

THRESHOLDS NOTICE OF PRIVACY PRACTICES

This Notice describes how Thresholds may use and disclose medical information about you that we have collected. It also explains how you can get access to this information. Please review it carefully.

If you have questions about this Notice, please contact our Privacy Officer, Darcy Wilcox at (616) 466-5255.

"Protected health information" is:

- Information about you that may identify you, and
- relates to your past, present or future physical or mental health condition, and
- health care services related to your health or condition.

Examples of this may include:

- Your name, address, telephone number, and date of birth.
- Your diagnosis (the condition for which you are receiving treatment).
- Your treatment plan and goals.
- Your progress toward those goals.

In the rest of this Notice, we will use "**PHI**" to mean "protected health information" and "**release**" to mean "disclosure".

This Notice of Privacy Practices describes how we may use and give to others (release) your PHI. We may use it to carry out treatment, payment or health care operations. We may also use it for other purposes that are permitted or required by law. This Notice also describes your rights to see and control your PHI.

We are required to do what we say we will do in this Notice of Privacy Practices. We may change our Notice at any time. The new Notice will cover all PHI that we keep at the time of the new Notice. If you ask, we will give you any new Notice of Privacy Practices. You can call our office and ask us to send you a copy in the mail, or you can ask for one at the time of your next appointment.

Ways We May Use or Release Your PHI Consistent with State and Federal Laws

We may use your PHI for treatment, payment purposes, or for agency operations. If we give out (disclose) your information to another person or agency, we must do so consistent with Federal and State law and regulation (e.g. 42 CFR Part 2). In many circumstances, this requires you to sign an authorization allowing us to provide that information to the other party. If you do not sign an authorization, there are circumstances where we may not be able to provide or make payment for your health services. When you sign an authorization for the use and release of your PHI for treatment, payment purposes, or for agency operations, this means (these examples are not a complete list, but they describe the types of uses and releases that we might make):

1. **Treatment**: We will use and release your PHI when we are giving you services. We will also release your PHI when we are helping you get other services you need. This includes services you may get from another agency or person that already has your okay to use your PHI. For example, we would release needed parts of your PHI to a home health agency that gives you care. Also, we may release your PHI to another doctor or health care provider. This could be a specialist or laboratory that helps us with your treatment.
2. **Payment**: We will use the parts of your PHI needed to get payment for your health care services. Some of the reasons we would use your PHI are:
 - Finding out if your insurance will pay for the kind of services you are asking for.
 - Making sure services provided to you are medically necessary.
 - Evaluating how we use various services.

For example, getting approval for a hospital stay may require that your PHI be released to your insurance company of the State of Michigan.

3. **Health Care Operations**: We may use or release your PHI in order to support the business activities of this agency. These activities include such things as:
 - Making sure we meet important goals and standards.

- Judging how well our employees do their job.
- Training workers and volunteers.
- Licensing or accreditation of our agency.
- Marketing or fundraising.
- Carrying out other business activities.

For example, we may release your PHI to volunteers or interns that see consumers at our agency. We may also use a sign-in sheet at the receptionist desk where you will be asked to sign your name, and/or call you by name in the waiting room. We may use or release your PHI, such as your name and address, to contact you to remind you of your appointment.

We will share your PHI with outside (third-party) "business associates" that perform different kinds of activities for our agency. For example, we might use an outside computer company to help us with our computer records. Whenever an arrangement like this involves the use or release of PHI, we will have a written contract with that organization that will protect your privacy.

We may use or release parts of your PHI to offer you information that may be of interest to you. For example, we may use your name and address to send you newsletters or other information about activities of our agency. You may contact our Privacy Officer to ask that these materials not be sent to you.

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

You must give us special permission by signing a form called an **Authorization** for any use or release of your PHI that is not covered in the consent that we just described. You may cancel this authorization in writing at any time, unless our agency has already released your PHI based on the authorization you gave us. The only time we would not need an authorization is if the use or release is permitted or required by State law. We will describe these situations below.

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

You have the right to say how we can use or release your PHI. Your Supports Coordinator is allowed to use their professional judgment to decide if a use or release is in your best interest if you or your guardian are not present, or if you are not able to either agree or object to the use or release. In this case, only the PHI that is important for your health care will be released. We may use and release your PHI in these kinds of situations we describe below:

1. **Emergencies**: We may use or release your PHI in an emergency treatment situation. If this happens, we will try to get your consent as soon as possible after the delivery of treatment.
2. **Communication Barriers**: If you are an adult 18 years of age or older and do not have a guardian, we may use and release your PHI if someone at Thresholds tries to get consent from you but cannot because of substantial communication barriers. "Substantial communication barrier" means that you do not use any kind of speech, or other type of communication such as a body signal like blinking of the eyes for yes or no. If your Supports Coordinator determines, using professional judgment, that you intend to consent to this use or release under the circumstances, the following guidelines must be met:
 - A witness not employed by Thresholds (preferably a family member or advocate) agrees that you cannot give consent.
 - The witness signs a written statement agreeing that you were unable to give any type of consent and giving the reason why this is true.

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

We may use or release your PHI in the following situations required by law without your consent or authorization. You will be notified of any such uses or disclosures:

1. **Public Health**: We may release parts of your PHI for public health purposes when the law requires us to do so. The release will only be made for the purpose of controlling disease, injury or disability.

2. **Health Oversight:** We may release your PHI to agencies that are responsible for making sure our services meet quality standards. They may need your PHI for activities such as audits, investigations, and inspections. Agencies that use this information include the Center for Medicare and Medicaid Services, the Michigan Department of Community Health, Michigan Protection and Advocacy and network180.
3. **Food and Drug Administration:** We may release your PHI if the Food and Drug Administration requires it. This would be for the following reasons:
 - To report adverse events or product defects or problems.
 - To help track products.
 - To allow product recalls.
 - To make repairs or replacements.
 - To allow other types of product monitoring.
4. **Legal Proceedings:** We may release PHI in the course of any court or administrative proceeding, if we are ordered to do so, or to meet legal requirements.
5. **Law Enforcement:** We may also release PHI for law enforcement purposes. These may include:
 - Limited information requests for identification and location purposes related to victims of a crime.
 - If there is suspicion that death has occurred as a result of a crime.
 - In the event that a crime occurs on the property of our agency.
 - If there is a medical emergency not on the agency's property but it is likely that there has been a crime.
6. **Coroners or Medical Examiners:** We may release PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties.
7. **Research:** We may release your PHI to researchers with your authorization. We may also release information to researchers, without your authorization, when their research has been reviewed to make sure they will keep your PHI private.
8. **Criminal Activity:** If you tell your Supports Coordinator that you are going to harm another person we may release your PHI to the police and the person you threaten to harm.
9. **Workers' Compensation:** We may release your PHI to comply with workers' compensation laws and other similar programs.
10. **Inmates:** We may use or release your PHI if you are an inmate of a correctional facility and this agency created or received your PHI in the course of providing care to you.
11. **Required Uses and Disclosures:** We must release your PHI to the Department of Health and Human Services so they can make sure we are following the law (Section 164.500 et seq.).
12. **Abuse or Neglect:** We will release your PHI to the Michigan Department of Human Services if we think there may have been child abuse or neglect, or vulnerable adults abuse or neglect. Federal and state laws require these reports. Michigan law does not require us to notify you when we make a report about abuse or neglect.

Your Rights

1. **You have the right to inspect and copy your protected health information:**

This means you may look at and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. "Designated record set" means medical and billing records and any other records that this agency uses for making decisions about you.

Under Federal law, you may not see or copy the following records:

- Psychotherapy notes.
- Information gathered for use in court or at hearings.

- PHI that is covered by a law that states you may not see it.

You may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about seeing or copying your medical record.

2. **You have the right to ask us not to release parts of your protected health care information:**

This means you may ask us not to use or release any part of your PHI for treatment, payment or health care operations purposes. You may also ask that any part of your PHI not be released to family members or others who may be involved in your care, or for other purposes as described in this Notice of Privacy Practices. You must tell us in writing what parts of your PHI you do not want released, and to whom you do not want it released.

We are not required to agree to your request. We will allow your PHI to be used or released if your Supports Coordinator believes it is in your best interest. If your Supports Coordinator does agree to your request, we may not use or release your PHI unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your Supports Coordinator. You have the right to request to receive confidential communications from us by another means or at another location. For instance, you can ask to only send mail from our office to your post office box instead of your home address. We will go along with reasonable requests. We will not ask you why you want this change. Please make this request in writing to our Privacy Officer.

You have the right to be told of any releases we have made of your PHI. This right does not apply to releases for treatment, payment or health care operations that we have described. It also does not apply to releases we may have made to you, to family members or others involved in your care, or for notification purposes. You have the right to be told about releases that happened after April 14, 2003. There are rules that may limit your right to receive some kinds of information. Ask your Supports Coordinator or call our Privacy Officer, Darcy Wilcox, if you have questions.

3. **You have the right to get a paper copy of this Notice from us**, 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 us. You may contact the Secretary of Health and Human Services at 201 Independence Ave., S.W., Washington, DC 20201, or by calling (202) 619-0257 or 1-877-696-6775. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Darcy Wilcox, at (616) 466-5255 for further information about the complaint process. Complaints about the Agency can be mailed to the Privacy Officer at 160 68th St., SW, Grand Rapids, MI 49548.

This Notice was published and became effective on **April 14, 2003**.