



PRIVACY NOTICE

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

Effective December 1, 2012

HIPAA & RECIPEINT RIGHTS

A federal act called the Health Insurance Portability and Accountability Act (HIPAA) gives you some additional rights to what you have through state laws. This notice gives you information on these and additional rights through HIPAA.

UNDERSTANDING THE TYPE OF INFORMATION WE HAVE

We obtain information about you when you receive services through Integrated Behavioral Health Psychological Services. It includes your date of birth, gender, Social Security Number and other personal information.

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 information for the purposes of treatment/services, payment, business operations or when we are required by law to do so.

- **Treatment/Services:** We may disclose information about you with your written consent to coordinate your services. For example, we may give information to your other health care providers.
- **Payment:** We may also use and disclose information so the care you get can be properly billed and paid for. For example, we will submit bills to your insurance company or EAP provider.
- **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 the services you receive.
- **Exceptions:** For certain kinds of records, your permission may be needed even for release for treatment, payment, and business operations.
- **As Required by Law:** We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of your activities by government agencies, to avert a serious threat to health or safety, or in other kinds of emergencies.
- **With Your Permission:** If you give permission in writing, we may use and disclose your personal information. If you give permission, you have the right to change your mind and revoke it. This must be in writing also. 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 the Privacy Officer at Integrated Behavioral Health Psychological Services.

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



- **Your Right to a List of Disclosures:** You have the right to ask for a list of disclosures made after December 1, 2012. This list will not include the times that information was disclosed for treatment, payment, or business operations. This 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 limits.
- **Your Right to Request Confidential Communications:** You 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 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. Any changes to our notice will be published on our website. Go to www.ibhps.com. If the changes are material, a new notice will be mailed to you before it takes effect.

HOW TO USE YOUR RIGHTS UNDER THIS NOTICE

If you have questions or would like more information, you may contact our Privacy Officer at (269) 459-1512. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or the Department of Health and Human Services.

COMPLAINTS AND COMMUNICATIONS TO US

You may write:

Privacy Officer, Integrated Behavioral Health Psychological Services, 5320 Holiday Terrace, Suite 3, Kalamazoo, MI 49009
Phone: (269) 459-1512, Fax: (269) 459-1514, www.ibhps.com

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:

Office of Civil Rights, Dept. of Health and Human Services, 200 Independence Ave., SW, Washington, DC 20201
Phone: 886-788-4989, Email: ocrprivacy@hhs.gov

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT

COPIES OF THIS NOTICE

You have the right to receive an additional copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. Please call or write us to request a copy.

*This adds protection through Recipient Rights.