Notice of Privacy Practices for the St. Clair County Community Mental Health Substance Use Disorder Services Program

This notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information
- Your right to receive a copy of this notice (in paper or electronic form) and to discuss it with any of the following individuals if you have any questions:
    - Sandy O'Neill, Program Rights Advisor, (810) 985-8900, recipientrights@scccmh.org
    - Joy Vittone, Privacy Officer, at (810) 985-8900, corporatecompliance@scccmh.org

Note: In this notice, your health information means your substance use disorder patient record.

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Ask us to limit the health information we share
- Get a copy of this privacy notice
- Discuss this notice with someone in our program
- Get a list of those with whom we've shared your electronic records
- Get a list of health care providers who have received your health information through certain third parties
- Choose in advance whether to receive fundraising communications
- File a complaint if you believe your privacy rights have been violated

Your Choices

With your consent, we can use and share your health information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share health information with your consent
- Prevent multiple program enrollments
- Submit reports about court-referred treatment
- Report health information to prescription drug monitoring programs

Our Uses and Disclosures

We may use and share your health information without your consent as we:

- Communicate within our program

- Help with medical emergencies
- Report suspected child abuse and neglect
- Report crimes (and threats of crimes) on our premises
- Respond to audits and evaluations of our program, without identifying your specific health information
- Respond to a special court order combined with a subpoena for limited situations

In all the above circumstances, we must protect your health information and limit how we use and share it.

Your Options

When it comes to your health information, you have certain rights. This section explains how you may protect your rights and some of our responsibilities to help you.

- **To consent about when we use or share your information for most purposes**
  - You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
  - You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.
  - You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

- **To ask us to limit what we share**
  You can ask us not to use or share certain health information for treatment after you have provided consent for that purpose. We are not required to agree to your request, and we may say "no" if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

- **To get a copy of this privacy notice**
  You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

- **To discuss this notice with someone in our program**
  You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

- **To choose in advance about fundraising**
  You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

- **To file a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting the Program Rights Advisor in the St. Clair County Community Mental Health Office of

Recipient Rights at 3111 Electric Avenue, Port Huron, MI 48060, calling 810-985-8900, or by completing the Substance Use Disorder Services Program – Recipient Rights Complaint Form located at **https://scccmh.org/services/recipient-rights/**, by telephone at 810-985-8900.

- You can file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **https://www.hhs.gov/hipaa/filing-a-complaint/index.html**
- We will not retaliate against you for filing a complaint.

Choices About Your Consent

We typically use or share your health information for your diagnosis and treatment and to manage your treatment and services.

With your consent, we may also share your health information to:

- A person you request
- Other professionals who are treating you
- Prevent multiple enrollments in withdrawal management or maintenance treatment programs
- Obtain benefits for you by providing information to government personnel
- Bill and get payment from health plans or other entities.
- Report participation in treatment if required by the criminal justice system
- Report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

You can choose someone to act for you.

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

About Our Uses and Disclosures Without Your Consent

We are allowed or required to share your health information in certain ways without your consent. We have to meet many conditions in the law before we can share your health information for these purposes.

- **Communicate within our program**
  We can share your information within our program and with an organization that has administrative control over our program.

- **Respond to medical emergencies**
  We can share your health information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.

We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

- **Aid scientific research**
  We can use or share your health information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.

- **Respond to management and financial audits and program evaluations**
  We can use or share your health information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

- **Assist with cause of death inquiries**
  We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

- **Report suspected child abuse and neglect**
  We will only report the information required by law.

- **Prevent or reduce crime in our program**
  We may report to law enforcement when an individual commits or threatens to commit a crime within our program or against our staff.

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your health information with other substance use disorder services programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your health information again without your consent for the purposes that HIPAA allows. Your health information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your health information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your health information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your health information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.

- We may use or share your health information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your health information.
- We are required by law to maintain the privacy and security of your health information.
- We must let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your health information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice
We are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available by request in our office and on our website.

Effective Date

This notice is effective as of May 12, 2026.