

R.O.O.C., INC.

NOTICE OF PRIVACY PRACTICES

This notice describes how personal and medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Understanding the Type of Information We Have

We receive information about you when you come to us for service. It includes your name, address, telephone number, date of birth, sex, social security number, ID number, health insurance information, and other personal and pertinent information. We bill you and/or your funding source for the services you receive from R.O.O.C., Inc., e.g. mental health, vocational rehabilitation, educational institutions, employers, etc. We also receive bills from others who provide you services when accessing programs through R.O.O.C., Inc., e.g. payroll services and transportation. We might receive reports from you, your funding source and/or your health care provider(s) that include information about your mental health and physical health status.

Our Privacy Commitment to You

We care about your privacy. The information we collect about you is private and we refer to it as "protected health information" (PHI). Two laws protect your health information: the Michigan Mental Health Code and the Federal Health Insurance Portability and Accountability Act (HIPAA). We are required to give you a notice of our privacy practices. This is that notice. Not all situations will be described. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purpose of treatment, payment, business operations or when we are required by law to do so.

- **Treatment** We may disclose health information about you to coordinate your health care. We may disclose information to other health care providers in our service network such as a group home in which you reside.
- **Payment** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may need to inform the sponsoring organization of the services you received in order to support billing information.
- **Business Operations** We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you get.
- **As Required by Law** We will release information when we are required by law to do so. 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 a serious threat to health or safety or in other kinds of emergencies.
- **Exceptions** For certain kinds of records, your permission may be needed even for treatment, payment and business operations.
- **With your Permission** If you give us permission in writing, we may use and disclose your personal information. If you give us 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.

YOUR PRIVACY RIGHTS

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to R.O.O.C., Inc. at the address below.

- **Your Right to Inspect and Copy**
In most cases, you have the right to review or receive copies of your records. You may be charged a fee for the cost of copying your records.

- **Your Right to Amend**
You may ask us to change your records. If you feel there is a mistake, you have the right to add a statement. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- **Your Right to a List of Disclosures**
You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. You may be charged a fee for the cost of copying.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information**
You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such request.
- **Your Right to Request Confidential Communications**
You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request. We will attempt to honor your request.

HOW TO USE YOUR RIGHTS UNDER THIS NOTICE

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

- **Complaints to the Federal Government**
If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Office of Civil Rights
Dept. of Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 886-788-4989
Email: ocrprivacy@hhs.gov
- **Complaints and Communications to Us**
If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you may write to:

Privacy Officer
R.O.O.C., Inc.
11051 N. Cut Road
P.O. Box 827
Roscommon, MI 48653
Phone: 989.275.9534

You will not be penalized for filing a complaint with the federal government.

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CHANGES TO THIS NOTICE

We reserve the right to revise this notice. A revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be available at our offices. You may call or stop by to receive a revised one.

FOR MORE INFORMATION

If you have any questions about this notice or need more information, please contact R.O.O.C., Inc.'s Privacy Officer.