

**Summit Pointe
Behavioral Health Resources
Summit Healthcare Group
Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is provided by the Community Mental Health Authority of Calhoun County d/b/a Summit Pointe, Behavioral Health Resources and Summit Healthcare Group.

Revised and Effective date of this notice: September 15, 2008.

I. PERMITTED USES AND DISCLOSURES BY SUMMIT POINTE WITHOUT AUTHORIZATION

There are certain situations where Summit Pointe may use or disclose your Personal Health Information (sometimes referred to as “PHI”) without asking you for written permission.

TREATMENT

Health care providers can share patient information as necessary to provide treatment. We may use and/or disclose your PHI to health care professionals and staff in order to provide treatment to you. However, as a mental health care provider, we are limited in sharing confidential information or privileged communications and may not share either confidential information or privileged communications without your consent, except as permitted by the Michigan Mental Health Code, MCL 330.1748 and MCL 330.1750.

Treatment includes:

- Sharing your PHI with other health care providers (including hospitals and clinics) if you have requested health care from those providers;
- Referring you to other health care providers for treatment (including linking with available providers in areas where you may have relocated);
- Coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services); and,
- If you are a participant in the Michigan Medicaid Program, under Michigan law, the Department of Community Health has determined that participating program health care providers may share your PHI in order to provide you with appropriate health care services under the Medicaid program.

We may also utilize your PHI in order to communicate with you. **For example**, we may call you to remind you of your upcoming appointment. You will need to inform us of the most acceptable means of contacting you (telephone, mailed postcard, answering machine).

EMERGENCY SITUATIONS.

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways in emergency situations:

NOTIFICATION: Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.

- When necessary, we may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
- In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

IMMINENT DANGER: Health care providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct. Under Michigan law, licensed mental health care providers have a duty to warn an identifiable third party if he or she is in imminent threat of danger.

FACILITY DIRECTORY: Under HIPAA, Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition. **NOTE:** Licensed mental health facilities or mental health care providers, like Summit Pointe or Behavior Health Resources, are prohibited by the Mental Health Code from disclosing to third parties that you are receiving mental health services at that facility or from that provider (Summit Pointe), unless you authorize us in writing to disclose that information.

Of course, the HIPAA Privacy Rule does not apply to disclosures if they are not made by entities covered by the Privacy Rule. Thus, for instance, the HIPAA Privacy Rule does not restrict the American Red Cross from sharing patient information.

PAYMENT

Summit Pointe may use your PHI to seek payment from your health plan, Medicaid, or Medicare or from other sources. For example, your health plan may request and receive from Summit Pointe your name, address, date of birth, social security number, dates of service, the services provided, and medical condition being treated.

HEALTH CARE OPERATIONS

Your PHI may be used as necessary to support our day-to-day activities or operations. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate service quality and delivery. Daily operations includes, but, is not limited to: State and Federal quality review audits, health insurance audits, financial audits, case management peer reviews, and third party medical records audits conducted for quality review purposes.

LAW ENFORCEMENT

Your PHI may be disclosed to law enforcement agencies under the following circumstances:

1. Court Order or Warrant, Subpoena, or Summons issued by a Judicial Officer of a Grand Jury. To comply with a court order or court-ordered warrant, a subpoena or summons issued by a judicial officer, or a grand jury subpoena. The Federal Regulations recognize that the legal process in obtaining a court order and the secrecy of the grand jury process provides protections for the individual's private information (45 CFR 164.512(f)(1)(ii)(A)-(B)).
2. Administrative Subpoena. To respond to an administrative request, such as an administrative subpoena or investigative demand or other written request from a law enforcement official. Because an administrative request may be made without judicial involvement, the Federal Regulations require all administrative requests to include or be accompanied by a written statement that the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used (45 CFR 164.512(f)(1)(ii)(C)).
3. Identification of a Suspect, Fugitive, Material Witness or Missing Person. To respond to a request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person; but we must limit disclosures of PHI to *name and address, date and place of birth, social security number, ABO blood type and rh factor, type of injury, date and time of treatment, date and time of death, and a description of distinguishing physical characteristics*. Other information related to the individual's DNA, dental records, body fluid or tissue typing, samples, or analysis cannot be disclosed under this provision, but may be disclosed in response to a court order, warrant, or written administrative request (45 CFR 164.512(f)(2)).

This same limited identifying described above may be reported to law enforcement:

- About a suspected perpetrator of a crime when the report is made by the victim who is a member of the covered entity's workforce (45 CFR 164.502(j)(2));
- To identify or apprehend an individual who has admitted participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to a victim, provided that the admission was not made in the course of or based on the individual's request for therapy, counseling, or treatment related to the propensity to commit this type of violent act (45 CFR 164.512(j)(1)(ii)(A), (j)(2)-(3)).
- To respond to a request for PHI about a victim of a crime, and the victim agrees. If, because of an emergency or the person's incapacity, the individual cannot agree, the covered entity may disclose the PHI if law enforcement officials represent that the PHI is not intended to be used against the victim, is needed to determine whether another person broke the law, the investigation would be materially and adversely affected by waiting until the victim could agree, and the covered entity believes in its professional judgment that doing so is in the best interests of the individual whose information is requested (45 CFR 164.512(f)(3)).

Where child abuse victims or adult victims of abuse, neglect or domestic violence are concerned, the Federal Regulations provide:

- Child abuse or neglect may be reported to any law enforcement official authorized by law to receive such reports and the agreement of the individual is not required (45 CFR 164.512(b)(1)(ii)). *Note: Michigan law mandates that a health care provider report suspected child abuse or neglect to Child Protective Services;*
- Adult abuse, neglect, or domestic violence may be reported to a law enforcement official authorized by law to receive such reports (45 CFR 164.512(c)):
 - If the individual agrees;
 - If the report is required by law¹; or
 - If expressly authorized by law, and based on the exercise of professional judgment, the report is necessary to prevent serious harm to the individual or others, or in certain other emergency situations (see 45 CFR 164.512(c)(1)(iii)(B)).
 - Notice to the individual of the report may be required (see 45 CFR 164.512(c)(2)).

4. Reports to Law Enforcement Required by Law. To report PHI to law enforcement when we are required by law to do so (45 CFR 164.512(f)(1)(i)). For

¹ Michigan law requires a health care workers report suspected adult abuse or neglect.

example, state laws commonly require health care providers to report incidents of gunshot or stab wounds, or other violent injuries; we are permitted under the Federal Regulations to make disclosures of PHI as necessary to comply with these laws.

5. Death of an Individual. To alert law enforcement to the death of the individual, when there is a suspicion that death resulted from criminal conduct (45 CFR 164.512(f)(4)).
 - Information about a decedent may also be shared with medical examiners or coroners to assist them in identifying the decedent, determining the cause of death, or to carry out their other authorized duties (45 CFR 164.512(g)(1)).
6. To Report a Crime on the Premises. To report PHI that we, in good faith, believes to be evidence of a crime that occurred on our premises (45 CFR 164.512(f)(5)).
7. Responding to an Off-Site Emergency. When responding to an off-site medical emergency, as necessary to alert law enforcement about criminal activity, specifically, the commission and nature of the crime, the location of the crime or any victims, and the identity, description, and location of the perpetrator of the crime (45 CFR 164.512(f)(6)). This provision does not apply if we believe that the individual in need of the emergency medical care is the victim of abuse, neglect or domestic violence; see above Adult abuse, neglect, or domestic violence for when reports to law enforcement are allowed under 45 CFR 164.512(c).
8. Duty to a Third Party to Prevent Serious Imminent Threat. When consistent with applicable law and ethical standards, we may contact law enforcement officials for the following reasons:
 - To a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public (45 CFR 164.512(j)(1)(i)); or
 - To identify or apprehend an individual who appears to have escaped from lawful custody (45 CFR 164.512(j)(1)(ii)(B)).
9. National Security or Correctional Institution Uses. For certain other specialized governmental law enforcement purposes, we may provide PHI to the proper governmental officials, such as:
 - To federal officials authorized to conduct intelligence, counter-intelligence, and other national security activities under the National Security Act (45 CFR 164.512(k)(2)) or to provide protective services to the President and others and conduct related investigations (45 CFR 164.512(k)(3));
 - To respond to a request for PHI by a correctional institution or a law enforcement official having lawful custody of an inmate or others if they

represent such PHI is needed to provide health care to the individual; for the health and safety of the individual, other inmates, officers or employees of or others at a correctional institution or responsible for the transporting or transferring inmates; or for the administration and maintenance of the safety, security, and good order of the correctional facility, including law enforcement on the premises of the facility (45 CFR 164.512(k)(5)).

Except when required by law, we are to make only the minimum use or disclosure necessary to law enforcement to accomplish the intended purpose (45 CFR 164.502(b), 164.514(d)). When reasonable to do so, we may rely upon the representations of the law enforcement official (as a public officer) as to what information is the minimum necessary for their lawful purpose (45 CFR 164.514(d)(3)(iii)(A)). Moreover, if the law enforcement official making the request for information is not known to the covered entity, the covered entity must verify the identity and authority of such person prior to disclosing the information (45 CFR 164.514(h)).

PUBLIC HEALTH REPORTING

Your health information may also be disclosed to public health agencies as required by law. For example, we are required to report certain contagious diseases to the public health department.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

Disclosure of your PHI without a court order, or its use for any purpose other than those listed above, requires your written authorization.

II. YOUR RIGHTS WITH REGARD TO YOUR USE OR DISCLOSURE OF YOUR PHI.

You have certain rights under State law and Federal Privacy Standards:

1. **Requests to Restrict Use or Disclosure of PHI.** You may request in writing that we restrict uses or disclosures of your PHI to carry out treatment, payment, or health care operations and disclosures to family or friends by Summit Pointe under circumstances that are permitted under the Federal Regulations (45 CFR § 164.510(b)). If we agree in writing to restricted use of your PHI then we may not use “Restricted PHI” in violation of the agreed upon restriction, except in the case where you need emergency medical treatment and the PHI is needed to provide the emergency treatment.
2. **Requests for Alternative Methods of Communication to Preserve Confidentiality.** You may request in writing that we provide confidential communications of PHI to you or to your insurance carrier by alternative means or to alternative locations. For example, if you do not want your family members to know about a certain treatment then you may request that we communicate about that treatment at your place of employment, by mail to a designated address, or by phone to a designated

phone number. Similarly, you may request that we send communications in a closed envelope rather than a post card, as an “alternative means.” We are required to accommodate all reasonable requests. Health plans must accommodate all reasonable requests, if the individual clearly states that the disclosure of all or part of the protected health information could endanger the individual. For example, if an individual requests that a health plan send explanations of benefits about particular services to the individual’s work rather than home address because the individual is concerned that a member of the individual’s household (e.g., the named insured) might read the explanation of benefits and become abusive towards the individual, the health plan must accommodate the request.

3. Requests for Restricted Use or Disclosure of PHI or for Alternate Methods of Communication to Preserve Confidentiality May Be Denied. We may deny your request for restricted use of PHI or for alternative methods of communication to preserve confidentiality. With regard to requests for alternative methods of communication to preserve confidentiality, we are required to review the reasonableness of a request solely on the basis of the administrative difficulty of complying with the request. We cannot refuse to accommodate a request for alternative methods of communication based on its perception of the merits of your reason for making the request. We may not require you to provide a reason for the request for alternative methods of communication as a condition of accommodating the request.
4. Right to Request Amendment or Correction of PHI. An individual has the right to have a covered entity amend protected health information or a record about the individual in a designated record set for as long as the Protected Health Information is maintained in the designated record set.
5. Denial of Request to Amend PHI. We may deny an individual’s request for amendment, if we determine that the PHI or record that is the subject of the request:
 - Was not created by the Summit Pointe, unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment;
 - Is not part of the designated record set;
 - Would not be available for inspection to the requesting individual;
 - Is accurate and complete.
6. An Accounting of Disclosures of PHI. We are required to keep an accounting of certain disclosures of PHI made by us in the six years prior to the date on which the accounting is requested. You may request a copy of this record. The following disclosures of PHI are not required to be accounted for:
 - To carry out treatment, payment and health care operations as provided in § 164.502;
 - To individuals of PHI about them as provided in § 164.502;

- For the facility's directory or to persons involved in the individual's care or other notification purposes as provided in § 164.510;
- For national security or intelligence purposes as provided in §164.512(k)(2);
- To correctional institutions or law enforcement officials as provided in §164.512(k)(5); or
- That occurred prior to the Federal Regulations compliance date for Summit Pointe.

III. OUR RIGHT TO REVISE PRIVACY NOTICE

We have the right to change our privacy notice at any time. We will post the revised notice on our web site and provide you with a revised notice on your next office visit. The revised notice will apply to all PHI that we maintain.

IV. REQUESTS TO INSPECT HEALTH INFORMATION NEED TO BE IN WRITING

We require that all requests to restrict use, disclosure, inspect or copy your PHI be submitted in writing. You may obtain a form to request access to, and a copy of, your records by contacting the Corporate Compliance Officer.

V. MICHIGAN MEDICAL RECORDS ACCESS ACT.

If you are receiving primary care services from Summit Healthcare Group (and not mental health services from Summit Pointe) from a physician then you have certain rights under the Michigan Medical Records Access Act, MCL 333.26265, to access that primary care physician record. You have the right to:

1. Obtain from us a copy of your medical record;
2. Upon receipt of the request, we have 30 days to respond to your request, unless the record is maintained off-site, and in that case, we have 60 days to respond;
3. Within said time, we are required to make the record available for inspection and copying, during regular business hours, at our offices or we will inform you that either the file cannot be found or does not exist, or that the health care provider is not the keeper of the record. In that case, we will provide you with the name and address of the custodian of the record.
4. We may extend the time period by an additional thirty days.

The Medical Records Access Act does not apply to health care providers that provide only mental health services.

VI. COMMENTS OR COMPLAINTS

If you would like to submit a comment or complaint to us or Health and Human Services about our privacy practices, you can do so by calling the number listed below, or by sending a letter outlining your concerns to:

Summit Pointe:

Corporate Compliance Officer

Attn: Laura Ferrara

140 W. Michigan

Battle Creek, Mi 49017

(269) 966-1460 Ext. 1262

Summit Pointe Customer Satisfaction Hotline (866) 721-0390.

Health and Human Services:

Complaints to the Office for Civil Rights must: (1) Be filed in writing, either on paper or electronically; (2) name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of the Privacy Rule; and (3) be filed within 180 days of when you knew that the act or omission complained of occurred. OCR may extend the 180-day period if you can show "good cause." Any alleged violation must have occurred on or after April 14, 2003 (on or after April 14, 2004 for small health plans), for OCR to have authority to investigate.

Anyone can file written complaints with OCR by mail, fax, or email. If you need help filing a complaint or have a question about the complaint form, please call this OCR toll free number: 1-800-368-1019. OCR has ten regional offices, and each regional office covers certain states. You should send your complaint to the appropriate OCR Regional Office, based on the region where the alleged violation took place. Complaints should be sent to the attention of the appropriate OCR Regional Manager.

VII. WEBSITE SECURITY

Our site has security measures in place to protect the loss, misuse, and alteration of information under our control. We use security protections to help safeguard your information, to help us tailor the website for you, and to make it easier for you to get around on our website, and to offer you product and service information.

COPIES OF THIS NOTICE

You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically in accordance with the Federal regulations.