

## How to Use Your Rights Under This Notice

If you have questions or would like more information, you may contact our Privacy Officer at 269-553-8000 or 1-888-373-6200.

If you believe your privacy rights have been violated, you can file a complaint with:

- **Privacy Officer**
- **Department of Health and Human Services.**

## Complaints And Communications To Us

You may write to:

Privacy Officer  
Kalamazoo Community Mental  
Health & Substance Abuse Services  
2030 Portage Street  
Kalamazoo, MI 49001  
Phone: 269-553-8000 or  
1-888-373-6200  
Fax: 1-269-553-8012

## 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. You may write to:

Office of Civil Rights  
Dept. of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Phone: 312-886-2359  
TDD: 312-353-5693  
FAX: 312-886-1807  
Email: ocrprivacy@hhs.gov

**You will not be penalized for filing a complaint.**

## Copies Of This Notice

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write to request a copy.

This notice is available in other languages and alternate formats that meet the guidelines for the Health Insurance Portability and Accountability Act (HIPAA).

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Health Insurance Portability and Accountability Act (HIPAA).

*“Promoting Mental Health and Substance Abuse Services that empower people to succeed.”*



## CHANGES TO THIS NOTICE

We reserve the right to revise 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 notice will be published on our web site. Go to [www.kazooemh.org](http://www.kazooemh.org). If the changes are material, a new notice will be mailed to you before it takes effect.

CMH128

KALAMAZOO COMMUNITY  
Mental Health  
& Substance Abuse  
Services

**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 August 2, 2017

## What is HIPAA?

A federal act called the Health Insurance Portability and Accountability Act (HIPAA), which gives you some rights in addition to what you have through the Michigan Mental Health Code if receiving Mental Health Services and 42 CFR Part II if receiving Substance Abuse Services.

This notice gives you information on these additional rights through HIPAA and an amendment through the HITECH Act. We can give you more information about these laws if you have questions.

You will be given other information that describes your rights through the Michigan Mental Health Code and 42 CFR Part II. If you have not received this information, please contact our Customer Services Department at (269) 373-6000.

## Understanding the Type of Information We Have

We get information about you when you enroll in a Kalamazoo Community Mental Health & Substance Abuse Services (KCMHSAS) program. It includes your date of birth, sex, social security number and other personal information.

## Our Privacy Commitment To You

- We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and legal right may see your information, unless you give us permission in writing.
- We may disclose information about you to coordinate your services with entities known as Business Associates. Business Associates may receive, create, maintain, use and/or disclose your protected health information, but only after they sign an agreement with KCMHSAS requiring them to implement appropriate safeguards regarding your protected health information. For example, we give and receive information from our business associates in order for you to receive the services that you have agreed to through your individual plan of service.

- **Treatment/Services:** We may disclose information about you to coordinate your services. For example, we give information to a provider in order for you to receive the services that you have agreed to through your Person-Centered Plan.
- **Payment:** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask your case manager for details before we pay the bill for your care.
- **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 the services you get.
- **Exceptions:** For certain kinds of records, your permission may be needed even for release for 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, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a life threatening injury, serious threat to health or safety, or in other kinds of emergencies.
- **With Your Permission:** If you give permission in writing, we may use and disclose your personal information. If you give 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.

## Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to the Privacy Officer at KCMHSAS.

- **Your Right to Inspect And Copy:** In most cases, you have the right to look at or get copies of your records. Access to the information may be in electronic form and/or format that you request if readily producible or, if not in a readable electronic form and format as agreed upon. You may be charged a reasonable fee for the cost of copying, mailing or other supplies associated with your request.
- **Your Right To Amend:** You may ask us to change your records if you feel that there is a mistake. 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 made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment or business operations. This list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **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.
- **Your Right To Request Confidential Communications:** You have the right to ask 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.
- **Breach Of Unsecured Protected Health Information:** We are required to and will report, to the affected individual(s), the Department of Health & Human Services and in some situations, prominent media outlets, impermissible uses or disclosures of unsecured protected health information that compromise the disclosure and poses a significant risk of financial, reputational or other harm to the affected individual(s). Such notice will be provided without unreasonable delay within 60 days of the date we discover the breach.