

## INDIVIDUAL RIGHTS

**You have the following rights. To exercise or use these rights, you must make a written request on our standard form. To obtain the form, contact the program you are receiving services from.**

**Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including treatment plans, payment, claims adjudications, and case or medical management notes. We reserve the right to charge a reasonable cost-based fee for photocopying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the information. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.

**Disclosure Accounting:** You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures we make beginning on and after June 1, 2006. If you request this accounting more than once in a 12 month period, we may charge you a fee covering the cost of responding to these additional requests.

**Restriction Requests:** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We are not required to agree to these additional restrictions; but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.

**Amendment:** You have the right to request that we amend your PHI in the set of records we described in the Access section of this Notice. If we deny your request, we will provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in

our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.

## DISCLOSURES YOU MAY REQUEST

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on a standard form. *To obtain the form, contact the program you are receiving services from.*

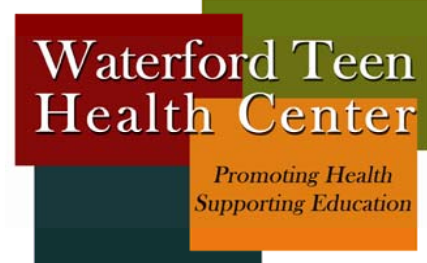
## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or a written copy of this Notice, please contact the health center (248) 674-4876.

Waterford Teen Health Center  
2989 Van Zandt Rd.  
Waterford, MI 48320  
(248) 674-4876

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The Waterford Teen Health Center programs are open to all adolescents without regard to race, color, national origin, sex, sexual orientation or disability.



# Notice of PRIVACY PRACTICES

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.*

Effective August 28, 2006

## OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand the importance of your Protected Health Information (PHI) and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health, the provision of health care to you or the payment for that care.

In this Notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out (“disclosed”). We must follow the privacy practices described in this Notice while it is in effect. This Notice will remain in effect until we replace it or modify it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. Before we make a material change to our privacy practices, we will mail a revised notice to our clients who are affected by the changes.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide the greatest privacy protections.

## OUR USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We do not sell your PHI to anyone or disclose your PHI to companies or organizations that may want to sell their products to you (e.g. catalog or telemarketing firms).

We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:

**To You and Your Personal Representative:** We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).

**For Treatment:** The Waterford Teen Health Center may use and disclose your PHI to other health care providers (doctors, dentists, pharmacies, hospitals, community agencies and other caregivers) who request it in connection with your treatment.

**For Payment:** We may use and disclose your PHI for payment-related activities and those of health care providers and health plans, including by example and not limitation:

- Obtaining premiums and determining eligibility for benefits
- Obtaining payment from your health plan for health care services we provided to you
- Responding to inquiries, appeals and grievances
- Coordinating benefits with other insurance or health care coverage you may have

**For Health Care Operations:** We may use and disclose your PHI for our health care operations, including by example and not limitation:

- Conducting quality assessment and improvement activities, including peer review, credentialing and accreditation
- Performing outcome assessments and health claims analyses
- Preventing, detecting and investigating fraud and abuse
- Coordinating case and disease management activities
- Communicating with you about treatment alternatives or other health related issues and services
- Performing business management and other general administrative activities, including systems management and customer service

The Waterford Teen Health Center may also disclose your PHI to other health care providers or to a health plan who have a relationship with you for certain of their health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

**To Others Involved in Your Care:** We may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person ***your identify***, the PHI directly relevant to that person’s involvement in your health care. For example, we may discuss your health care and treatment with you in the presence of a friend or relative if you wish.

**When Required by Law:** We will use and disclose your PHI if we are required to do so by law. For example, and not in limitation, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers’ compensation laws. We will disclose your PHI when required by the Secretary of Health and Human Services and Michigan regulatory authorities.

**For Matters in the Public Interest:** The Waterford Teen Health Center may use or disclose your PHI without your written permission for matters in the public interest, including by example and not by limitation:

- Public health and safety activities, including diseases and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
- Reporting adult abuse, neglect, or domestic violence
- Reporting to organ procurement and tissue donation organizations
- Averting a serious threat to the health or safety of others

**For Research:** We may use your PHI to perform select research activities, provided that certain established measures are in place to protect your privacy and that you consent to the research.

**To Our Business Associates:** From time to time we engage third parties to provide various services for the Waterford Teen Health Center. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI.