



PRIVACY NOTICE

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.

Understanding the Information

We get information about you when you enroll in a health plan. It includes your date of birth, gender, ID number and other personal information. We also get bills, reports from your doctor, and other data about your medical care.

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 by law to do so.

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.

Treatment

We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about the care you get in an emergency room.

Payment

We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay your bill.

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 get.

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 our activities by government agencies, or to avert a serious threat to health or safety.

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 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 Region 10 PIHP at the address provided. We have 30 calendar days to respond to your request.

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 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. This list will not include the times that information 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 be Notified of a Breach of Your Health Information

You have the right to be notified if you are affected by a breach of unsecured protected health information. If any of your information is affected, you will be notified in writing within 60 calendar days.

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. You may restrict certain disclosures to a health care plan if you pay for a service in full or out of pocket.

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.

Your Right to Opt Out of Receiving Fundraising Communications

You may request to opt out of participating in fund raising communications.

How to Use Your Rights In this Notice

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

Complaints and Communications

If you want to exercise your rights under this notice, or if you wish to communicate with us about privacy issues, or if you wish to file a complaint, you can contact:

Region 10 PIHP

Attn: Privacy Officer
2186 Water St.
Port Huron, MI 48060
Phone: (810) 966-3399

Lapeer County Community Mental Health

1570 Suncrest Drive
Lapeer, MI 48446
Phone: (810) 667-0500

Genesee Health System

420 West 5th Ave.
Flint, MI 48503
Phone: (810) 257-3705

Sanilac County Community Mental Health

227 East Sanilac Ave.
Sandusky, MI 48471
Phone: (810) 648-0330

St. Clair County Community Mental Health

3111 Electric Ave.
Port Huron, MI 48060
Phone: (810) 985-8900

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 will not be penalized for filing a complaint with us or with the federal government. You may write to:

Office of Civil Rights

Department of Health and Human Services

233 N. Michigan Avenue Suite 240
Chicago, IL 60601
Phone: (810) 368-1019

Lansing Office

110 West Michigan Avenue Ste. 800
Lansing, MI 48933
Phone: (517) 335-3165

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. Region 10 PIHP reserves the right to change the terms of its notice and to make the new notice provisions effective for all Protected Health Information that it maintains. When content changes are applied to the PIHP's Privacy Notice the PIHP must ensure that it is available to individuals within 30 days. This notice is available in other languages and alternative formats, such as large print, that meet the guidelines of the American with Disabilities Act (ADA).

For Further Information

MDHHS Beneficiary Helpline
Phone: (800) 642-3195
TTY: 7-1-1 (Michigan Relay Center)

8/30/2023

Effective Date of Notice