



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.

This notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health condition.

I. Uses and Disclosures of Protected Health Information – SFS may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless SFS has obtained your authorization or the use or disclosure is otherwise permitted by law without your authorization. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, electronically, or by facsimile.

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. For example, we may disclose your protected health information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians, counselors, social workers and other staff, who work for Starfish Family Services. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of the treatment activities of the other provider.

B. Payment. Your protected health information will be used, as needed, to obtain payment for the services that we provide. We may disclose protected health information to your insurance company to determine whether you are eligible for benefits; review your services to determine if they are medically necessary; review your services for purposes of ensuring appropriateness of care or to justify the charges for your care.

C. Operations. We may need to use and disclose your protected health information for our business operations, as necessary to run our organization and make sure that our consumers are provided quality care. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Employee review activities.
- Training programs including those in which interns in social work learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
- Business management and general administrative activities.

In certain situations, we may also disclose customer information to another provider for their health care operations.

D. Other Uses and Disclosures. As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes:

- To remind you of an appointment.
- To inform you of potential treatment alternative or options.
- To inform you of health-related benefits or services that may be of interest to you.
- To contact you to raise funds for SFS or an institutional foundation related to SFS. If you do not wish to be contacted regarding fundraising, please contact our Privacy Officer.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization of Opportunity to Object – We will release information when we are required to do so by law. 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 serious threat to health or safety or in other kinds or emergencies.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

III. Uses and Disclosures Which You Authorize – If you give us permission in writing, we may use your personal information. If you give us your permission, you have the right to revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

IV. Your Rights – You have the following rights regarding your health information:

A. The right to inspect and copy your protected health information. In most cases, you have the right to inspect and obtain a copy of your records.

To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last page of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request.

B. The right to request a restriction on uses and disclosures of your protected health information – You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply.

SFS is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction

C. The right to request to receive confidential communications from us by alternative means or at an alternative location – You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request.

D. The right to have your therapists/case managers/counselors/social workers amend your protected health information – You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment, but we must give you a written reason for our denial.

E. The right to receive an accounting – You have the right to request an accounting of certain disclosures of your protected health information made by SFS within the six years prior to the date of your request. This right applies to disclosures for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization.

F. The right to obtain a paper copy 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 of this notice. Please call or write to us to request a copy.

V. Our Duties – SFS is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. SFS is required to abide by the terms of the notice currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. Any changes to our notice will be published on our web site. To obtain a copy of our current Notice, you can go to www.starfishfamilyservices.org, call us at (734) 728-3400, or write to us and request a copy be sent to you in the mail. You may also request a copy of our Notice by asking for one anytime you are at our offices.

VI. Complaints – If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. For more information, see <http://www.hhs.gov/ocr/>. You will not be penalized for filing a complaint with the federal government.

For inquiries or questions regarding the use or disclosure of your protected health information or to file a complaint with SFS, contact our Privacy Officer.

Starfish Family Services
Privacy Officer
30000 Hiveley Rd.
Inkster, MI 48141
Or call (734) 728-3400
E-mail: compliance@sfish.org

All complaints must be submitted in writing. Our Privacy Officer will assist you with writing your complaint, if you request such assistance.

You will not be penalized for filing a complaint.

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 of this notice. Please call or write to us to request a copy.

This privacy notice is effective March 1, 2010