

### How to Use Your Rights in this Notice

If you want to use your rights under this notice, you may call us or write to us. Since your request to us must be in writing, we will help you prepare your written request, if you wish.

### Complaints and Communications

If you want to exercise your rights under this notice, or if you wish to communicate with us about privacy issues, or if you wish to file a complaint, you can contact:

#### Region 10 PIHP

Attention: Privacy Officer  
3111 Electric Avenue, Suite A  
Port Huron, MI 48060  
Phone: (810) 966-3399

#### Genesee Health System

420 West Fifth Avenue  
Flint, MI 48503  
Phone: (810) 257-3705

#### Lapeer County Community Mental Health

1570 Suncrest Drive  
Lapeer, MI 48446  
Phone/TTY: (810) 667-0500

#### Sanilac County Community Mental Health

227 East Sanilac Avenue  
Sandusky, MI 48471  
Phone: (810) 648-0330  
TTY: (810) 648-4327

#### St. Clair County Community Mental Health

3111 Electric Avenue  
Port Huron, MI 48060  
Phone: (810) 985-8900

### 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

Department of Health & Human Services  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Phone: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697

You will not be penalized for filing a complaint with us or with the federal government.

### 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. This notice is available in other languages and alternate formats, such as large print, that meet the guidelines of the Americans with Disabilities Act (ADA).

Este aviso está disponible en otros idiomas y formatos alternativos que cumplen las directrices de la Ley sobre Estadounidenses con Discapacidades (ADA).

### For Further Information

MDHHS Beneficiary Helpline  
Phone: (800) 642-3195

TTY: 7-1-1 (Michigan Relay Center)



## Privacy Notice

**This notice describes how personal and medical information about you may be used and disclosed and how you can get access to it.**

### Understanding the Information

We get information about you when you enroll in a health plan. It includes your date of birth, gender, ID number and other personal information. We also get bills, reports from your doctor, and other data about your medical care.

### 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 the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so.

### Changes to this Notice

We reserve the right to revise this notice. A revised notice will be effective for medical 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.



09/2017



### **Treatment**

We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.

### **Payment**

We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay your bill.

### **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 care 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 serious threat to health or safety, or in other kinds of emergencies.

### **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.

## **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 Region 10 PHP at the address provided. We have 30 days to respond to your request.

### **Your Right to Inspect and Copy**

In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

### **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 health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

### **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.

### **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.

You may restrict certain disclosures to a health care plan if you pay for a service in full or out of pocket.

### **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.

### **Your Right to Request Access to Your Electronic Health Record**

You have the right to request access to your Electronic Health Record. You may request access to a secure patient web-based portal to view some of your electronic health information by setting up an account. There is no fee.

### **Your Right to Opt Out of Receiving Fundraising Communications**

You may request to opt out of participating in fundraising communications.



**Region 10 PHP**  
3111 Electric Ave. Suite A  
Port Huron, MI 48060  
(810) 966-3399  
[www.region10php.org](http://www.region10php.org)