



Common Ground **Notice of Privacy Practices**

Effective Date: September 23, 2013

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

Introduction

At Common Ground, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective on September 23, 2013 and replaces earlier issued notices and applies to all protected health information as defined by federal regulations.

Understanding Your Confidential Record/Information

Each time you visit Common Ground, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your consumer or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among other health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how the information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Common Ground is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if any health information about you was not protected by our organization or its agents, as required by security standard regulations, and was accessed by an unauthorized person.
- Notify you if we are unable to agree to a requested restriction

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. Each category of use or disclosure, we will explain what is meant and give examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. We will obtain your written consent to release information for treatment and payment, unless you are unable to provide consent due to medical emergency.

Treatment. We may use and disclose health information about you to doctors and our workforce who are involved in your care. For example, department within our organization may share health information about you in order to coordinate the things you need. We may disclose health information about you for continuity of care to people outside our organization, such as family members, health care providers, community services, such as disaster relief agencies during emergencies. In addition, we may disclose health information to the manufacturer of a Drug used in your treatment or to the Food and Drug Administration.

Payment. We may disclose health information about you to your insurance company and its agents and to our billing representatives so services you receive may be billed and paid. For example, we may need to release your diagnoses, type of service and treatment plan, as well as provide copies of your health record to your insurance company or its agent to obtain prior approval or to determine whether your insurance will cover the service.

Health Care Operations. We may use and disclose health information about you for our organizations business operations, for example legal, accounting, claim processing or utilization review. This information will be disclosed to the workforce, physicians, or agents described as business associates. These uses and disclosures are necessary to run the organization and make sure our consumers receive the highest quality of care. We may also combine the health information about you to decide what additional services we could offer or what services are not needed. We may also use your information to compare how we are doing and see where we can make improvements.

Appointment Reminders and Follow-Up. We may use and disclose health information to contact you as a reminder that you have an appointment, treatment or to find out how you are doing with our recommendations.

To Prevent a Serious Threat to Health or Safety. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however would only be done to help prevent the threat.

Authorization Required. We will only use your health information for the purposes specifically allowed by Federal or State laws or regulations unless you provide written authorization. Other uses and disclosures not described in this Notice will only be made if you provide a written authorization. You may at any time provide written notice to the health information department that you want to end your authorization for any future uses.

DISCLOSURES ARE REQUIRED BY LAW OR REGULATION

We may disclose health information, including individual identifiable health information about you as required by State or Federal laws and regulations relating to any or all the following, as such may apply to you: 1. Community/Public Health activities and reports such as disease control, abuse or neglect, and health and vital statistics. 2. Administrative agency oversight for such things as audits, investigations, licensure, or determining cause of death. 3. Court Order or other legal processes related to law enforcement or national security activities.

We may also follow more stringent Michigan Law for example a minor may seek certain services without parental consent; however, we may notify the parents or guardian after informing the minor without the minor's consent.

Your Health Information Rights

Although your confidential record is the physical property of Common Ground, the information belongs to you. You have the following rights regarding health information we maintain about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request by federal regulation to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the health information department (medical records). In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. You also have the right to restrict disclosure of your health information about a service, which was not billed to your insurance, for which you or another person paid our organization in full.
- **Right to Inspect and Copy.** You have the right to access, inspect and receive a copy of your health information that we create about you. Usually, this includes medical and billing records. To inspect and receive a paper or electronic copy of health information, you must submit your request in writing to the Health Information Department. If you request a copy

of your information, we may charge a reasonable fee for the cost of copying, mailing or other supplies and labor associated with your request as allowed by law or regulation.

- **Right to Amend.** If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information by adding a statement to your health information. To request an amendment, your request must be made in writing and submitted to the health information department. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: 1. Was not created by us, unless the person is no longer available to make the amendment; 2. Is not part of the health information kept by or for the organization; 3. Is not part of the information which you would be permitted to inspect and copy; or 4. Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you. To request an accounting of disclosures, you must submit your request in writing to Our Privacy Officer. Your request must state a time period which may not be longer than six (6) years and not include dates before April 2003. Your request should indicate in what form you want the list. The first list you request within a 12-month period will be free. For additional list, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Health Information Department. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right at any time to a paper or electronic copy of this Notice. You may obtain a copy of this Notice at our website.

www.commongroundhelps.org. To obtain a paper copy of this Notice, contact the health information department.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

CHANGES TO THIS NOTICE

We reserved the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you, as well as any information we receive in the future. The Notice will contain on the first page, in the top right-hand corner the effective date.

COMPLAINTS

If have questions and would like additional information, you may contact the **Corporate Privacy Officer, Veronica Brown at 248-451-3780 or vbrown@commongroundhelps.org**

If you believe your privacy rights have been violated, you can file a complaint with the Corporate Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201