

## Notice of Health Information Practices

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.

If you have any questions about this Notice please contact Shelley Cizio, Compliance Officer, 200 Vista Drive., Coldwater, MI 49036, (517) 278-2129, [scizio@pinesbhs.org](mailto:scizio@pinesbhs.org)

### USES AND DISCLOSURES OF HEALTH INFORMATION

We may use and disclose your health information for treatment (such as to provide, coordinate, or manage your care), to obtain payment for treatment (such as sending billing information to a health insurance plan), and for administrative purposes (such as assessing the care and outcomes in your case and others like it).

We may use or disclose health information about you for several other reasons. Subject to certain requirements, we may disclose health information about you without your authorization to avert a serious threat to your health or safety or the health or safety of another person, reporting and investigating abuse and neglect, and reporting health statistics; for health oversight activities such as government benefit program audits and investigations. We may provide information when required by law, such as for judicial and administrative proceedings or in response to an order of a court, administrative tribunal, or authorized governmental subpoena or other investigative demand.

In limited situations, such as an emergency, we may give out information about you to your family members, friends, and others who are involved in your care.

We may also contact you about appointment reminders, treatment alternatives, and to ask your opinion of your satisfaction with our services, or to tell you about health-related benefits or services that may be of interest to you.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures.

### SUBSTANCE ABUSE SERVICE RECORDS

If you are receiving substance abuse treatment services, your information may also be protected under 42 CFR Part 2. Pines Behavioral Health may not reveal to a person outside of Pines Behavioral Health that you attend the substance abuse treatment program *unless*:

- Pines Behavioral Health obtains your written authorization to disclose information
- The disclosure is allowed by a court order and permitted by law
- The disclosure is made to a medical personnel in a medical emergency
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analysis) or business operations (billing) for the program.

### INDIVIDUAL RIGHTS

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or if important information is

missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

## COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. Under no circumstance will you be retaliated against for filing a complaint.

## OUR LEGAL DUTY

We are required by law to protect the privacy of your health information, provide this notice about our information practices, and follow the practices that are described in this notice.

We may change our health information practices at any time. Before we make a significant change in our practices, we will change our notice and post the new notice in the reception area of each of our facilities and on our Web site. The new practice will then apply to any of your health information that we maintain.

You can request a copy of our notice at any time. If you have any questions or complaints, or want more information about our information practices, please contact the person listed below.

## BREACH NOTIFICATION

We will notify you following the discovery of any “breach” of your unsecured protected health information as defined in the HITECH Act. Your Notice of Breach will be in writing and provided by first-class mail, or alternative by email if you have previously agreed to receive such notices electronically. The notice of Breach will be provided without unreasonable delay and in no case later than 60 days following the discovery of a breach. Notice will include the following:

- Description of the breach
- Description of the type of information that was involved in the breach
- The steps you should take to protect yourself from potential harm
- A brief description of what we have done to investigate, mitigate the harm, and prevent future breaches.

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