



# St. Clair County Community Mental Health

*Providing Opportunities for Health, Wellness, & Connection*

## Privacy Notice

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.

### Your Health Information

We care about your privacy. Only people who have both the need and the legal right may see information we have about you. Examples of health information are your birth date, gender, social security number, insurance information, and other personal information, like doctors' reports and other data about your medical care.

### Our Uses and Disclosures

Unless you give us written permission, we will only share your information for your treatment, coordinating your care, payment, business operations, or when we are required by law. We typically use or share your health information in the following ways:

- **Treatment** We may use and share your information to coordinate your health care. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Payment** We may use and share your information to bill and get payment from health plans and other entities. Example: We give information about you to your health insurance plan so it will pay for your services.
- **Business Operations** We may need to use and share your information to run our health care organization. Example: We use information to review the quality of care you get.
- **As Required By Law** We will share information when we are required by law to do so, including for law enforcement or national security purposes, subpoenas or other court orders, public health reporting, disaster relief, government agency review of our activities, or to prevent a serious threat to health or safety.

### With Your Permission

If you give us permission in writing, we may use or share your information. You have the right to cancel your permission by telling us in writing. We cannot take back any uses or sharing already made with your permission.

For certain kinds of records, your permission may even be needed for treatment, coordination of care, payment, and business operations.

### Your Choices

For certain information, you can tell us your choices about what we share. Tell us if you want us to:

- Share information with your family, close friends, or others involved in your care
- Provide appointment reminders or information about services that may be of interest to you
- Share information in a disaster relief situation

## **Changes to this Notice**

We reserve the right to change the terms in 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. We are required by law to follow the notice currently in effect.

## **Your Privacy Rights**

You have the following rights regarding the health information we have about you. To use a right, you must send your request in writing to St. Clair County Community Mental Health at the address provided. We will respond usually within 30 days of your request. Ask us if you need help with this.

- You have the right to look at or get an electronic or paper copy of your health record. We may charge a reasonable fee for the cost of making the copy.
- You have the right to request a change to your health information if you think it is incorrect or incomplete. We may turn down a request, but we must give a written reason.
- You have the right to confidential communications. You can ask us to contact you in a specific way or send mail to a different address than your home address. We will agree with all reasonable requests.
- You have the right to limit how your information is used or shared. We are not required to agree to such a request. If you pay out-of-pocket and in full for a service, you can ask us not to share certain information with a health care plan.
- You can ask for a list of times we have shared your health information during the six years prior to the date you ask, who we shared it with, and why. We will include all times except for those about treatment, payment, business operations, and certain other times, such as when you gave permission.
- You can ask to opt out of participating in fundraising communications.
- You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

## **Complaints and Communications**

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

### **St. Clair County Community Mental Health**

**3111 Electric Ave.**

**Port Huron, MI 48060**

**Phone: (810) 985-8900**

If you believe your privacy rights have been violated, you have the right to file a written complaint with the federal government. You will not be retaliated against if you file a complaint with us or with the federal government.

Mail:

U.S. Department of Health and Human Services  
Office for Civil Rights Centralized  
Case Management Operations  
200 Independence Ave., S.W. Ste 515F, HHH Building  
Washington, D.C. 20201

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
Online Portal: <https://ocrportal.hhs.gov/>  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697

This notice is available in other languages and alternative formats, such as large print, upon request.