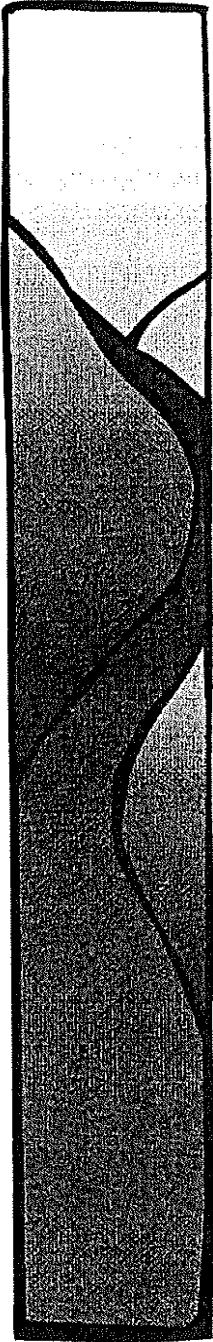


*Saginaw Psychological
Services, Inc.*



*Notice
of
Privacy
Practices*

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. Effective: September 7, 2014

Our Commitment to Your Privacy

We are dedicated to maintaining the privacy of your health information. In conducting business, we will create records regarding you and the treatment and services we will provide.

These records are the property of our agency. However, we are required by law to:

- Maintain the confidentiality of your health information.
- Provide you with the notice of our legal duties and privacy practices concerning your health information.
- Follow the terms of our notice of privacy practices in effect at the time.

This notice provides you with the following information:

- How we may use and disclose your health information.
- Your privacy rights in health information.
- Our obligations concerning the use and disclosure of your health information.

How We May Use and Disclose Your Health Information

The following categories describe the different ways that we may use and disclose your health information. Note: not every possible use or disclosure is specifically mentioned

For Treatment: We will use clinical information about you to provide you with treatment and services. We will disclose medical information about you to doctors, nurses, case managers/support coordinators, and other office personnel who are involved in providing you with treatment.

For Payment: We may use and disclose medical information about you so that treatment and services received from our agency may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for treatment. We may also tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and make sure that all of our consumers receive quality care. Examples: Our organization may use your health information to evaluate the quality of care you received, or to conduct cost-management or business planning activities for our organization. Further, we may disclose your information to doctors, nurses, students, and other personnel for review and learning purposes. We may remove identifying information from your medical information so others may use it to study health care and health care delivery without learning the identity of specific clients.

For Appointment Reminders or Treatment Alternatives: Our organization may use and disclose your health information to remind you that you have an appointment, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To Business Associates: We may share your health information with “business associates” that perform services for us (such as attorneys) through contracts that we have them. These contracts identify terms that safeguard your health information.

Marketing: Uses and disclosures of any protected health information for marketing purposes and disclosures that constitute the sale of PHI require your authorization.

Psychotherapy Notes: Most uses and disclosures of psychotherapy notes will be done only with your authorization.

Other Uses of Medical Information: Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us with an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing at any time. If you revoke authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

To Others Involved in Your Healthcare: Unless you object, we may disclose to a family member, a relative, a close friend, or any other person that you identify, your health information that directly relates to that person’s involvement in your care or payment related to your care. If you are not able to agree or object to a disclosure, we will use our professional judgment regarding such disclosure.

Breach Notification

We are required to notify you following a breach of your unsecured PHI.

Use And/Or Disclosure to the Recipient

If a valid authorization is provided, SPSI may use or disclose your health information to you, as a recipient of our services, your guardian with authority to authorize such use or disclosure, the parent with legal custody of a minor recipient, or the court appointed personal representative or executor of the estate of a deceased recipient, unless in the written judgment of SPSI the disclosure would be detrimental to you, as the recipient, or others.

As Required by Law: We will disclose medical information about you when required by federal, state, or local law. For example, disclosure may be required by Worker's Compensation statutes or various public health statutes in connection with required reporting of certain diseases, abuse and neglect, domestic violence, adverse drug reactions, etc.

Health Oversight Activities: We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals.

Lawsuits and Similar Proceedings: If you are involved in a lawsuit or dispute, we may use your medical information to defend the office or to respond to a court order. We also may disclose your health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement: We may release medical information about you if required by law when asked to do so by a law enforcement official.

Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who have received a medication to those who received another medication for the same condition.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

For Specialized Government Functions: Our organization may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your health information to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations. Our organization may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide health care services to you, (2) for the safety and security of the institution, and/or (3) to protect your health and safety or the health and safety of other individuals.

Your Rights Regarding Your Health Information

You have the following rights regarding the health information that we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your medical information with the exception of any psychotherapy notes. To inspect and copy your medical information you must submit your request in writing to the Privacy Officer.

If you request a copy of the information, we may charge for the time spent, costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. For information regarding a review, contact the Privacy Officer.

Right to Amend: If you feel 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 this office.

Your Rights Regarding Your Health Information (Continued)

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. We may deny your request if you ask us to amend information that:

- a) Was not created by us;
- b) Is not part of the medical information kept by this office;
- c) Is not part of the information that you would be permitted to inspect and copy;
- d) Is accurate and complete.

Right to Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures this office has made of your medical information. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure we make of your medical information.

We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you have paid for services out-of-pocket, in full, and if you request that our office does not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where SPSI is required by law to make a disclosure.

To request a restriction, you must make the request in writing to our Privacy Officer.

Confidential Communications: You have the right to request we communicate with you only in a certain manner. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will accommodate all reasonable requests.

Right to a Paper Copy

You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our office. To obtain a paper copy of this Notice, contact the SPSI Privacy Officer.

Revisions to this Notice

We reserve the right to revise this notice. Any revised Notice will be effective for information currently in our possession as well as any information received in the future. We will post a copy of any revised notice. Any revised notice will contain on the first page, in the bottom right-hand corner, the effective date.

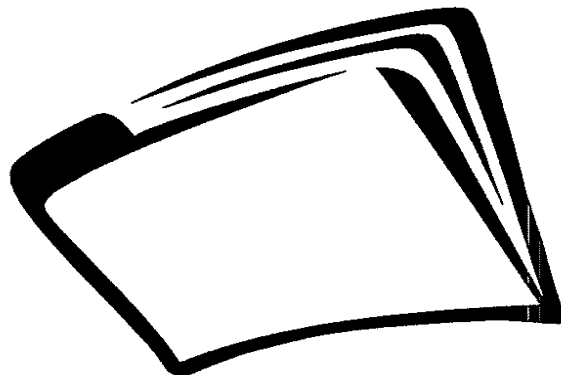
Complaints

If you believe your privacy rights have been violated, you may file a complaint with this office or the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact your Privacy Officer. All complaints must be submitted in writing, or followed up in writing.

You will not be penalized in any way for filing a complaint.

Other Uses for Medical Information

Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing at any time. If you revoke any authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.



If you have any questions about our
Privacy Practices,
ask your Privacy Officer
SPSI Privacy Officer
Barbara Goss
799-2100

2100 Hemmeter, Saginaw, MI 48603
Phone (989) 799-2100 Fax (989) 799-2637

This design, along with the policies and procedures within this book, were adapted from the Notice of Privacy Practices booklet originally designed by the Saginaw County Community Mental Health Authority.