

Catholic Charities of Southeast Michigan

PRIVACY NOTICE

Effective May 11, 2016

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. (Re: HIPAA, 8/21/1996)

PRIVACY NOTICE

Understanding the Type of Information We Have. We get information about you when you enroll for services. It includes your date of birth, sex, ID number and other personal information. We may also have other personal information that you have shared with us as part of receiving services.

Our Privacy Commitment to You. We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so.

Treatment. We may disclose medical information about you to coordinate your health care, with your written consent.

Payment. We may obtain and disclose information to verify coverage and eligibility for services, and to obtain pre-authorization for services from managed care organizations. We may use and disclose information so the service you get can be properly billed and paid for by funders, insurance companies or others you have identified as possible payers. For example, if you opt to use an insurance company to pay for your services, we may provide them with information they require to authorize services and to pay your bill.

Business Operations. We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you get.

Exceptions. For certain kinds of records, your permission may be needed even for release for treatment, payment, and business operations.

As Required by Law. We will release information when we are required by law to do so. Examples

of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

With Your Permission. If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

YOUR PRIVACY RIGHTS

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to Catholic Charities of Southeast Michigan at the address on this form.

Your Right to Inspect and Copy. In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Your Right to Amend. You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. You have the right to ask for a list of disclosures made after May 11, 2016. This list will not include the times that information was disclosed for treatment, payment or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

Your Right to Request Restrictions on Our Use or Disclosure of Information. You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.

Your Right to Request Confidential Communications. You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

CHANGES TO THIS NOTICE

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect.

HOW TO USE YOUR RIGHTS UNDER THIS NOTICE

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints to the Federal Government. If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may contact:

Office of Civil Rights
Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 886-788-4989
Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Complaints and Communication to Us. If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can contact:

Jacqueline Smith
Recipient Rights Advisor
Catholic Charities of Southeast Michigan
1424 East Eleven Mile Road
Royal Oak, MI 48067-2026
248-548-4044 ext. 3123
smithj@ccsem.org

You will not be penalized for filing a complaint.

COPIES OF THIS NOTICE

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to us to request a copy.