

Disability Network Southwest Michigan

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 this notice carefully.

Disability Network Southwest Michigan understands that your health information is personal and we are committed to protecting your privacy.

Your Privacy Rights

You have the right to:

- Get a copy of health information we have about you.
- Ask us to correct health information about you that you think is incorrect or incomplete.
- Ask us to contact you in a specific way (for example, phone contact, email, mailing information to a specified address).
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Receive a copy of this privacy notice.
- Have someone with the legal authority to do so, act for you.
- File a complaint if you believe your privacy rights have been violated.
- Discuss your preferences for what information we share and how we share it.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Our Uses and Disclosures

We may use and share your information for:

- **Determining eligibility and providing services:** We may disclose medical information about you in order to coordinate services for you.
- **Billing or funding:** We may use and disclose information about you so the services you receive can be properly billed or charged to one of our contracts.
- **Reporting:** We may need to use and disclose demographic/medical information about you for reporting requirements, which will only be reported in aggregate.
- **Safety issues:** Examples include reporting suspected abuse or neglect, and preventing or reducing a serious threat to anyone's health or safety.
- **Complying with state and federal laws.**
- **Addressing law enforcement, and other government requests.**
- **Responding to lawsuits and legal actions.**

How to Exercise Your Rights

- Your request or concern must be provided to Disability Network Southwest Michigan in writing. We will help you prepare your request if help is needed.
- Please forward any complaints or requests for documentation to:

Privacy Officer

Disability Network Southwest Michigan

517 East Crosstown Parkway

Kalamazoo, MI 49001

(269) 345-1516 extension 104

You will not be penalized for filing a complaint.

Effective Date and Duration of This Notice

- This notice is effective on October 1, 2014.
- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.