



## *NOTICE OF PRIVACY PRACTICE*

# Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information; including mental health, alcohol, and drug related information about you may be used and disclosed and how you can get access to this information. Please review carefully.

If you need a copy of this notice, please request one from the office.

## Your Rights

You have the right to:

- **Get a copy of your paper or electronic record**
  - You may ask to view or receive an electronic or paper copy of your record and other health information we have about you.
  - A copy or a summary of your health information will be provided to you, usually within 30 days of your request.
- **Correct your paper or electronic medical record**
  - You may ask NMRE to correct health information that you believe is incorrect or incomplete.
  - A request may be denied, but a proper explanation in writing within 60 days will be provided to you.
- **Request confidential communication**
  - You may request NMRE to contact you in a specific way, such as home, office phone number, or to send mail to a different address.
  - We will say “yes” to all reasonable requests.
- **Ask us to limit the information we share**
  - You may ask NMRE not to use or share certain health information for treatment, payment, or operations. We are not required to agree to your request and may say “no” if it affects your care.
  - If a service is paid in full or a health care item is paid out-of-pocket, you may request that information will not be shared for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we have shared your information**
  - You may ask for a list (accounting of disclosure) of the times we have shared your health information for six years prior to the date you ask, who we have shared it with and why.
  - All the disclosures except for those about

treatment, payment, health care operations and certain other disclosures, such as any you requested us to make will be included.

- NMRE will provide one accounting disclosure per year for free.
- **Get a copy of this privacy notice**
  - A paper copy of this notice may be requested at any time, even if you have agreed to receive the notice electronically.
  - NMRE will provide you with a paper copy promptly.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - NMRE will make sure the person has this authority and can act for you before any action is taken.
- **File a complaint if you believe your privacy rights have been violated**
  - NMRE values your feedback. Complaints can be made if you feel we have violated your rights by contacting the Compliance hotline at:  
NMRE Compliance/Privacy Officer  
Northern Michigan Regional Entity  
1999 Walden Drive Gaylord, MI 49735  
Phone: 231.330.2040 or 1866.789.5774  
Email: [compliancesupport@nmre.org](mailto:compliancesupport@nmre.org)
- The NMRE will not retaliate against you for filing a complaint.
- **File a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:**  
Sending a letter to:
  - U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201
  - Call 1.877.696.6775
  - Visit: [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html)

## Your Choices

➤ **You have some choices in the way we use and share your information, you have both the right and choice to tell us to:**

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to your health or safety.*

➤ In the following cases we will never share your information unless you give us written permission:

- Marketing our services and selling your information
- Raising funds

## Our Uses and Disclosures

NMRE may use and share your information as we:

➤ **Treat you**

- NMRE can use your health information and share it with other professionals who are treating you (care coordination).

Example: Your PCP may consult with your SUD provider or mental health provider for care coordination.

➤ **Run our organization**

NMRE can use and share your health information to run our organization, improve quality of care and contact you when necessary.

Example: We use health information about you to manage your treatment and available services.

➤ **Payment for your services**

- NMRE can use and share your health information to approve and pay for services you receive. It also allows NMRE to submit required information to state and federal agencies providing funding for services.

➤ **Help with public health and safety issues**

NMRE can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

➤ **Do research**

- NMRE can use or share your information for health research.

➤ **Comply with the law**

- NMRE will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we are complying with federal privacy law.

➤ **Respond to organ and tissue donation requests**

- We are permitted to share health information about you with organ procurement organizations.

➤ **Work with a medical examiner or funeral director**

- NMRE can share health information with a coroner, medical examiner or funeral director when an individual dies.

➤ **Address workers' compensation, law enforcement and other government requests**

NMRE may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services

- **Respond to lawsuits and legal actions**
  - NMRE may share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **Our Responsibilities**

- NMRE is required by law to maintain the privacy and security of protected health information.
- NMRE will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- NMRE will follow the duties and privacy practices described in this notice and supply you with a copy.
- NMRE will not use or share your information other than as described here unless given written permission by you. If you authorize NMRE to share your information, you may change your mind at any time. Let NMRE know in writing if you

change your mind.

For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

#### ➤ **Changes to the Terms of this Notice**

NMRE may change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

**Revised date: January 12, 2023.**

**Effective date: March 1, 2023**