



Notice of Privacy Practices

THIS NOTICE HIGHLIGHTS HOW YOUR PROTECTED HEALTH INFORMATION (PHI) CAN BE USED AND SHARED. IT ALSO HIGHLIGHTS HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE:

Every employee and volunteer at The Center for Growth and Independence (The Center).

WHY WE FOLLOW THIS NOTICE:

We know that your protected health information is private. We will protect your information. We document records of the services you receive to strive for quality service and comply with laws. This notice applies to all health care records that we maintain.

By law, we are required to:

- Keep your health information private.
- Give you this notice of our legal duties and our practice of keeping your health information private.
- Follow terms of the notice in effect at the current time.

HOW WE ARE ALLOWED TO USE AND SHARE YOUR PHI:

For treatment:

We will use your health information to provide, coordinate or manage your health care and related services to you. As a part of these services minimum necessary information may be released for the purpose of building natural support, community support, and acquiring daily living-employment skills. Any of our employees involved in your care will have access to your health information. We may also provide your health information to other health care providers who become involved in your care; including Contract Agencies to assist them in providing services to you. Similarly, we may refer you to another provider for services and as a part of the referral share health information about you with that provider. During our daily operations if one person's services/treatment are affected by actions of another individual than either individual's minimum necessary information may be released. However, we will not disclose psychotherapy notes to health care providers who are not part of our practice unless we have your written authorization to do so.

For Payment:

We may use and disclose service information about you to be paid for the services we provide to you. This can include billing you, Medicare/Medicaid, your insurance company, or a third-party payer.

For Regular Health Care Operations:

We may use and disclose health information about you to increase efficiency and quality in our own health care operations. For example, we may use health information about you to review the services we provide and the performance of our employees in caring for you. We may disclose health information about you to train our employees and volunteers. We also may use the information to study ways to manage our organization more efficiently. This information may also be released to accrediting agencies to continually improve the quality and effectiveness of our services.

Additional Uses and Disclosures:

Business Associates: Some of our business operations may be performed by other businesses. We refer to these companies as "business partners." For these business partners to perform the required service (billing, accounting services, etc.), we may need to disclose your health information to them so that they can perform the job we've asked them to do. To protect you, we require our business partners to appropriately safeguard your health information.



Notice of Privacy Practices

Communication with Persons Involved in Your Care:

We may disclose to a family member, other close relative, a close friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with your care. Please indicate in your plan of service, if there is someone specific you do not want information disclosed to about you. If you are incapacitated, or involved in an emergency, we may use or make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipients' involvement in your care.

Required by Law:

We may use or disclose your health information to the extent that such use or disclosure is required by law and is limited to the relevant requirements of such law. Public Health, Health Oversight and the Food and Drug Administration (FDA): 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. We may also be required by law to disclose your health information to health oversight agencies responsible for regulating the health care system, government benefit programs, and civil rights laws, so that they may conduct, among other things, audits, investigations, and inspections. For the purpose of activities relating to the quality, safety or effectiveness of an FDA-regulated product or activity, we may disclose to the FDA your health information relating to adverse events with drugs, supplements, and other products, as well as information needed to enable product recalls, repairs, or replacements.

Victims of Abuse, Neglect or Domestic Violence:

If we reasonably believe that you are the victim of abuse, neglect, or domestic violence, we may disclose your health information to a governmental authority responsible for receiving these types of reports, to the extent the disclosure is required by law, or you agree to the disclosure. If the disclosure is authorized by law, but not required, we may disclose your information if we determine that disclosure is necessary to prevent serious harm to you or others. Judicial and Administrative Proceedings: If you are involved in a judicial or administrative proceeding we may, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, disclose the specific portions of your health information that are requested. If the subpoena, discovery request or other lawful process is not accompanied by a court or administrative tribunal order, we may disclose your health information only after we are assured that reasonable efforts have been made to notify you of the request, and the time for you to raise objections to the request has expired, or reasonable efforts have been made by the requester to seek a protective order concerning the requested health information.

Law Enforcement:

We may disclose your health information to a law enforcement official for law enforcement purposes as required by law, a court ordered subpoena or summons, a grand jury subpoena or summons, or an administrative subpoena or summons, under certain circumstances. In specific situations, the law also permits us to disclose limited pieces of your health information, when the information is needed by law enforcement officials to:

- Identify a suspect, fugitive, material witness, or missing person.
- Identify a victim of a crime.
- Alert law enforcement officials concerning your death.
- Notify law enforcement officials when a crime has been committed on our premises.
- In an emergency, when necessary to alert law enforcement officials about a crime, its location, or the identity of a perpetrator.



Notice of Privacy Practices

Coroners Medical Examiners and Funeral Directors:

We may disclose your health information to a coroner or medical examiner for the purpose of identifying you upon your passing, or to determine a cause of death. We may also disclose your health information to your funeral director if needed to complete his or her authorized duties.

Cadaver Organ, Eye or Tissue Donation:

If you are an organ donor, we may release your health information to organizations that procure, bank or transplant organs for the purpose of facilitating organ, eye or tissue donation and transplantation.

Research:

We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, thereby meeting the requirements under HIPAA.

Avert a Serious Threat to Health or Safety:

Consistent with applicable law and standards of ethical conduct, we may, in limited circumstances, use or disclose your health information if we, in good faith, believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public. National Security and Presidential Protective Services: We may disclose your health information to authorized federal officials for the conduct of lawful intelligence and national security activities, as well as the provision of protective services to the President and other protected individuals.

Inmates and Individuals in Custody:

If you are an inmate or otherwise in custody, we may disclose your health information to the correctional facility or law enforcement official having lawful custody of you.

Workers' Compensation:

We may disclose your health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Disaster Relief:

We may use or disclose your information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close friend, or other person identified by you, of your location, general condition, or death.

Proof of Immunization:

We may use or disclose your information to a school about you if you are a student or perspective student at the school. The information is limited to proof of immunization. This will occur if the school is required by law to have proof of immunization prior to admittance and we obtain your agreement.

Fund Raising and Marketing:

As a tax-exempt organization, we may solicit and accept contributions. Unless you instruct us otherwise, we may use your contact and demographic information, as well as dates of service and outcome information for the purpose of raising funds. You have the right to opt out of fundraising activities and marketing initiatives. Any marketing activities that include the use of your information will include your agreement.



Notice of Privacy Practices

YOUR HEALTH INFORMATION RIGHTS:

Within the limits provided by federal and state law, you have the right to:

- Request restrictions on certain uses and disclosures of your health information.
- Receive confidential communications of your health information. You may request that we communicate with you about your health information by alternative means or at an alternative location.
- Restrict disclosures of your health information to a health plan with respect to health care for which you have paid out of pocket in full.
- Inspect and obtain a copy of your health information, except psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings.
- Request an amendment to your health information that we have created, except portions of your health information that you are precluded from inspecting and copying as set forth above.
- Obtain an accounting of certain disclosures of your health information.
- Receive a paper copy of this Notice in addition to any electronic copy you may receive.

You may exercise any of the above rights by submitting a signed letter detailing your request and mailing or delivering the letter to our Corporate Compliance-Privacy Officer. Our Corporate Compliance Officer serves as the role of Privacy Officer. We will promptly provide you with any forms necessary to assist you with processing your request.

Unless you tell us otherwise in writing, we may contact you by either phone or by mail.

OUR RESPONSIBILITIES:

- Maintain the privacy of your health information.
- Provide you with this Notice of our legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of this Notice, currently in effect, and as amended from time to time.
- Notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information.
- Accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations.
- Notify you when there has been a breach of your health information as required under Breach Notification standards of HIPAA. Such notice will be provided without unreasonable delay within 60 days of the date we discover the breach.

We reserve the right to change our privacy practices and to make the new provisions effective for all your health information we already have, as well as any health information we receive or create in the future. Should our privacy practices change, we will post a copy of the revised Notice at our locations, which indicates the effective date. You may also have a copy of our current Notice of Privacy Practices upon your request. Our Notice of Privacy Practices is also available at our website: www.thecentergi.org

If the use or disclosure of your health information is not permitted under law without a written authorization, we will not use or disclose your health information without that written



Notice of Privacy Practices

authorization. You may at any time revoke a written authorization in writing, except to the extent that we have already acted in reliance of your authorization.

If you have questions and would like additional information concerning this Notice, please call our Corporate Compliance-Privacy Officer at 269- 487-9820.

If you believe that we have violated any of your privacy rights, you may file a written complaint with our Corporate Compliance-Privacy Officer, or mail your written complaint to:

Corporate Compliance-Privacy Officer
The Center for Growth and Independence (The Center)
1440 E. Empire Ave.
Benton Harbor, MI 49022
Anonymous Reporting 269-252-4403

You may also file your complaint with the Secretary of Health and Human Services.

There will be no penalty or retaliation for filing a complaint.

Complaints filed with the Secretary of Health and Human Services should be addressed to:

Office of Civil Rights U.S. Department of Health and Human Services,
200 Independence Avenue SW
Washington, D.C. 20201

Or complaints may also be filed at www.hhs.gov/ocr