NOTICE OF PRIVACY PRACTICES

This NOTICE OF PRIVACY PRACTICES describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

HONOR Community HEALTH
Live healthy. Be well.

Your Information. Your Rights. Our Responsibilities.

Understanding Your Health Information

This notice describes the privacy practices of Honor Community Health and all its health centers and health care professionals. It includes all staff, volunteers and other personnel who work on our behalf.

Each time you visit a Honor Community Health site, a record of your visit is made. Usually this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for care or treatment. This information, referred to as your health or medical record serves as:

- Basis for planning your care and treatment.
- Means of communication between the health care providers caring for you.
- 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 the community and the nation.
- A source of data for facility planning and marketing.
- A tool to assess and continually work to improve the care we provide and the outcomes we achieve.
- Understanding what is in your record and how your health information is used helps you to ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.
- A source of information to provide customer service and resolve complaints you have.

Your Health Information Rights

Although your health record is the physical property of Honor Community Health, the information belongs to you. You, or someone who has the legal right to act on your behalf, has the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR164.522 and the HITECH Act. Honor Community Health is not required to agree to a requested restriction, except (1) where the disclosure is made to carry out payment or health care operations and is not required by law and (2) the protected health information pertains solely to a service for which you have paid Honor Community Health in full.
- Obtain the Notice of Privacy Practices from our website, or at any of our treatment sites upon request.
- Review and request a copy of your E-PHI (Electronic-Personal Health Information) in form and format, if readily producible as provided in the HITECH Act and 45 CFR 164.524. If not readily producible, and maintained in paper, then a readable hard copy. We can charge a reasonable fee for this service which covers our cost for labor, supplies, and postage.
- Request your provider to amend your health record as provided in 45 CFR 164.528. The Electronic Health Record Amendment Request form (#28015Csp) is available upon request. You will receive a response within 30 days of the request. If we disagree with the amendment, you may have a statement of your disagreement added to your health information.
- Obtain an accounting of disclosures of your health information, including disclosures for treatment, payment and healthcare operations, as provided in 45 CFR 164.528 and the HITECH Act.
- Request confidential communications of your health information by alternative means or at alternative locations.
- Request a list of individuals who have received information about you from us.
- Revoke your authorization in writing, to use or disclose information except to the extent that action has already been taken.
- Right to opt out of fundraising and marketing (if applicable).
- Right to restrict disclosure of PHI (Personal Health Information) when paid out of pocket.

Our Responsibilities

This organization is required by State and Federal law including HIPAA, Michigan Mental Health Code, Sec. 748, Federal Rule 42 CFR Part 2, Sections R 325.14301 to 14306 of Administrative Rules for Substance Abuse and State of Michigan Rules for Substance Abuse and the HITECH Act.

- Maintain the privacy of health information that identifies you.
- Provide you with a notice as to our legal practices with respect to information we collect and maintain about you.
- Abide by terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations (send appointment notices by mail or leave a telephone message).
- Prohibit the sale of PHI.
- Notify you in the event there is a breach of unsecured PHI.
- Limit use of genetic information (if applicable).

We reserve the right to change our practices and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will post a copy of our current notice on our website. You may also request a copy at any of our treatment sites. The effective date will be on each page in the lower left-hand corner.

We will not use or disclose your health information without your authorization, except as described in this notice.

Protecting Your SUD Records

Your Substance Use Disorder (SUD) treatment records are protected by federal law (42 CFR Part 2) and have stronger privacy protections than most medical records.

Except as described below, we will not use or share your Part 2 SUD records outside of Honor Community Health's Part 2 Programs, or confirm that you receive SUD treatment, unless you give written permission. Written consent is required to share your SUD records with other Honor Community Health providers or your health insurer. Your SUD records will not be used for fundraising unless you consent.

You must give written permission before we use or share your Part 2 records for treatment, payment, or health care operations. You may give **one written consent** for future uses and disclosures for these purposes and may **revoke your consent at any time in writing**.

Information disclosed under a **general consent** for treatment, payment, or health care operations may be further disclosed as permitted by HIPAA. Information disclosed under a **specific consent** will only be used as allowed by that consent. Once disclosed with your consent, the information may no longer be protected by Part 2 and may be redisclosed by the recipient.

When We May Share Information Without Written Consent: Federal law allows limited disclosure of Part 2 information for:

- **Internal operations** of Honor Community Health's Part 2 Programs and supporting staff
- **Qualified Service Organizations** (such as billing, data processing, professional services, or child abuse prevention services) that agree to protect your information
- **Crimes** on program premises, against staff, or serious threats of such crimes (limited details only)
- **Child abuse or neglect reporting**, as required by law
- **Medical emergencies**, when consent cannot be obtained (including certain FDA disclosures)
- **Scientific research**, if federal requirements are met
- **Audits and oversight**, such as inspections, investigations, or licensing

Legal Proceedings: We will not disclose your Part 2 SUD records or testify about them in any civil, criminal, administrative, or legislative proceedings about you by federal, state, or legal authority without your consent, **except** when required by a court order that complies with 42 CFR Part 2 and is accompanied by a subpoena or similar legal requirement.

What This Means for You

- Your SUD records are **more private than most medical records.**
- Violation of Part 2 regulations is a crime. We generally **cannot share your records without your permission.** You control consent and **may change your mind at any time.**
- If you suspect that Part 2 regulations have been violated, you may report it to the contacts listed above or you may also contact the U.S. Attorney for the district where the Part 2 Program services were provided.

How We May Use and Disclose Your Health Information for Treatment, Payment and Health Operations

We may use your health information for treatment

- **For example:** We may use and disclose your protected health information (PHI) to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we may disclose your PHI to a provider you may have been referred to or when in the emergency department or hospital, to ensure he/she has the necessary information to diagnose or treat you.

We may use your health information for payment

- **For example:** Your PHI may be used, as needed, to obtain payment for your health care services including Medicare and Medicaid. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and any procedures done or supplies used. If Honor Community Health refers you to an outside provider, this information may also be shared to assist them in obtaining payment for services they have provided to you.

We may use your health information for regular health operations

- **For example:** We may use or disclose, as-needed, your PHI in order to support the business activities of Honor Community Health. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities as allowed by the HIPAA Omnibus Rule, and conducting or arranging other business activities. For example, we may disclose your PHI to medical students who see patients in our offices.
- We may share your PHI with third party "business associates", an entity that creates, receives, maintains, or transmits PHI on behalf of Honor Community Health, such as, radiology or laboratory services. When there is a business arrangement between our organization and a business associate and it involves the use of your PHI, we will have a written contract that contains terms that will protect your privacy.

Appointment reminders

- We may use or disclose your PHI as necessary to remind you of your appointments, this includes our business partners (e.g. reminder calls), contacting you by telephone at any number you give or is in your PHI. We may call you by name in the waiting room when your provider is ready to see you.

Health-related services and treatment alternatives

- We may use or disclose your PHI as necessary to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. We may use your PHI to send you newsletters about our health centers and the services we offer.

Other Permitted Uses and Disclosures Without Your Consent, Authorization or Opportunity to Object

We may disclose your PHI in the following situations without your consent or authorization. These include:

Required by law

- The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. You will be notified, as required by law, of any such disclosures.

Public health	• As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
Communicable diseases	• We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
Abuse or neglect	• We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your information if we believe you are a victim of abuse, neglect or domestic violence to the government agency authorized to receive such information. This disclosure will be made according to applicable federal and state laws.
Research	• We may disclose information to researchers when administration has approved the research proposal, established protocols, and meets the guidelines as determined by the Omnibus Rule 2013, to ensure your privacy.
Funeral directors	• We may disclose health information to funeral directors consistent with applicable laws to carry out their duty.
FDA	• We may disclose health information to the Food and Drug Administration (FDA) relative to adverse events with respect to food, supplements, product and product defects, or recall of defective products for replacement or repair.
Workers' compensation	• We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
Correctional institution	• Should you be an inmate of a correctional institution, we may disclose health information to the institution or agents for your health and the health and safety of other individuals.
Law enforcement	• We may, in compliance with a court order, warrant or valid subpoena, as required by law, disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person. • Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
Change of ownership	• In the event that this medical practice is merged with another organization, your health information/record will become the property of the new owner although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Uses and disclosures of PHI based upon your written authorization	• Other uses and disclosures of your PHI not covered by this notice or applicable law will be made only with your written authorization. If you have given us written authorization to use or disclose your PHI, you may revoke your authorization in writing at any time, except to the extent that Honor Community Health has taken an action based upon the use or disclosure indicated on the authorization.
We may use and disclose your PHI in the following instances	• You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of your PHI, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed. Due to all of the restrictions that must be complied with during the COVID-19 pandemic, the most recent completed and signed consent for treatment will remain in effect until either the end of the pandemic or the patient signs a new consent for treatment, whichever comes first.
Business associates	• There are some services at Honor Community Health that are provided by outside organizations. Examples would be laboratory and radiology services. When we contract with these services, we may disclose your health information to our business associate so they can perform the job we've asked them to do and bill you or the third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
Communication with family	• Medical and support staff, using their best judgment, may disclose to a family member, relative or close friend or any other person you identify as being relevant in your care and/or payment, your PHI.
Communication barriers	• We may use and disclose your PHI if there is a substantial communication barrier that prohibits a provider to obtain consent from you, and the provider determines, using professional judgment, that you intend to consent to the use or disclosure of your PHI under the circumstances.
Emergencies	• We may disclose your PHI in an emergency treatment situation. If this happens, your provider will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If a provider is required by law to treat you and the provider has attempted to obtain consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.
Proof of immunization	• We may disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or your dependent.

For more information or to report a problem

HONOR COMMUNITY HEALTH:
Director Regulatory Affairs
Risk and Compliance
48980 Woodward Ave
Pontiac, MI 48341
Comments or Concerns: (248) 838-3651
Main Number: (248) 724-7600

OFFICE OF CIVIL RIGHTS:
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.