



# Notice of Privacy Practices

## Who Will Follow This Notice:

- ◆ Any mental health professional authorized to enter information into your record.
- ◆ Staff of all departments at Sanilac County Community Mental Health Authority (Sanilac CMH).
- ◆ Board members and committee members.

## Our Pledge Regarding Mental Health Information:

We understand that information about you and your mental health is personal. We are committed to protecting mental health information about you. We create a record, paper and electronic, of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of our care generated by Sanilac CMH.

## We Are Required By Law to:

- ◆ Make sure that information that identifies you is kept private.
- ◆ Give you this notice of our legal duties and privacy practices with respect to mental health and/or medical information about you
- ◆ Follow the terms of this notice that is currently in effect.

## Your Right to be Notified of a Breach of Your Health Information:

You have the right to be notified if you are affected by a breach of unsecured protected health information. If any of your information is affected, you will be notified in writing within 60 days.

## With Your Permission:

If you give us permission in writing, we may use and disclose your personal information. If you give us 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.



*Talk To Us:*  
Sanilac County  
Community Mental Health  
227 E. Sanilac  
Sandusky, MI 48471

- ☎ 810-648-0330 Assistance 24/7
- 🌐 [www.sanilacmh.org](http://www.sanilacmh.org)
- 📘 [facebook.com/sanilacmh](https://facebook.com/sanilacmh)



## Uses and Disclosure of Medical Information:

We use and disclose mental health and/or medical information about you for treatment, to obtain payment for treatment of services provided for you by Sanilac CMH, for health care operations such as Quality Assurance Reviews, and to business associates who are performing services for you on our behalf. We also use and disclose this information as required by law such as: in order to avert a serious threat to health or safety, to worker's compensation (when applicable), and in response to court orders of any kind. Information may also be released to coroners, medical examiners, and funeral directors.

Any other uses or disclosures will be made only with a written authorization from you. You may revoke this authorization by giving us written notice.



## Changes to This Notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well, as any information we receive in the future. We will post a copy of the current notice at all Sanilac CMH locations. This notice will contain, on the bottom of the front cover, the effective date. In addition, when you register to begin treatment at Sanilac CMH, we will offer you a copy of the current notice in effect.

## Right to Request An Accounting of Disclosure:

You have the right to request an “accounting of disclosure”. This is a list of the disclosures that we made, other than those covered in this notice, of information to you. Please make any requests in writing to the CEO at Sanilac CMH.

## Right to Request Confidential Communication:

You have the right to request that we communicate with you in a certain way or at a certain location. For example, you could ask that we contact you only at work or only by mail. Please make all requests in writing to the CEO at Sanilac CMH. Your request must specify how or where you wish to be contacted.

## Right to Request Restrictions:

You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information to your spouse about a particular drug you are taking. Please make all requests in writing to the CEO at Sanilac CMH. We are not required to agree to your request.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with Sanilac CMH or with the secretary of the Dept. of Health and Human Services. To file a complaint with Sanilac CMH, contact the CEO. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

## Your Rights Regarding Mental Health/Medical Information:

1. You have the right to inspect and copy information from your record, that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. Please make any requests in writing and send them to Sanilac CMH to the attention of the CEO. We may deny your request. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Sanilac CMH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Sanilac CMH. Please submit your requests in writing to the CEO along with a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the info is no longer available to make the amendment.
- Is not part of the medical information kept by or for Sanilac CMH.
- Is not part of the information which you would be permitted to inspect or copy.
- Is accurate or complete

