

## **DEVELOPMENT CENTERS PRIVACY NOTICE**

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

Effective: September 2002

### **Understanding the Type of Information We Have**

We get information about you when you enter mental health treatment with us. It includes your health, health status and health care services. It may also include tests, exams, diagnoses, procedures, prescriptions and similar health information. We keep information about you in the form of a treatment record while you are actively in services with us and for a period of time after services have ended.

### **Our Privacy Commitment to You**

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

### **Health Information**

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive that are managed or administered by Development Centers.

Your health information may include information created and received by Development Centers. It may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

### **How We May Use and Disclose your Personal Health Information**

- **Treatment:**We may disclose mental health information about you to coordinate your care with a doctor or therapist for treatment purposes. We will request your permission before sharing information with friends, family or other natural supports unless you are unable to give your permission due to your health condition. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions.

- **Payment:**We may use and disclose information so the care you get can be properly billed and paid for. You have the right to restrict the disclosure of information to a health plan when you (or any person other than the health plan) are paying for the health care item/treatment at issue out-of-pocket in full.
- **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 are receiving. This may include accreditation, licensing or business management activities.
- **Exceptions:**For certain kinds of records, your permission may be needed even for release of 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, abuse and neglect situations, subpoenas or other court orders, communicable disease reporting, disaster relief, 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.
- **Notification:** You will be notified if there is a breach of any information in your record.
- **Appointments:** To remind you of an appointment.
- **Education:** Training of health professionals; students such as counselors, therapists or psychiatrists who are working for our agency.
- **Research:** For research purposes if the study has been approved and also meets both Federal and State requirements.
- **Health and Public Funding Oversight:** To comply with government agencies' oversight; including investigations, audits, inspections or licensing purposes.
- **Organ and Tissue Donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
- **Military, Veterans, National Security and Intelligence.**If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine cause of death.

## **Privacy Rights**

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to Development Centers at the address provided in this notice.

- **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. You must submit a request in writing for copies of your record to Development Centers Medical Records Department 17321 Telegraph Road Detroit, MI 48219. There is no charge for inspecting your records.
- **Your Right to Amend:** You may ask us to change your records if you feel that there is a mistake. We can only make changes to records which have been created by Development Centers. 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. This list will not include the times that information was disclosed for treatment, payment or health care operations. This list will not include information provided directly to you or family, or information that was sent with your authorization. There must be a timeframe specified for the request and the timeframe will not exceed 6 (six) years. The first list will be provided at no charge; however subsequent lists of disclosures requested within a 12 month period may carry a fee.
- **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. There is, however, one circumstance in which we are required to agree to your request -- if you pay for treatment, services, supplies and prescriptions "out of pocket" and you request the information not be communicated to your health plan for payment or health care operations purposes. To request such restrictions, please contact the Privacy Officer at 313-531-2500.

- **Your Right to Request Confidential Communications:** You have the right to request 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.
- **Right to a Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive it electronically, you are still entitled to a copy. This notice is available on our website <http://www.develctr.org/>. You may also contact the Privacy Officer at 313-531-2500 for a copy of this notice.

### **Changes to This Notice**

We reserve the right to change this notice. A revised notice will be effective for 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. Any changes to our HIPAA/Privacy Notice will be made available to you in writing as an addendum to this notice.

### **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 you want help we will work with you to prepare your written request, if you wish. Call (313) 531-2500 and ask for the Customer Service Representative.

### **Complaints and Communications to Us:**

If you want to exercise your right under this notice or if you wish to communicate with us about privacy issues, file a complaint or just have questions you can write or call: You will not be penalized for filing a complaint with Development Centers.

Privacy Officer at Development Centers 17421 Telegraph Road Detroit, MI 48219; Phone: (313) 531-2500; Fax: (313) 255-3465; TYY/TDD: (800) 649-3777 OR (313) 656-2587.

### **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. Send your complaint to the following address:

Office of Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Phone: (800) 368-1019  
TDD: (800) 537-7697

Fax: (312) 886-1807