

## **CARE RESOURCES**

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE TELLS YOU HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

By law we have to keep your health information private. We also have to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; to notify you following a breach of unsecured health information; and to follow the terms of the Notice that are in effect now. This Notice applies to our use and sharing of your health information in order to enroll you in our program, to see if you are eligible for our program and for payment. This Notice also applies to the use and sharing of your health information so we can provide you with treatment.

### **CARE RESOURCES MAY USE AND SHARE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS:**

**For Treatment:** We will use and share your health information so we can provide you with care and services and to coordinate your care. We may share information with other caregivers involved in your care. Your health information may be used by doctors involved in your care and by nurses and home health aides as well as by physical therapists, social workers, personal care attendants or other persons involved in your care. For example, members of the health care team (which includes your primary care doctor, nurses, social workers, physical and occupational therapists, and other care givers) will talk about your plan of care and talk to any specialists about care given to you.

**For Payment:** We may use and share your health information for billing and payment purposes. We may share your health information with a person who represents you, or with an insurance or managed care company, Medicare, Medicaid or the state agency in charge of Care Resources. For example, we may share health information with Medicare or the state agency in order to see if you continue to be eligible for Care Resources services. We will also require you to sign a release so that Care Resources can share personal information with Medicare and Medicaid as a condition of your enrollment agreement.

**For Health Care Operations:** We may use and share your health information as needed for health care operations, such as management, staff evaluation, training and to check quality of care. For example, we will use facts about your treatment in order to check the quality of care. We may share your health information with another person or company with which you have or had a relationship if that person or company asks for your information for its health care operations or to find health care fraud and abuse or to see if you receive good health care.

We will ask you to sign a release giving your permission for Care Resources to use and share your personal information for treatment, payment, and health care operations.

**THE FOLLOWING IS A LIST OF OTHER WAYS CARE RESOURCES CAN USE OR SHARE YOUR HEALTH INFORMATION:**

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may share health information about you with a family member, close personal friend or other designated person, including clergy, who is helping with your care.

**As Required By Law:** We may use or share your health information when required by law.

**Business Associates:** Our business associates are people and companies that do services on our behalf and use health information. We may share your health information with a person or company who has signed a contract with us or business associate who needs the information to do services for Care Resources. Our business associates are obligated by their contract to keep this health information private.

**Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations:** We may share your health information with a coroner, medical examiner, funeral director or, if you are an organ donor, with a company that helps with the donation of organs and tissue.

**Disaster Relief:** We may share health information about you to a disaster relief company.

**Emergencies:** We may use or share your health information as needed in emergency treatment situations.

**Fundraising Activities:** We may use and share certain limited information to contact you in an effort to raise money for Care Resources. We may provide this information to a foundation associated with Care Resources.

We must explain clearly your right to not allow us to use and share your health information and we must honor your request to say no.

**Genetic Information:** We are prohibited from using or disclosing your PHI that is genetic information for underwriting purposes.

**Health Information Exchange:** The Health Information Exchange is a “limited view” of your patient medical chart that may be accessed by different health care facilities for continuing care. If you would not like this information shared, you may “opt-out”. You may request your information not be shared. You may request an instruction sheet from the hospital staff to explain the process to “opt-out”.

**Health Oversight Activities:** We may share your health information with an agency that watches over the health care system for audits, investigations, inspections or licensure actions. As a rule of enrollment, we will ask you to sign a release that says it is okay to share your personal information with Medicare, Medicaid, and the state agency in charge of Care Resources for these purposes.

**Judicial and Administrative Proceedings:** We may share your health information if a court or legal order tells us to. We also may share information if a subpoena, discovery request, or other lawful process tells us to. We will try to contact you about the request or to get an order or have the person promise to keep the information private.

**Law Enforcement:** We may share your health information for certain law enforcement reasons, including, for example, obeying the reporting rules; to obey a court order, warrant, or similar legal process; or to answer certain requests for information about crimes.

**Military, Veterans and other Specific Government Functions:** If you are in the armed forces, we may use and share your health information if we are asked to by the military. We may share health information for national security purposes or as needed to protect the President of the United States or certain other officials or to do certain special investigations.

**Public Health Activities:** We may share your health information for public health reasons. These reasons may include, for example, telling a public health agency in order to prevent or control disease, injury or disability; telling about elderly abuse or neglect or telling about deaths.

**Reporting Victims of Abuse, Neglect or Domestic Violence:** If we think that you have been a victim of abuse, neglect or domestic violence, we

may use and share your health information to tell a government agency, if allowed by law or if you agree to the report.

**Research:** We may use or share your health information for research reasons if we look at and give permission and directions on how the information will be kept private, if the researcher is getting the information when preparing a research plan, if the research happens after your death, or if you agree to the use or sharing of your information.

**To Avert a Serious Threat to Health or Safety:** When needed to stop a serious threat to your health or safety or the health or safety of the public or another person, we may use or share health information. We will give only the amount of information needed to someone who can help lessen or prevent the serious threat.

### **IF CARE RESOURCES USES OR SHARES YOUR HEALTH INFORMATION IN OTHER WAYS, WE NEED YOUR WRITTEN AUTHORIZATION**

We will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your health information for marketing purposes; and (3) disclosures that continue a sale of your health information. Except as said in this Notice, we will ask for your written okay to use and share your health information. This written okay is called an Authorization. You may take away your okay in writing at any time. If you take away your okay, we will no longer use or share your health information for the reasons written down, except if we have already used the information in the way you told us we could.

#### **A. YOUR RIGHTS TO HEALTH INFORMATION PRIVACY**

Listed below are your rights that have to do with your health information. Each of these rights has rules, limits and exceptions. In order to use these rights you may have to ask Care Resources in writing. When you ask Care Resources, we will give you the right form to fill out.

#### **You have the right to:**

**Request Restrictions:** Restrictions mean limits. You have the right to ask for limits on how Care Resources uses or shares your health information for treatment, payment, or health care operations. This includes the right to give Care Resources a written consent that limits the information shared and limits the persons we can give the information to. You also have the right to request limits on the health information we share about you with a family member, friend or other person who helps with your care or the payment for your care.

We do not have to agree to the limits that you ask for on how we use your health information within Care Resources. We will limit sharing your information outside of Care Resources (except to the Federal Agency and the State Agency that watch over Care Resources) to match with your written consent. We will agree to the limits you asked for on how to use your health information within Care Resources if the limits are reasonable and if we can do them. If we do agree to the limits you asked for, we will obey what you ask except if needed to give you emergency treatment.

**Access to Personal Health Information:** You have the right to look at and get a copy of your medical or billing records or other written information that may be used to make decisions about your care, your designated record set, with some exceptions. You must ask in writing.

If we maintain your health information in record sets, you have the right to ask to receive an electronic copy of your health information or to have us send your health information electronically to another provider to be used to make decisions about your care. You must ask in writing. We may charge a fee, consistent with applicable law, for out costs in responding to your request.

**Request Amendment:** Amendment means change. You have the right to ask for a change of your health information that Care Resources has for as long as the information is kept by or for Care Resources. You must ask in writing and must say the reason for the change you are asking for.

We may not agree to the change you ask for if the information (a) was not made by Care Resources, unless the person who first made the information is no longer able to make the change that you are asking for; (b) is not part of the health information held by or for Care Resources; (c) is not part of the information to which you have a right of access; or (d) is already right and complete, as thought by the Care Resources.

If we do not agree to what you asked for, we will tell you why in writing. We will also tell you that you have the right to say to us in writing that you do not agree with us.

**Request for Accounting of Disclosures:** You have the right to ask for a listing of who we have given copies of your health information to. This is a listing that is kept by Care Resources of the providers you have given consent to release your health information to. This does not include health information that has been given to a provider for treatment, payment and health care operations. You must ask in writing for this list.

**Request a Paper Copy of This Notice:** You have the right to get a paper copy of this Notice, even if you said that you wanted to get it on a computer. You can ask for a copy of this Notice at any time. You can also see a copy of this Notice on our website, at [www.careresources.org](http://www.careresources.org).

**Request Confidential Communications:** You have the right to ask us to talk with you or write to you about your health matters in a certain way. We will agree to your requests if it is reasonable.

**SPECIAL RULES REGARDING SHARING OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

Laws in Michigan may give more rules to keep information about mental health and drug or alcohol abuse treatment and HIV/AIDS private. Care Resources will obey any Michigan laws that may give additional rules for keeping information about mental health and drug and alcohol abuse treatment and HIV/AIDS private.

**B. FOR MORE INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like more information about your privacy rights, please contact the **Care Resources Privacy Officer at (616) 913-2012**.

If you think that your privacy rights have not been followed, you may make a complaint by calling the **Care Resources Privacy Officer at (616) 913-2012** or by writing to:

**Care Resources, Privacy Officer**

4150 Kalamazoo Avenue SE

Grand Rapids, MI 49508

Or

**Office for Civil Rights**

**U.S. Department of Health and Human Services**

233 N. Michigan Avenue – Suite 240

Chicago, IL 60601

**(312) 886-2359; or (312) 353-5693 (TDD)**

**CHANGES TO THIS NOTICE**

We have the right to change this Notice and to make the changed or new Notice rules apply for all health information already received and held by the Care Resources as well as for all health information we receive in the future. We will provide a copy of the changed Notice if you ask for it.

**By Signing below, I acknowledge that I understand Care Resources Privacy Practices and that I have received a copy of this notice.**

**Printed Name of Participant:**

\_\_\_\_\_

**Signature of Participant:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_