



**FUNCTIONAL BEHAVIOR SERVICES, LLC**

**NOTICE OF PRIVACY PRACTICES**  
**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION**  
**ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET**  
**ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

As used in this Notice of Privacy Practices ("Notice"), the word "you" means the person receiving behavioral health services from Functional Behavior Services, LLC ("us" or "we"). In most cases, the person receiving such benefits from us is a minor under Michigan law. The health information of minors is protected under the Health Insurance Portability and Accountability Act ("HIPAA"). However, under most circumstances, the minor's personal representative, typically a parent or a court appointed guardian, must exercise the minor's rights under HIPAA. We are required to disclose your health information to your personal representatives to the extent they have the legal right to act on your behalf with respect to such information. This notice gives you information about your rights under HIPAA. If you receive services through the Michigan Department of Community Health, you will also have Recipient Rights.

**OUR PRIVACY COMMITMENT TO YOU**

We care about your privacy. We understand that health information about you is personal and very important to you. We, including our employees, students and interns, are committed to protecting your information. We are required by law to give you this Notice. This Notice tells you about the ways in which we use and disclose health information about you. As permitted by HIPAA, we will disclose your health information for the purposes of treatment/services, payment, business operations, to our business associates who are required to protect your health information and when we are required to do so by law. Your permission in writing is required before we would make disclosures of your health information for purposes other than those described in this Notice. When we use or disclose your health information, we will make reasonable efforts to limit the use or disclosure to the minimum necessary to accomplish the intended purpose of the use or disclosure.

**YOUR HEALTH INFORMATION**

We need your health information to provide care (treatment) to you, to obtain payment for the care we provide, for our health care operations, and to comply with certain legal requirements. We create and keep records relating to your health, coordination of care, and services you receive from us. Under federal law, this is considered your health information and it includes information about your behavioral health history, symptoms, test results, diagnosis, treatment and related medical information that we obtain.

**OUR LEGAL DUTIES**

We are required by law to maintain the privacy of your health information, provide you with our Notice, follow the terms of the Notice that is currently in effect, and notify you of any breach of your unsecured health information. This Notice describes some of the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

**HOW WE USE YOUR HEALTH INFORMATION**

We use health information about you to provide treatment and services, to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your

consent. We will never share your health information without your consent for the following purposes: marketing, sale of your information, and most sharing of psychotherapy notes.

### **EXAMPLES OF TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The following categories describe different ways in which we may use and disclose your health information. This list is not exhaustive.

**Treatment.** We may use and disclose your health information to diagnose and assess your health condition and provide you with treatment or services as well as to coordinate further management of your care and provide related services. We may share your health information as needed among our staff involved in your care. We may also disclose the information to refer you to health care providers for treatment or to health care providers who are participating in your treatment such as physicians and licensed mental health providers.

**Payment.** We may use and disclose your health information, as needed, so that we may bill and obtain payment for the health care items and services we provided to you. For example, we may need to disclose your health information to your health plan to obtain authorization before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan. We may also disclose your health information to a collection agency if we are unable to obtain reimbursement from you or someone else who is responsible for paying for your care.

**Health Care Operations.** We may use and disclose your health information to conduct our standard internal operations. These activities include, but are not limited to, proper administration of records, evaluation of the quality of treatment, assessing the care and outcomes of your case and others like it, for client safety programs, developing treatment protocols and guidelines, conducting training programs, legal services or auditing, business planning and development, employee review activities, developing compliance programs, licensing and general administrative activities. For example, we may use your health information to review our treatment and services and evaluate the performance of our staff in caring for you so that we may learn how to improve the quality and effectiveness of the care we provide you and our other clients.

### **USES AND DISCLOSURES**

We may use or disclose identifiable health information about you, even without your permission for the following purposes:

**Business Associates.** We may share your health information with third-party business associates who perform various activities for us. For example, these business associates may include billing services, transcriptionists, answering services, accountants, information technology services, consultants, and attorneys. We may disclose your health information to our business associates to the extent necessary for them to perform the requested services. Our business associates are required by law to protect the confidentiality of your health information.

**Required by Law.** We may use and disclose your health information as required by law. For example, we may be required to report suspected abuse or neglect, or similar injuries and events.

**Communications with You about Appointments, Treatments and Health Care Benefits and Services.** We may use and disclose your health information to contact you to remind you of an appointment. We may contact you to provide you with information that may be of interest to you about treatment options or alternatives, disease-management programs, wellness programs, care coordination, case management and alternative settings of care. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide to us. We may also send you a newsletter.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose your protected health information to a family member, other relative, a close personal friend or other person you identify if it is directly relevant to the person's involvement in your care or payment related to your care. If you are a

minor, we have the right to disclose your health information to your personal representatives who have the legal right to act on your behalf. You do not have the right to object to our disclosures of your health information to your personal representatives who have the legal right to act on your behalf but you do have the right to object to our disclosures to other persons.

**Public Health Activities:** As required or authorized by law, we may disclose your health information to certain governmental agencies and others for public health activities which include: reporting information about births, deaths and various diseases to government official in charge of collecting that information. We can share health information about you for certain situations such as: preventing disease; reporting suspected abuse, neglect, or domestic violence.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent or lessen a serious imminent threat to your health and safety or the health and safety of the public or another person. Such disclosures will be made only to persons reasonably able to prevent or lessen the threat or as necessary for law enforcement authorities to identify or apprehend an individual.

**Respond to Lawsuits and Legal Actions.** We can share health information about you in response to a court order, an administrative order or a subpoena or other lawful process.

**Do Research.** We may share your health information for health research purposes.

**Training.** We work with students and interns who are being trained to provide behavioral health services. We may share you health information with them.

**Administrative Oversight.** We may disclose your health information related to activities such as investigations, licensure of health care professionals or disciplinary actions against health care professionals, assisting in investigations and audits, eligibility for government programs and similar activities.

**Law Enforcement Purposes.** Subject to certain restrictions, we may disclose your health information for law enforcement purposes where required to do so by law. Such purposes include responses to legal proceedings; information requests for identification and location purposes; information requests about crime victims; deaths suspected from criminal conduct; crimes occurring at our offices and medical emergencies believed to result from criminal conduct.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner, medical examiner or funeral directors so that they may carry out their duties.

**Organ and Tissue Donation.** If you are an organ or tissue donor, we may release your health information to organ or tissue donation agencies as necessary to facilitate organ or tissue donation or transplantation.

**Workers' Compensation.** We may disclose your health information as permitted or required by laws related to workers' compensation or similar programs providing benefits for work-related injuries or illness.

**National Security and Intelligence Activities.** Under appropriate conditions, we may disclose your health information to authorized federal officials if required for special investigations or to protect the President, other authorized persons or foreign heads of state. We may also disclose your health information to authorized federal officials for intelligence, counter-intelligence or other national security activities authorized by law.

**Disaster Relief.** Unless you object, we may use or disclose your health information to a public or private entity authorized by law to assist in disaster relief efforts in order to coordinate notifying or assisting in notifying your family, personal representative or any person involved in your health care of your location, general condition or death.

**Inmates.** We may release medical information about you to the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

**Marketing Communications About Health-Related Benefits and Services.** In our face-to-face communications with you, we may use and disclose your health information without your authorization to tell you about health-related benefits or services that may be of interest to you. We will not use or disclose your health information for any other marketing services.

**State and Other Federal Laws.** We will comply with all applicable state and federal laws. For example, under state law, there are restrictive limits placed on the disclosure of information pertaining to mental health services, substance abuse, HIV status and AIDS.

## **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use and disclose your health information for treatment, payment and health care operational purposes and when permitted or required by law. Your advance written authorization is required for other uses and disclosures of your health information not covered by this Notice or covered by the laws that apply to us as well as for a sale of your health information. We will not sell your health information without your authorization. If you provide us with such an authorization, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered in the written authorization. However, you should understand that we are unable to take back any disclosures we have already made with your authorization and we are required by law to retain records of the care that we provide to you.

## **YOUR PRIVACY RIGHTS**

When it comes to health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Copies of this Notice.** You may ask for a copy of our current Notice at any time. If this Notice was sent to you electronically, you may request a paper copy.

**Right to Correct Records.** If you believe information in your records maintained by us is incorrect or important information is missing, you have the right to request that we correct the existing information or add the missing information for so long as the information is kept by or for us. Your request for an amendment must be made in writing, signed, dated and delivered to our Privacy Officer at the address below. It must describe the records that you wish to correct and give the reason for your request. We may deny your request; if we do, we will explain our reasons for the denial and your options for appealing our decision.

**Right to Choose How We Send Health Information to You.** You have the right to ask us to communicate with you about health matters in a certain way or at a certain location. For example, you can request that we only contact you on your home phone or a cell phone. To request confidential communications, you must make a written request to our Privacy Officer and the request must specify how or where you wish to be contacted. You do not have to tell us the reason for your request. We will say "yes" to all reasonable requests.

**Right to Ask Us to Limit What We Share.** You have the right to ask us to restrict or limit the uses or disclosures we make of your health information for treatment, payment or health care operations or to a family member or other person who is involved in your care unless that person has legal authority to act for you. We will make reasonable efforts to comply with your request, but we do not have to agree to your requested restriction, except if the disclosure is to a health plan for payment or health care operations (not treatment) and the health information relates solely to health care for which the health care provider involved received payment in full from you or someone (other than a health plan) acting on your behalf. To request restrictions, you must send a written request to our Privacy Officer at the address below which describes the information and tell us whether you want to limit use or disclosure of the information or both and tell us who should not receive the restricted information. If we do agree to a restriction, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

**Right to Get a List of Those with Whom We've Shared Information.** You have the right to request a list (accounting) of certain disclosures we have made of your health information during six years prior to the date you make

a request for a list, who we shared it with and why. We will include all disclosures except for those about treatment, payment and health care operations and certain other disclosures (such as those you asked us to make).

**Right to See and Copy Records.** In most cases, you have the right to look at or get a copy of your health information that we maintain in a designated record set for as long as we maintain the information. A “designated record set” contains health and billing records and other records we use to make decisions about you. This right does not include the right to look at or get a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or information subject to a law that prohibits granting you access to it. Your request to see and obtain copies of your health records must be submitted in writing, signed and dated, to our Privacy Officer at the address below. We may charge a small fee for processing your request and providing you with copies. Under certain circumstances, we may deny your request to see or obtain a copy of your records. For example, if we believe accessing your records would harm you, we would deny your request. If we deny your request, we will provide a reason for our denial and tell you whether our reason for making such a denial is reviewable. If the reason is reviewable, you may appeal the denial.

**Our Breach Notification Obligation.** You have the right to be notified in the event that we or one of our business associates discover a breach of your health information.

**Minor’s Right to Keep Certain Medical Information Confidential from Their Parents.** Minor means an individual who is less than 18 years of age. In most cases, minor’s rights under this Notice must be exercised by their parents or other legally recognized personal representative such as a court appointed guardian. However, there are times when minor patients (14 years or older) may make decisions about their own health care and may directly exercise the rights described in this Notice. For example, minors may seek help on their own for medical conditions such as mental health issues, sexually transmitted diseases, drug dependencies. Some minors are considered “emancipated minors” who may have the same rights as adults in making decisions about their own health care.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of our Notice of Privacy Practices at any time and to make the new Notice provisions effective for all health information that we maintain. We do not currently have a website but if and when we have one, we will post a copy of the current Notice on our website.

#### **COMPLAINTS**

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we have made about your records, you may file a written complaint with our Privacy Officer at the address listed below or with the Office of Civil Rights, Centralized Case Management Operations, United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509 HHH Building, Washington, D.C. 20201.

**You will not be penalized in any way or retaliated against for filing a complaint.**

#### **CONTACT PERSON**

If you have any questions, requests, or complaints, please contact:

Carissa Rondeau  
Functional Behavior Services, LLC  
1299 W. Washington Street  
Marquette, Michigan 49855  
906-439-5290

**Effective Date:** The effective date of this Notice is November 30, 2016