

NOTICE OF PRIVACY PRACTICES

Emerge Health & Wellness

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Website: <https://emergehealthandwellness.org>

Effective Date: January 1, 2020 (**Revised: December 2024**)

Purpose

This Notice of Privacy Practices (NPP) describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. We comply with the **Health Insurance Portability and Accountability Act (HIPAA)** and applicable **State of Michigan laws** to protect your health information.

Your Rights

You have the following rights regarding your health information:

1. **Inspect and Copy Records**
 - You can request to view or obtain a copy of your medical records in paper or electronic format.
 - We will respond to your request within **30 days**.
2. **Request Amendments**
 - You may ask us to correct or update your PHI if you believe it is incorrect or incomplete.
3. **Request Restrictions**
 - You may request we limit how your PHI is used or disclosed.
 - If you pay for a service **out-of-pocket in full**, you can request we not share that information with your health plan.
4. **Request Confidential Communications**
 - You may specify how or where we contact you (e.g., a specific phone number, email, or mailing address).
5. **Receive an Accounting of Disclosures**
 - You can request a list of when and with whom we shared your PHI, excluding disclosures for treatment, payment, or healthcare operations.
6. **Receive a Copy of this Notice**

- You can ask for a paper or electronic copy of this NPP at any time.
7. **File a Complaint**
- If you believe your privacy rights have been violated, you may file a complaint with us or the U.S. Department of Health and Human Services (HHS).

Our Responsibilities

We are required to:

- Maintain the privacy and security of your PHI.
- Notify you promptly in the event of a **breach** of unsecured PHI.
- Follow the terms of this Notice.
- Update this Notice when material changes occur.

How We Use and Share Your PHI

Permitted Without Authorization

We may use and share your PHI for:

1. **Treatment**
 - Sharing information with healthcare providers to coordinate and provide care.
2. **Payment**
 - Billing and payment for healthcare services, including insurance claims.
3. **Healthcare Operations**
 - Quality assessment, compliance reviews, and staff training.
4. **When Required by Law**
 - Disclosures to comply with federal, state, or local laws.
5. **To Prevent Harm or Ensure Safety**
 - Reporting abuse, neglect, or public health risks to authorities.
6. **Breach Notification**
 - Informing you of unauthorized access to your PHI.

Uses That Require Authorization

We must obtain your written consent for:

- **Marketing purposes.**
- **Sale of PHI.**
- **Psychotherapy notes.**

You can revoke your authorization at any time in writing.

State of Michigan Requirements

1. **HIV/AIDS-Related Information**
 - Disclosure of HIV/AIDS-related information requires your **explicit written consent**, except when required by law (MCL § 333.5131).
2. **Mental Health Records**
 - Mental health records are protected under Michigan's **Mental Health Code** and will only be disclosed:
 - With your written consent.
 - For treatment purposes.
 - To prevent harm or comply with a court order (MCL § 330.1748).
3. **Minor Consent**
 - Michigan law allows minors to seek certain types of care (e.g., mental health, substance abuse, and sexual health services) without parental consent.
 - Records related to these services will **not** be shared with parents or guardians without the minor's consent, except as required by law.
4. **Substance Abuse Records**
 - Substance abuse treatment records are protected under federal **42 CFR Part 2** and Michigan law. These records will only be disclosed with your written consent, except in limited legal circumstances.

Deceased Individuals

We protect PHI for individuals who have passed away for **50 years** following their death, as required by HIPAA.

Minimum Necessary Rule

We use or disclose only the **minimum amount of PHI** necessary to fulfill the purpose of the disclosure, except when required by law.

Safeguards

We protect PHI through:

1. **Physical Safeguards:** Secure areas and locked storage.
2. **Technical Safeguards:** Encrypted systems and access controls.

3. **Administrative Safeguards:** Workforce training and HIPAA compliance procedures.

Business Associates

We may share PHI with Business Associates (e.g., billing companies, IT vendors) who assist us in providing services. All Business Associates must protect PHI under signed agreements.

Training and Awareness

All workforce members are trained on privacy policies and HIPAA requirements upon hire and when policies change.

Material Changes to This Notice

We reserve the right to update this Notice. The revised version will:

- Include an updated **revision date**.
- Be posted prominently in our office and on our website.
- Be available upon request.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with:

Compliance Privacy and Security Officer: Alexander Nadeau

Phone: 1 (734) 243-3420

Email: alexander@emergehealthandwellness.org

Or file a complaint with the **U.S. Department of Health and Human Services (HHS):**

- **Website:** [HHS.gov/OCR](https://www.hhs.gov/OCR)
- **Phone:** 1-800-368-1019

We will not retaliate against you for filing a complaint.

Acknowledgment of Receipt

You will be asked to sign an acknowledgment form to confirm you received this Notice.

Contact Information

For questions or concerns about this Notice, contact:

Alexander Nadeau

Compliance Privacy and Security Officer

Phone: 1 (734) 243-3420

Email: alexander@emergehealthandwellness.org