your health information in certain circumstances. For example, disclosures you authorize in writing or those done as part of payment activities will not be included.
- The right to receive notifications of breaches of your unsecured protected health information when applicable
- You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information, unless under the following circumstances:

- CCWM may buy services from an agency, organization, or business. The services that it provides may require it have access to your health information. CCWM will require the agency, organization, or business to agree in writing to obey the federal Confidentiality Law and not disclose information.
- As allowed by a court order
- To report a crime committed on CCWM premises, and/or against CCWM staff and/or property
- To medical personnel in a medical emergency



- For research, audits, or evaluations.
- To report abuse and neglect
- To report harm to self or others

This notice became effective April 1, 2003 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. The wording was revised March 2019 to make it more readable, but did not significantly alter any of the information contained herein. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post the revised Notice of Privacy Practices and you may request a copy from the office staff.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint using the contact information provided below or with Department of Health and Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

HEALTHNET NOTICE

Catholic Charities West Michigan is collaborating with community partners to improve the wellness and health of our clients and community members. To operate in this model and participate in our community collaborations, we will be collecting and sharing the following information about you:

- Your Medicaid/Medicare number (if you don't know it, we will still look it up)
- Your name and contact information (such as date of birth, address, and phone)

We will be gathering this information and sharing it without necessarily asking your written authorization.

We believe we have the authority to do so pursuant to our Notice of Privacy Practices (excerpted below). Such collaboration is an integral part of raising funds to operate our agency, improves the care to you and our other clients, increases our community's health and wellness, and evaluates the health of our area.

Thank you for your participation and understanding.