

Welcome to



The right care . . .
. . . at the right time

Confidentiality/ Personal Health Information

Introduction

New Oakland Family Center employees and staff understand that information about you and your health is personal. We are committed to protecting the information about you. We create a medical record that details the care and services you receive. We need that record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to any medical records generated by New Oakland Family Centers. This notice will tell you about the ways we may use and disclose information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of information.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information;
- Provide you with this notice as to our legal duties and privacy practices with respect to information about you;

- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain.

Should our information practices change, we will post a revised notice.

We will not use or disclose your health information without your authorization except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Understanding Your Health Record

Each time you see your therapist or physician a record of your visit is made. This



information, often referred to as your health or medical record, serves as a:

- Basis for treatment planning;
- Means of communication among other health care pro-fessionals;
- Legal document describing your treatment;
- Means by which you or a third party payer can verify that services billed were actually provided;
- A tool in education health professionals;
- A source of information for public health officials charged with improving the health of this state and the nation; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding which is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access your health information and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of New Oakland Family Centers, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practice upon request;
- Inspect and have copies made of your health record as provided for in 45 CFR 164.524;
- Request communications of your health information by alternative means or at alternative locations;
- Obtain an accounting of certain disclosures of your health information as provided in 45 CFR 165.528;
- Request we amend your health record as provided you in 45 CFR 164.528;

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522; and
- Revoke your authorization to use or disclose health information except to the extent that action has al-ready been taken.

New Oakland Family Centers' Privacy Officer is:

Kimberly Smith, LMSW
586-412-5321 Ext. 3625
(800) 395-FACE (3223)

Examples of Disclosure for Treatment, Payment and Health Operations

We will use your health information for treatment:

For example: Information obtained by a therapist, physician, or other member of your health care team will be recorded in your medical record and used to determine the best course of treatment for you.

We will use your health information for payment:

For example: We may use and disclose information about you so that the treatment and services you receive may be billed to and collected from you, an insurance com-pany, or a third party. We may tell an insurance company or a third party about care you are going to receive in order to obtain prior approval or determine your cover-age.

We will use your health information for regular health care operations:

For example: Your information may be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Notification: We may use or disclose information to noti-fy or assist in notifying a family member, personal repre-sentative, or another person responsible for your care. We may call to confirm appointments.

Business Associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. However, we require the business associate to appropriately safeguard your information.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, warrant, summons, or similar process.

Health Oversight Activities: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney,

provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers, or the public.

Research: Research projects are subject to a special approval process, usually handled by the Food and Drug Administration (FDA). The approval process includes considering a client's right to privacy of their health information and the need to conduct research to improve care. If you are a candidate for participation in a research project, you will always be given very specific information about the research project and be asked if you want to participate.

If you believe your privacy rights have been violated, you can file a complaint with New Oakland's privacy officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the privacy officer or the Office for Civil Rights. The address for the OCR is:

Office for Civil Rights
US Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington DC 20201