



## Notice of Privacy Practices

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[www.mycarehealthcenter.org](http://www.mycarehealthcenter.org)

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.** This Notice of Privacy Practices (Notice) applies to all information about care that you receive from MyCare Health Center.

When you receive medical and dental care at MyCare Health Center (MyCare) your caregivers create a health record. The health record has information about your medical/dental history, the tests you had, the care you received, and how you responded. We also have billing records. We are required by law to make sure your health information is kept private, to give you this Notice to tell you how we use and share your health information, and what your rights are. MyCare Health Center does not sell your personal data; phone numbers and consent gathered will not be shared with 3<sup>rd</sup> part providers. **"No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All other categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties".** We will ask for your signature to verify that you have received a copy of this notice.

**A. We Are Required To Safeguard Your Protected Health Information (PHI).** We are committed to protecting the privacy of your health information, called "protected health information" or "PHI". PHI is information that can be used to identify you that we have created or received about your past, present, or future health or condition, that provision of health care to you, or payment for health care provided to you. We are required to provide you with this notice to explain our privacy practices and how, when, and why we use and disclose your PHI. In general, we may not sue or disclose any more of your PHI that is necessary to accomplish the purpose of the use or disclosure, although there are some exceptions. We are legally required to follow the privacy practice described in this notice and notify you following a breach of your unsecured PHI.

**B. How We May Use and Disclose Health Information About You.** We use and disclose PHI for different reasons, and some require your prior specific authorization. The different categories of our uses and disclosures are described below, with examples of each.

The following information may be used or disclosed health information related to treatment, payment or health care operations, which do not require your consent. Examples of health information we can share without your permission include:

**We may use your PHI to provide you with treatment.** People who care for you need to know about your health problems so that they can give you safe and complete care. These people include doctors, nurses, health students/residents/interns, home health agencies, nursing home, laboratories, hospitals, equipment providers, or others we use to provide services that are part of your ongoing care. Some examples of how we use and share information are:

- If you have diabetes, the nutritionist needs to know your PHI to help you plan safe meals.
- If you are admitted to the hospital, we may share your PHI with the hospital to help with your care.

**We may share your PHI so that we can receive payment for your care.** For example, we may share your information with your insurance company so that we receive payment for your care. We may also share PHI to get an okay from your insurer before you receive a certain treatment (prior approval). That way, we know your insurance plan will pay for your care.

**We may use and share your PHI as part of improving care to all patients.** For example, to train doctors or other healthcare workers and students, or to look at how your care went and how we can improve care in the future. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements.

**We may use or share information about you because you receive care here:**

- To contact you about an appointment or because you missed an appointment;
- To ask you for a donation to MyCare. You have the right to opt out of receiving fundraising communications;
- To tell someone who helps pay for your care;
- To tell your relatives, close friends, or others involved in your care, but only if you say that it is okay for us to share this information;
- If you are unable at any time to approve of such disclosures, we will do what we think is in your best interests;
- To tell you about treatment alternatives or to tell you about other health related benefits and services available to you;
- To let health oversight agencies make sure we are following the rules of programs like Medicare or Medicaid; and
- To give you marketing materials when we are face-to-face; or when we tell you about our products or services for your care.

**We share information for public health activities.** For example, we may disclose information about you to:

- Report births and deaths, child abuse or neglect, domestic violence, and reactions to medications, or problems with products;
- Notify people of recalls of products they may be using;

- Notify a person who may have been exposed to a disease or may be at risk for contracting a disease or condition;
- Prevent or control disease, injury, or disability;
- We are required to report information about patients with certain conditions, such as HIV/AIDS and cancer, to central registries, and we may also be required to report information about immunizations; and
- Notify employers in connection with occupational health and safety and to comply with worker's compensation laws.

**We share information for legal reasons.**

- When we are required by law to tell the police or other law enforcers, or when we are required by a grand jury or subpoena to:
- Report certain injuries, as required by law—gunshot wounds, burns, injuries to perpetrators of crime;
- Help identify or locate a suspect, fugitive, material witness, or missing person;
- Report about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- Report about a death we believe may be the result of criminal conduct;
- Report about criminal conduct at our facility;
- In emergency circumstances, to report a crime; and

When we must respond to a legal order or other lawful process. If there is a subpoena, discovery request, or other lawful process by someone else involved in a dispute, we will release information only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**We also use and share information with:**

- Donor programs, if you are donating or in need of an organ, eyes, or tissues;
- Medical examiners or coroners to help identify a body or find the cause of death; and
- Funeral directors to help them carry out their duties.

**We may use or disclose your PHI for research projects,** such as studying the effectiveness of a treatment, you receive. These research projects must go through a special process that protects the confidentiality of your PHI. All projects are evaluated to assure that they will be of direct or indirect benefit to our patients and/or community and must be approved by the MCHC Board of Directors. We may disclose health information about you to people preparing to conduct a research project; for example to help them look for patients with specific health needs.

**We may also use and share information about you:**

- To prevent or lessen a serious threat to you or others;
- If you are in the military, as required by military rules;
- To report findings from an examination ordered by the court;
- To follow the laws for national safety reasons; and
- If you are an inmate, to the correctional institution or law enforcement officials for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**C. Uses and Disclosures to Which You Have an Opportunity to Object.**

**We use and share information as required by other laws not mentioned above.**

- We may provide your PHI to a family member, friend or other persons who are involved in your care or responsible for the payment for your health care, unless you object in whole or in part.
- We may make your PHI available electronically through health information exchanges (HIEs) , to other health care providers, health plans and health care clearinghouses. Participation in HIEs also lets us see their information about you, which helps us provide care to you. You have the right to opt out of participating in such efforts by contacting the person listed at the end of this notice.

**For any purpose not mentioned above.** For example, before we can send information to your life insurance company.

**To use or share any Highly Confidential Information.** We follow federal and state laws that require special privacy protections when we use or share this type of information. For instance, PHI for the evaluation and treatment of serious mental illness or substance use disorder treatment is treated differently than other types of medical information. For those types of information, we are required to get your permission before disclosing that information to others in many circumstances.

**D. Your Rights Regarding Health Information About You**

**In Most Cases You have the right to look at your own health information and to get a copy of that information** (the law requires us to keep the original record). This includes health and billing records. You must sign a request form that you obtain from the Health Records Department. We will respond within 30 days after receiving your written request, and we may charge a reasonable fee for copying. In certain situations, we may deny your request, but we will do so in writing, and we will provide our reasons for the denial and explain your right to have the denial reviewed.

**You can ask us to make changes to your health record if you think that what we have inaccurate or incomplete PHI.** You must put your request to have the health record added to or amended by making such request in writing and give a reason why you want to make the changes. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI (i) is correct and complete, (ii) was not created by us, (iii) is not allowed to be disclosed, or (iv) is not part of our records. Our denial will include the reason (s) for the denial and will explain your right to file a written statement of disagreement. If you do not file a written statement of disagreement, you have the right to request that your amendment request and our denial be attached to your PHI. If your amendment request is approved, we will make the change to your PHI and let you know it has been completed. An amendment may take several forms, such as an explanatory statement added to your record.

**You can ask for a list of anyone we shared information with and when we shared it,** except for information disclosed for treatment, payment, or health care operations, disclosures made to you or to other involved in your care, disclosures made with your authorization, or disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement purposes. Your request for an accounting of disclosures must be made in writing to the person and address below. We will respond within 60 days or receiving your request by providing a list of disclosures made within the last six years from the receipt date of your written request, unless a shorter time period is requested. Your request must tell us a specific time period for which you want an accounting of disclosures. We will provide the first list to you free in a year, but we may charge you for any additional lists you request during the same year.

**You have the right to restrict to request restrictions on uses and disclosures of your PHI.** You have a right to ask us how to limit how we use and disclose your PHI for treatment, payment or health care operations. This request must be in writing. We are not required to agree to your restriction request, but if we do, we will honor our agreement except in cases of an emergency or in cases where we are legally required or allowed to make a use or disclosure. We are required, however, to agree to a written request to restrict disclosure of your PHI to a health plan if the disclosure is for payment or health care operations and is not otherwise required by law, and your PHI pertains solely to a health care item or service for which you have paid in full and out of pocket. **You have a right to request confidential communications involving your PHI.** Also, you may request us to limit PHI disclosures to family members, other relatives, or close friends involved in your care or payment for it. For example, you may ask us to send information to your work address or a post office box instead of your home address. You do not need to tell us the reason for this.

**If you signed as authorization to release health information, you can withdraw the authorization.** You must sign a form to do this. We cannot do anything about information that we already shared, but we will not share any more PHI after you withdraw your authorization in writing.

**Your Right to a Copy of this Notice.** You have a right to request a paper copy of this Notice. It is also available on our website at [mycarehealthcenter.org](http://mycarehealthcenter.org)

#### **E. Who You Can Contact For Information About This Notice or Our Privacy Practices.**

If you have questions about this Notice or complaints about our privacy practices, or if you would like to know how to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, you can contact our Privacy Director at 586-619-9986. You will not be penalized for filing your complaint. Written complaint must be submitted to:

MyCare Health Center  
Director of Quality and Compliance  
6800 E. Ten Mile Road  
Center Line, MI 48015

#### **Applicability, Changes to This Notice, Contact Information, and Effective Date**

This Notice applies to all of your health information maintained by MyCare, whether it is information we created or that we received from somewhere else. We reserve the right to change the terms of the Notice. Your privacy rights may change if the laws change. When that happens, we will change the Notice and post it where you will be able to read it. The new Notice will be used for all the information that we have about you. We must follow the terms of the Notice that is currently in effect. You can also get a copy of the new Notice, or, if you have any questions about this Notice, please contact MyCare's Privacy Officer at 586-619-9986.

#### **F. Effective Date of this Notice: 8/7/2024**