

Privacy Policies

FAMILY OUTREACH CENTER, INC.

NOTICE OF PRIVACY PRACTICE

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 APRIL 14, 2003; UPDATED NOVEMBER 14, 2019

INTRODUCTION

This Notice of Privacy Practices describes how we use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This notice further states the obligations we have to protect your health information.

UNDERSTANDING THE TYPE OF INFORMATION WE HAVE

We get information about you when you request mental health services through Family Outreach Center, Inc. or your insurance gate. It includes your date of birth, gender, ID number and other personal information. We may seek or receive information from other mental health and/or health care providers.

OUR PRIVACY COMMITMENT TO YOU

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, or when we are required to do so by law.

HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

Treatment. With your consent we may disclose medical information about you to coordinate your health care and/or psychiatric/medication services. For example, we may need to communicate with your Primary Care Physician concerning your medication needs.

Payment. We may use and disclose information for payment purposes. For example, we may disclose information to your insurance company.

Business Operations. We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you are receiving. In the course of regular business we will need to call or send correspondence to you regarding appointments and changes in business operations. We are a training facility for Universities and may disclose your information in the course of training and new employee orientation.

Emergencies. If you are in an emergency situation, we may disclose your health information to a spouse, family member, friend, or emergency care specialist so that person may assist in your immediate care. In this case, we will determine whether the disclosure is in your best interest and, if so, only disclose information that is necessary to participation in your immediate care.

Personal Representatives. We may disclose your health information in the following situations: 1) to your guardian if one has been appointed by a court, 2) to your guardian if you are a minor, with the exception of minors covered under the Stabenow Legislation and, 3) the state agency responsible for consenting to your care.

If you are a Kent CMH/SA recipient. We may release your information to the Community Mental Health who has authorized your treatment. Community Mental Health may release your information consistent with Federal and State Laws. If you would like a copy of the Community Mental Health Notice, please ask us.

Inmates. We may use or release your health information if you are an inmate of a correctional facility and this agency created or received your health information in the course of providing care to you.

As required by Law. We will release information when we are required to do so by law. Examples of such releases would be for law enforcement or national security purposes; subpoenas or other court orders; review of our activities by government agencies; to avoid a serious threat to the health and/or safety of another individual or to prevent the abuse or neglect of a minor child.

With your permission. If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to change your mind and revoke it. This must also be in writing. We cannot take back any uses or disclosures already made with your permission.

YOUR PRIVACY RIGHTS

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to Family Outreach Center, Inc.

Your Right to Inspect and Copy. In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Under Federal Law you may not see or copy the following records:

- Psychotherapy Notes
- Information gathered for use in court or at hearings
- Health information that is covered by a law that states you may not see it.

You may have a right to have this decision reviewed. Please contact our Privacy Officer if you have any questions about seeing or copying your medical record.

Your Right to Amend. You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include information that was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

Your Right to Request Restrictions on Our Use or Disclosure of Information. You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.

Your Right to Request Confidential Communications. You will have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

CHANGES TO THIS NOTICE

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect.

HOW TO USE YOUR RIGHTS UNDER THIS NOTICE

If you want to use your rights under this notice, you may call or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints and Communication to Us*

If you want to exercise your rights under this notice, file a complaint, or if you wish to communicate with us about privacy issues, you can write to: Family Outreach Center, Inc., 1939 S. Division, Grand Rapids, MI 49507. Attn: PRIVACY OFFICER. Phone: 616-247-3815. E-mail: privacy@familyoutreachcenter.org.

***You will not be penalized for filing a complaint.**

Complaints to the Federal Government*

If you believe that your privacy rights have been violated, you have the right to file a complaint with the Federal Government. You may write to: Region V, Office of Civil Rights, U. S. Dept. of Health & Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Phone: 312-886-2359. TDD: 312-353-5693. Web: www.hhs.gov/ocr/.

***You will not be penalized for filing a complaint with the Federal Government.**

COPIES OF THIS NOTICE

You have the right to receive an additional copy of this notice at any time. Even if you have elected to receive this notice electronically, you are still entitled to a paper hard copy. Please call or write to Family Outreach Center, Inc. to request additional copies.

If you have any questions about this notice, please contact our Privacy Officer at 616-247-3815.