



NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

If you have any questions about this notice, please contact Kenneth Berger, Corporate Compliance Officer, LifeWays Community Mental Health, at 517-796-4526; 1200 N. West Ave., Jackson, MI 49202.

YOUR HEALTH INFORMATION

This notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from LifeWays. We are required by law to maintain the privacy of your health information, to provide you with this Notice of Privacy Practices ("Notice"), to follow the terms of the Notice that is currently in effect and to notify you of any breach of your unsecured health information.

This Notice will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. LifeWays' employees are responsible for upholding the privacy practices described below.

Your health information may include information created and received by LifeWays and may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

For Treatment. We may use and disclose health information about you to health care providers who request it in connection with your medical treatment or services, as well as to coordinate further management of your care and provide related services. We may disclose health information about you to doctors, nurses, case managers, and other staff inside or outside LifeWays to coordinate care; such as phoning in prescriptions to your pharmacy or scheduling lab work. We may disclose the information to refer you to other health care providers. Family members may also be a part of your team and may require information about you that we have. We will request your permission before sharing health information with your family or friends unless you are unable to give permission to such disclosures due to your health condition.

For Payment. We may use and disclose health information about you so that the treatment and services you receive may be billed and payment for them may be collected from you, an insurance company, or a third party.

For Health Care Operations. We may use and disclose health information about you in order to run LifeWays and make sure you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may use and disclose your health information to coordinate your care, to communicate with you about treatment alternatives and other health-related benefits and services. We may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may disclose your health information to providers and other health plans that have a relationship with you for certain health care operations.

For Special Situations. We may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

- **Business Associates.** We may share your health information with third-party business associates who perform various activities for us. Whenever an arrangement with such a third party involves the use or disclosure of your health information, we will have a written contract with the third-party designed to protect the privacy of your health information. For example, we may share your health information with business associates who assist in claims processing or conduct disease management programs on our behalf.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health 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.
- **Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **For Matters in the Public Interest.** As required or authorized by law, we may use or disclose your health information for matters in the public interest such as public health and safety activities, including disease and vital statistic reporting, child abuse or adult abuse reporting, domestic violence reporting, and neglect reporting.
- **Psychotherapy Notes.** Under most circumstances, without your written authorization, we may not disclose the notes a mental health professional took during a counseling session. However, the law permits us to disclose such notes to the professional who wrote the notes in order to treat you, to defend us in a legal action you brought against us, for state and federal oversight of mental health professional who wrote the notes, to provide training to certain staff or as otherwise authorized by law.
- **Family and Friends.** We may disclose health information about you to your family members or friends who are involved in your care or payment for your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you while we are discussing your treatment, eligibility for benefits or payment for a claim. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.
- **Appointment Reminders, Treatments and Health Care Benefits and Services.** We may use and disclose your health information to contact you and remind you about an appointment or to give you information about treatment options or alternatives, disease management programs, wellness programs, care coordination, and alternative settings of care. We may contact you by mail, telephone or email or leave voice mail messages on a phone number you provided or respond to you at an email address you provided.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. We also will not use or disclose your health information for the following purposes without your specific, written Authorization:

- For our marketing purposes. This does not include face-to-face communication about products or services that may be of benefit to you.
- Certain types of specially protected information such as psychotherapy notes, HIV, substance abuse, mental health, and genetic testing information require authorizations.
- To sell your health information.

If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your health care or the payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practically do so.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

- **Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and copy your health information, such as medical and billing records and case management notes that we keep and use to make decisions about your care or billing/payment for your care. You may request to inspect and copy your health information by contacting LifeWays Customer Services at 866-630-3690.
 - If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. A modified request may include requesting only a summary of your medical record, rather than the entire record.
 - You have the right to request a copy of your health information in electronic form if we store your health information electronically.
 - If you request to view your health information, there is no cost to you. You may do so on site.
 - We may deny your request to inspect and/or copy your record or parts of your record in certain limited circumstances and we will provide you with our reasons for denying your request. If you are denied copies of, or access to, health information that we keep about you, you may ask that our denial be reviewed. If you choose to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
 - You do not have a right to inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
- **Right to Amend.** If you believe health 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 as long as the information is kept by LifeWays as part of a set of records used to make decisions about your care or payment for your care. To request an amendment, contact LifeWays Customer Services at 866-630-3690 to complete and submit the request. We may deny your request for an amendment if your request is not in writing or does not include a reason to support the request. In addition, we may deny your request or part of your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep
- You would not be permitted to inspect and copy
- Is accurate and complete

If we deny your request for amendment or any part of it, you have the right to submit a rebuttal and request the rebuttal be made a part of your medical record. You also have the right to request that all documents associated with the amendment request (including the rebuttal) be transmitted to any other party any time that portion of the medical record is disclosed.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, when specifically authorized by you, to persons involved in your care or for other notification purposes and a limited number of special circumstances involving national security, correctional institutions and law enforcement. To obtain this list, you must submit your request in writing to Kenneth Berger, Corporate Compliance Officer at 517-796-4526. It must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically).
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend, or that we disclose for disaster relief purposes. With one exception, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information. We are required to agree to your request if you pay for treatment, services, supplies and prescriptions “out of pocket” and you request the information not be communicated to your health plan for payment or health care operations purposes. But, there may be instances where we are required to release this information if required by law. To request restrictions, submit the request to Kenneth Berger, Corporate Compliance Officer at 517-796-4526.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you may complete and submit the request to Kenneth Berger, Corporate Compliance Officer at 517-796-4526. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. You may also find a copy of this Notice on our web site. To obtain a paper copy, contact Customer Services at 866-630-3690.

BREACH NOTIFICATION

We are legally required to notify you if there is a breach of your unsecured protected health information as required by law.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and 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 the current notice at our location(s) with its effective date in the top right-hand corner. You are entitled to a copy of the notice currently in effect.

We will inform you of any significant changes to this Notice. This may be through our newsletter, a sign prominently posted at our location(s), a notice posted on our web site or other means of communication.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office. You may also file a complaint with the Secretary of the Department of Health and Human Services at:

**LifeWays Community Mental Health
Kenneth Berger
Corporate Compliance Officer
1200 N. West Ave.
Jackson, MI 49202
Phone: 517-796-4526
Anonymous Hotline: 517-789-2485
Fax: 517-796-9426**

**Office for Civil Rights Region V
U.S. Department of Health & Human Services
Celeste Davis, Regional Manager
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Phone: 800-368-1019
Fax: 312-886-1807**