

Disability Advocates of Kent County
Privacy Notice
Effective June 8, 2015

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. This Notice provides you with information to protect the privacy of your confidential health care information. The Notice also describes the privacy rights you have and how you can exercise those rights. Please review it carefully.

Understanding the Type of Health Information We Have:

The type of health information you may provide to us or may be provided to us include your gender, date of birth, address, and other personal information, along with medical information which may be provided by your doctor, other health care providers, you or your authorized representative.

DISABILITY ADVOCATES OF KENT COUNTY is committed to Protecting Your Privacy:

We care about your personal and medical privacy. The information we collect about you is kept private. We are required to give you notice of our privacy practice. Only people who have both the need and the legal right may see your protected health information (PHI). Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

Treatment - Determining Eligibility and Providing Services: We may disclose medical information about you in order to coordinate services for you. This includes any personnel involved in providing you medical treatment, and with your written permission, to a family member or close friend involved in your medical care.

Payment – Billing or Funding: We may use and disclose information about you so the services you receive can be properly billed or charged, if applicable.

Operations – Recording and Reporting: We may need to use and disclose demographic/medical information about you for reporting requirements.

As Required By Law: We will release information about you when we are required by law. Examples would include search warrants, court orders, subpoenas, governmental and accreditation audits, data breach notification, disaster relief to avert a serious threat to health or safety, or if you are an inmate of a correctional institution or under the custody of a law enforcement official and your PHI is necessary for health care or to protect health and safety.

With Your Permission: We may use and disclose your protected health information (PHI) if you sign a release of information or its equivalent. You have the right to change your mind and revoke your permission at any time in writing. Please keep in mind that revoking your permission may impact DISABILITY ADVOCATES OF KENT COUNTY's ability to coordinate services on your behalf.

Your Privacy Rights

You have the following rights regarding the protected health information (PHI) we have about you:

Right to Inspect and Copy: You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. To inspect and copy PHI, you must make your request in writing to Disability Advocates. We have up to 30 days to make your PHI available to you, and we may charge you a reasonable fee for these costs.

Right to Get Notice of A Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Amend: You may ask us to change your protected health information (PHI) if you feel that there is a mistake. We can deny your request for certain reasons, but we must give a written reason if we deny the amendment.

Right to a List of Disclosures: You have the right to ask for a disclosure list regarding your protected health information (PHI). This list will not include when the information was disclosed for reporting requirements or to you or your authorized representative.

Right to Request Restrictions on the Use or Disclosure of Your Information: You have the right to ask for limits on how your information is used or disclosed. We will do our best to honor your request. We are not required to agree to such requests. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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. We may leave a message on your answering machine or work voicemail unless you request in writing that we do not.

How to Use Your Privacy Rights

Your request or concern must be provided to DISABILITY ADVOCATES OF KENT COUNTY in writing. We will help you prepare your written request if help is needed.

Please forward any complaints or requests for documentation to:

**Privacy Officer
DISABILITY ADVOCATES OF KENT COUNTY
3600 Camelot Drive, SE
Grand Rapids, MI 49546
(616) 949-1100**

You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. DISABILITY ADVOCATES OF KENT COUNTY reserves 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. Any changes to our notice will be published on our website: www.dakc.us

You have the right to request a new copy of our notice of privacy at any time.