

Macomb County Community Mental Health

Privacy Notice

This notice describes how MCCMH will use and share personal and medical information about you.

You can get access to the information we have about you. This notice also describes how to do that.

This notice applies to all MCCMH clients. Please read it carefully, and ask questions about anything you don't understand.

The Information MCCMH has about You

MCCMH gets information about you when you apply or enroll for services. We get contact information, your date of birth, Social Security Number, insurance, and other personal information. We also get bills, reports from your treatment team, and other information about your care.

Our Commitment to Your Privacy

The information we gather about you is private, and that's important to us. We are required to give you this notice about our privacy practices.

Only people who have both a need and a legal right to know about you may see your information. Unless you give us permission in writing, we will only share your information for purposes of treatment, payment, business operations, or when we are required to do so by law.

- **Treatment:** We may disclose medical information about you to coordinate your care. For example, we may notify your doctor about care you get from MCCMH or its contract agencies.
 - **Payment:** We may use and share information about your care so that bills for your services can be properly paid. For example, we may ask providers for treatment or insurance information before we pay the bill for your services.
 - **Business Operations:** We may need to use or share information for our business operations. For example, we may use information to review quality of care.
 - **As Required by Law:** We will share information when we are required by law to do so. Examples include law enforcement or national security purposes; subpoenas or other court orders; communicable disease reporting; disaster relief; review of our activities by government agencies; or to avert a serious threat to the health or safety of others, and other emergency situations.
 - **Exceptions:** For certain kinds of records, including substance abuse records, your permission may be needed even for release for treatment, payment, or business purposes.
 - **With Your Permission:** You can give us permission to share your information with anyone you wish. You must do so in writing. If you give us permission to share your information with someone or with another agency, you can change your mind. If you change your mind, you must tell us in writing. We cannot take back any information we have already shared.
- ## Your Privacy Rights
- You have the following rights about your health information:
- **You may inspect and copy your records.** You can look at your records and make copies of them. We may charge a small fee for copying.
 - **You may amend (change) your records.** You may ask us to change your records if you think there is a mistake. We may deny this request for certain reasons. If we deny your request, we must tell you why in writing.
 - **You may request a list of disclosures.** You have the right to ask for a list of the places we have shared your information after April 14, 2003. The list will not include the times we used your information for treatment, payment, or health care operations. The list will not include information provided directly to you or to your family, or anything shared with your permission.
 - **You may request restrictions on the use of your information.** We are not required to agree to such requests, except where other Federal laws support your request, such as with substance abuse.
 - **You may request confidential communications.** This means that 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 reason for your request.

Substance Abuse Treatment and Privacy

If you are receiving substance abuse treatment services funded by the Macomb County Office of Substance Abuse (MCOSA), you have other rights related to your privacy.

Your alcohol and drug abuse treatment records are protected by Federal law and regulations. For example, MCOSA is required to comply with the Confidentiality of Alcohol and Drug Client Information Act (42CFR Part 2). Generally, this means that information about you cannot be shared with others without your written permission, except as permitted by law.

You have the right to an independent interpreter to help you use mental health or substance abuse services.

بحقك لك الاستعانة بمترجم لمساعدتك في استخدام خدمات الصحة النفسية ومعالجة الايمان

Avete diritto ad un interprete indipendente che vi assista nell'uso dei servizi di salute mentale o di abuso di sostanze.

Podczas korzystania z usług służby zdrowia psychicznego lub usług w zakresie walki z nałogami masz prawo do pomocy ze strony niezależnego tłumacza.

Tiene derecho a un intérprete independiente para que le ayude a utilizar los servicios para la salud mental o para el abuso de sustancias.

If you prefer an interpreter for another language, or you prefer this information in English on tape, call

586-948-0222

For More Information

If you believe that your privacy rights have been violated, you may also contact the Michigan Department of Community Health. Contact:

Privacy Officer
Michigan Department of Community Health
320 S. Walnut
Lansing, Michigan 48913
517-373-3500
517-373-3573 TDD

For more information about privacy rights:

Michigan Department of Community Health
Beneficiary Helpline:
800-642-3195

Changes to this Notice

We reserve the right to revise (change) this notice. A revised notice will apply to information we already have about you and any information we receive after the change. We are required to abide by whatever notice is currently in effect. Any material changes to our notice will be given to you.

This privacy notice follows guidelines provided by the Federal Government and the Michigan Department of Community Health.

Copies of this Notice

You have the right to receive additional copies of this notice at any time. Ask for a copy at the site where you receive services.

This privacy notice is also available on the worldwide web at www.mccmh.net

Notice of Privacy Rights

While You Receive
Mental Health or
Substance Abuse
Services



**Macomb County
Community Mental Health**

What is Macomb County Community Mental Health?

Macomb County Community Mental Health (MCCMH) is a public provider of mental health, developmental disability, and substance abuse treatment services. MCCMH has been designated by the State of Michigan to provide these services to Macomb County residents who receive Medicaid or MICHild, as well as those with limited or no insurance.

MCCMH programs and services are certified by the State of Michigan and accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). This means that MCCMH services meet State and national standards of quality.

The programs and services of Macomb County Community Mental Health are supported and funded, in part, by the Macomb County Board of Commissioners and the Michigan Department of Community Health, and are administered by the Macomb County Community Mental Health Board.

Guided by the values, strengths, and informed choices of the people we serve, Macomb County Community Mental Health provides an array of quality services which promote community participation, self-sufficiency, and independence.

**Mission Statement
of MCCMH**

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 you would like more information about your privacy rights, call

MCCMH Privacy Officer
43740 Groesbeck
Clinton Township, MI 48036
586-466-8717

If you are receiving mental health or substance abuse services and you wish to file a privacy complaint, contact the Office of Recipient Rights:

MCCMH Office of Recipient Rights
22550 Hall Road
Clinton Township, MI 48036
586-469-6528 V
586-469-7797 TTD

You also have the right to file a complaint with the Federal Government. Contact:

Office of Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359
312-353-5693 TDD
Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint or making a request related to your privacy rights. If you would like assistance to make a request related to your privacy or to file a complaint, we will help you, if you wish.