



NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact us at the address or phone number listed on the last page of this Notice. Please contact the Privacy Advisor for the affiliate where you are or have been receiving services.

This Notice of Privacy Practices describes how we, Hope Network and Affiliates, may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. The new notice will be provided to all individuals receiving services from Hope Network at the time of the revision.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information for Purposes of Treatment, Payment and/or Health Care Operations

Your protected health information may be used and disclosed by your case manager and our office staff for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of Hope Network.

Following are examples of the types of uses and disclosures of your protected health care information that Hope Network is permitted to make. These examples are not meant to be exhaustive, but do describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information 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 protected health information. For example, we would disclose your protected health information, as necessary, to a case management agency that provides care to you. We will also disclose protected health information to physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to ensure that your physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another health care provider (e.g., a specialist or laboratory) who, at the request of your physician or case manager, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that Community Mental Health or your health insurance plan may undertake before it approves or pays for the 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. For example, obtaining approval for employment services may require that your relevant protected health information be disclosed to CMH or the health plan to obtain approval for payment for the services you are seeking. Information may be released to another agency providing health care services to you in order for that agency to receive payment for services.

Healthcare Operations: We may use or disclose, as-needed, your protected health

information in order to support the business activities of Hope Network. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, accreditation, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to a state Adult Foster Care licensing consultant for purposes of periodic license audit. We may also call you by name over the intercom when your ride has arrived. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” who perform various activities (e.g., billing, transcription services) for Hope Network. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract with that company which contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services which may be of interest to you. We may use your name and address to send brochures and other marketing information about Hope Network and its Affiliates to you. For example, your name and address may be used to send you a newsletter about Hope Network and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Advisor to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received services, as necessary, in order to contact you for fund-raising activities supported by our agency. If you do not want to receive these materials, please

contact our Privacy Advisor and request that these fundraising materials not be sent to you. We will not put personal information about you in a brochure without your written authorization.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Hope Network has already taken an action based on an existing authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your Hope Network case manager or physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. We may use and disclose your protected health information in the following instances.

Facility Directories: Unless you object, when we are satisfied of a legitimate need to know, we will use and disclose in our facility directory your name and the location at which you are receiving services, and to our pastoral services department, your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name, and under circumstance allowed by state law.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable

to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your acknowledgement that you have received a copy of the Hope Network Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if we attempt to obtain assigned authorization from you but are unable to do so due to substantial communication barriers and Hope Network staff determine, using professional judgement, that you intend to authorize the use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected

health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, 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.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We will disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we will disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We will disclose protected health information in the course of any judicial or

administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We will also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of Hope Network, and (6) medical emergency (not on Hope Network premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ

Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and Hope Network created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq. of the Federal Register, applicable to Public Law 104-191.

Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your record for as long as we maintain the protected health information. A "record" contains medical and billing information and any other documents that Hope Network staff use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Advisor if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Hope Network is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your Hope Network case manager does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your Hope Network case manager. You may request a restriction through the Hope Network Intake Coordinator at initial intake, or the Hope Network Privacy Advisor.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will

not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Advisor. Examples: Foreign language, Braille, sign language, large print, audio, video.

You may have the right to have your protected health information amended. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Advisor if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices or disclosure for which you have signed an authorization. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Hope Network or any of our employees. You may file a complaint with us by notifying our Privacy Advisor of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Advisor at the address or phone number listed below or email us at: Privacy@hopenetwork.org for further information about the complaint process.

Hope Network and Affiliates:

**Hope Network Behavioral Health
and Integrated Recovery**

Privacy Advisor
3075 Orchard Vista Drive SE
Grand Rapids, MI 49546
616.301.8000

**Hope Network Behavioral Health
Southeast Michigan**

Privacy Advisor
35 W. Huron
Suite 302
Pontiac, MI 48342
248.334.3454

Hope Network Developmental Services

Privacy Advisor
795 36th Street SE
PO Box 141
Grand Rapids, MI 49501-0141
616.248.5900

Hope Network Insight

Privacy Officer
1110 Eldon Baker Drive
Flint, MI 48507

Hope Network Leadership Center

Privacy Officer
3075 Orchard Vista Drive SE
P.O. Box 890
Grand Rapids, MI 49518-0890
616.301.8000

Hope Network Rehabilitation Services

Privacy Advisor
3075 Orchard Vista Drive SE
Grand Rapids, MI 49546
616.301.8000



This notice was originally published and became effective on April 14, 2003. Revised October 1, 2004.