

**Pine Rest Christian Mental Health Services**  
**NOTICE OF PRIVACY PRACTICES**  
Effective Date: July 9, 2024

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.

**This Notice Describes:**

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information
- You have a right to a copy of this notice and to discuss it with the Privacy Officer at (616) 455-5000 if you have any questions.

**Who Will Follow These Practices:**

- Anyone who enters information into your Pine Rest Chart.
- All locations, departments, and services of Pine Rest who serve patients.
- Any volunteer at Pine Rest.
- All employees and staff of Pine Rest.
- Pine Rest Christian Mental Health Services.

**Our Pledge:**

At Pine Rest we are committed to maintaining the privacy and confidentiality of your personal health information. This Notice of Privacy Practices outlines our legal duties and privacy practices concerning your protected health information (PHI). We are required by law to:

- Maintain privacy of your private health information.
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI.
- Follow the terms of the version of this Notice that is currently in effect.
- Notify affected individuals following a breach of unsecured protected health information.

**Understanding Your Health Information:**

Protected Health Information (PHI) includes information about your past, present, or future physical or mental health or condition, the provision of health care to you, or payment for your health care. This Notice applies to all PHI generated or maintained by Pine Rest.

**How we may use and disclose your health information:**

We may use and share your health information in various situations without requiring your written permission or disclosure. By signing this consent, you acknowledge that this authorization permits all future uses and disclosures of your private health information for treatment, payment, and healthcare operations. However, any use or disclosure not outlined in this notice will occur only with your written permission. The following categories outline the different ways we use and disclose your health information. While not every possible use or disclosure within a category will be explicitly listed, all permissible uses and disclosures of information will fall within one of these categories.

**Treatment-**

- We will use your health information to provide psychiatric and medical treatment.
- We may use and disclose health information to remind you of an appointment you scheduled for a treatment or service at a Pine Rest location.

- We may consult with other providers or make referrals to them as part of your care, these other providers include but are not limited to-
  - Doctors, nurses, physician assistants, residents, medical and nursing students, therapists, technicians, spiritual care providers, nutrition staff, volunteers, emergency service and transportation providers, medical equipment providers, pharmacies, social support services, and others involved in your care that may not be listed.
- We may disclose health information about you to other health professionals involved in your treatment through electronic or paper records, through conversations via phone or encrypted email, or through a health information exchange. Access to comprehensive information enables healthcare providers to make well-informed decisions regarding your care. This coordination of care is recognized as best practice in healthcare and supported by the HIPAA Privacy Rule, 42 CFR Part 2, and the Cures Act.
  - Coordination of Care is defined as the systematic and organized efforts of healthcare providers to ensure that a patient's needs are met across different settings and disciplines within the healthcare system. It involves communication, collaboration, and integration of services among various healthcare professionals involved in a patient's care, such as primary care physicians, specialists, nurses, therapists, and other support staff.
  - To opt out of having your information shared via Care Everywhere, inform your healthcare provider, and they will initiate the exclusion process.

#### **Payment-**

- To receive payment for services provided to you (example: we will send a bill to your insurance company) Pine Rest will disclose information to any provider/organization/insurance carrier that may be responsible under a contract to you for payment of incurred charges.
- Some insurance companies or their representatives require reviews to assess the quality of services for which they pay. Pine Rest will release or share only that information which is necessary to complete the reviews, but could include information about psychiatric care, communicable diseases and infections, alcohol and drug abuse treatment and other medical information.

#### **Health Care Operations-**

- Health care operations are certain administrative, financial, legal, and quality improvement activities Pine Rest requires to run and to support the core functions of treatment and payment. Examples of this include-
  - Conducting activities to assess and improve quality, coordinating care, and managing cases.
  - Reviewing the qualifications and performance of healthcare professionals, including training and certification.
  - Arranging medical reviews, legal services, and audits, including fraud detection.
  - Business planning.
  - Managing administrative tasks, including privacy compliance, customer service, asset sales, and fundraising.

#### **Research:**

- Under certain circumstances, we may use and disclose health information about you for research that has been approved by an Institutional Review Board (IRB). The IRB reviews and monitors research proposals and established protocols to ensure the privacy of your personal health information. In most cases, researchers will obtain your authorization; however, there are limited circumstances that do not require your authorization. In all circumstances, researchers are required to safeguard the health information they receive.

#### **Special Situations:**

- If one of the following situations applies to you, your information may be disclosed without your permission:
  - Public health purposes- We may disclose health information in the following scenarios:
    - Reporting instances of child or adult abuse or neglect.
    - Duty to Warn and Protect: If a patient reveals intentions or plans to harm a specific individual and has the capacity to carry out those plans, healthcare professionals are obligated to inform the intended victim and report the situation to legal authorities. Similarly, if a patient expresses clear intentions of self-harm, appropriate authorities or family members will be notified.
    - To safety plan with your family or support system.
    - To comply with a court order signed by a judge.
    - To prevent or control disease, injury, or disability.
    - Report reactions to medications or problems with products.
    - Informing individuals of recalls for products that may affect them.
    - Notifying individuals who may have been exposed to a disease or are at risk of contracting or spreading it.
    - Reporting births, deaths, and participating in disease registries.
    - Disclosing your information to health oversight agencies in the event that your psychiatric and medical records are selected for audit or inspection.
    - Sharing your health information with law enforcement officials, but only with a judge's order or search warrant, with your consent, or as required to fulfill our obligations not otherwise described.
    - Organ and tissue donation center- If you are an organ or tissue donor, we may disclose health information, as necessary, to aid in the handling and procurement of the organ or tissue.
    - In the event of a death at our facility, sharing your health information with coroners, medical examiners, and funeral directors.
    - If you are an inmate, to a correctional facility.

### **Uses and Disclosures Requiring Your Authorization**

- **Information Requests:** Your written authorization is required for the release of medical records to individuals who are not healthcare providers or healthcare service professionals, including requests for your own records.
- **Legal Authorizations:** Your written authorization is required to disclose any private health information in any civil, administrative, criminal, or legislative proceedings against the patient unless based on specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
- **Marketing:** Your written authorization is required when Pine Rest receives any direct or indirect financial remuneration in exchange for making a communication to you which encourages you to purchase a product or service or for disclosure to a third party who wants to market their products or service to you.
- **Sale of your personal health information:** Sale of your personal health information requires your written authorization.
- **Fundraising:** Your written authorization is required if Pine Rest uses or discloses some of your personal health information for certain fundraising activities. Any fundraising communication will let you know how you can exercise your right to opt out of receiving similar communications in the future.

### **Your Rights Regarding Your Psychiatric and Medical Information:**

- **Right to Inspect and Copy**-You have the right to inspect and obtain a copy of your record except as prohibited by law. We may charge you a reasonable fee for copying your records. We may deny access to records for certain specific reasons. In most case of denial, you may send a written request to have our decision reviewed. For more information about your access to your records, please contact Pine Rest's Medical Records Department.
- **Right to Request Restrictions**-You have the right to request restrictions on how we use your psychiatric and medical information for purposes of treatment, payment, or health care operations. We do not have to agree to those restrictions. If you wish to place restrictions on the use or disclosure of your psychiatric and medical information, please discuss this with the Pine Rest's Health Information Management Department.
- **Right to Request Restriction to Health Plan**-You have the right to restrict certain disclosures of your information to a health plan (for purposes of payment or health care operations) when you pay out of pocket, in full, for the items received or services rendered. If you wish to request restrictions to a health plan please notify the staff at the location where you receive services.
- **Right to Revoke Consent**- You have the right to revoke your consent for the use and disclosure of your protected health information at any time. If you choose to revoke your consent, please submit a written request to Pine Rest's Privacy Officer. Please note that revoking your consent does not apply to actions that have already been taken in reliance on your original consent. Additionally, it may not affect any uses or disclosures permitted by law without your consent.
- **Right to Amend**- You have the right to amend your psychiatric and medical information for as long as we maintain it. We may deny your request if we did not create the psychiatric or medical information that you wish to amend. If we deny your request, we will tell you why in writing and you will have the right to disagree with the denial in writing. For more information about amending your psychiatric or medical information, please contact Pine Rest's Medical Records Department.
- **Right to an Accounting of Disclosures**- You have a right to receive a list of the persons or organizations with whom your psychiatric and medical information has been shared. This list will not include allowable disclosures that have been made for treatment, payment, or health care operations purposes. It also will not include disclosures made to you, or family members or friends involved in your care. Nor will it include disclosures you approved in writing. If you wish to request a list of the disclosures of your psychiatric and medical information, please contact Pine Rest's Health Information Management Department.
- **Right to Obtain a Copy of this Notice**- You have a right to receive a paper or electronic copy of this Notice of Privacy Practices upon request, and you have the right to discuss this Notice with the Privacy Officer.

Contact information for Pine Rest's Health Information Management Department: 300 68th St. SE, Grand Rapids, MI 49548 or (616) 281-6349.

#### **Complaints:**

- If you believe your privacy rights have been violated, you may file a written complaint with Pine Rest's Privacy Officer at P.O. Box 165, Grand Rapids, MI 49501, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

#### **State and Federal Laws:**

- Certain federal and state laws are more stringent than HIPAA. Pine Rest will abide by the more stringent state and federal laws. For example, the Michigan Mental Health Code is more stringent than HIPAA, thus we will follow the Mental Health Code.

- We are required by law to maintain the privacy of your psychiatric and medical information, provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of the version of this Notice currently in effect.
- We reserve the right to change this Notice at any time and these changes will apply to your information that we already had at the time of the change. The Notice currently in force is always posted and available at our service locations and on our web site.

#### **42 CFR Part 2**

- Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.
- A part 2 program may use or disclose records to fundraise for the benefit of the part 2 program only if the patient is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

#### **Michigan Mental Health Code**

- The mental health code is a compilation of state laws governing the management and delivery of mental health services in the State of Michigan. The following excerpt outlines how Pine Rest will maintain the confidentiality of your records, how those records can be amended or corrected, and how communication between provider and client will be considered privileged.

#### **330.1748 Confidentiality.**

Sec. 748.

(1) Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and is not open to public inspection. The information may be disclosed outside the department, community mental health services program, licensed facility, or contract provider, whichever is the holder of the record, only in the circumstances and under the conditions set forth in this section or section 748a.

(2) If information made confidential by this section is disclosed, the identity of the individual to whom it pertains shall be protected and shall not be disclosed unless it is germane to the authorized purpose for which disclosure was sought. When practicable, no other information shall be disclosed unless it is germane to the authorized purpose for which disclosure was sought.

(3) An individual receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

(4) For case record entries made subsequent to March 28, 1996, information made confidential by this section shall be disclosed to an adult recipient, upon the recipient's request, if the recipient does not have a guardian and has not been adjudicated legally incompetent. The holder of the record shall comply with the adult recipient's request for disclosure as expeditiously as possible but in no event later than the earlier of 30 days after receipt of the request or, if the recipient is receiving treatment from the holder of the record, before the recipient is released from treatment.

(5) Except as otherwise provided in this section or section 748a, when requested, information made confidential by this section shall be disclosed only under 1 or more of the following circumstances:

(a) Under an order or a subpoena of a court of record or a subpoena of the legislature, unless the information is privileged by law.

(b) To a prosecuting attorney as necessary for the prosecuting attorney to participate in a proceeding governed by this act.

(c) To an attorney for the recipient, with the consent of the recipient, the recipient's guardian with authority to consent, or the parent with legal and physical custody of a minor recipient.

(d) If necessary in order to comply with another provision of law.

(e) To the department if the information is necessary in order for the department to discharge a responsibility placed upon it by law.

(f) To the office of the auditor general if the information is necessary for that office to discharge its constitutional responsibility.

(g) To a surviving spouse of the recipient or, if there is no surviving spouse, to the individual or individuals most closely related to the deceased recipient within the third degree of consanguinity as defined in civil law, for the purpose of applying for and receiving benefits.

(6) Except as otherwise provided in subsection (4), if consent is obtained from the recipient, the recipient's guardian with authority to consent, the parent with legal custody of a minor recipient, or the court-appointed personal representative or executor of the estate of a deceased recipient, information made confidential by this section may be disclosed to all of the following:

(a) A provider of mental health services to the recipient.

(b) The recipient or his or her guardian or the parent of a minor recipient or another individual or agency unless in the written judgment of the holder the disclosure would be detrimental to the recipient or others.

(7) Information may be disclosed by the holder of the record under 1 or more of the following circumstances:

(a) As necessary in order for the recipient to apply for or receive benefits.

(b) As necessary for treatment, coordination of care, or payment for the delivery of mental health services, in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.

(c) As necessary for the purpose of outside research, evaluation, accreditation, or statistical compilation. The individual who is the subject of the information shall not be identified in the disclosed information unless the identification is essential in order to achieve the purpose for which the information is sought or if preventing the identification would clearly be impractical, but not if the subject of the information is likely to be harmed by the identification.

(d) To a provider of mental or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the recipient or other individuals.

(8) If required by federal law, the department or a community mental health services program or licensed facility shall grant a representative of the protection and advocacy system designated by the governor in compliance with section 931 access to the records of all of the following:

(a) A recipient, if the recipient, the recipient's guardian with authority to consent, or a minor recipient's parent with legal and physical custody of the recipient has consented to the access.

(b) A recipient, including a recipient who has died or whose location is unknown, if all of the following apply:

(i) Because of mental or physical condition, the recipient is unable to consent to the access.

(ii) The recipient does not have a guardian or other legal representative, or the recipient's guardian is the state.

(iii) The protection and advocacy system has received a complaint on behalf of the recipient or has probable cause to believe based on monitoring or other evidence that the recipient has been subject to abuse or neglect.

(c) A recipient who has a guardian or other legal representative if all of the following apply:

(i) A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the recipient is in serious and immediate jeopardy.

(ii) Upon receipt of the name and address of the recipient's legal representative, the protection and advocacy system has contacted the representative and offered assistance in resolving the situation.

(iii) The representative has failed or refused to act on behalf of the recipient.

(9) The records, data, and knowledge collected for or by individuals or committees assigned a peer review function, including the review function under section 143a(1), are confidential, shall be used only for the purposes of peer review, are not public records, and are not subject to court subpoena. This subsection does not prevent disclosure of individual case records under this section.

(10) The holder of an individual's record, if authorized to release information for clinical purposes by the individual or the individual's guardian or a parent of a minor, shall release a copy of the entire medical and clinical record to the provider of mental health services.

### **330.1749 Statement correcting or amending information.**

Sec. 749.

A recipient, guardian, or parent of a minor recipient, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the recipient's record. The recipient, guardian, or parent of a minor recipient shall be allowed to insert into the record a statement correcting or amending the information at issue. The statement shall become part of the record

### **330.1750 Privileged communications.**

Sec. 750.

(1) Privileged communications shall not be disclosed in civil, criminal, legislative, or administrative cases or proceedings, or in proceedings preliminary to such cases or proceedings, unless the patient has waived the privilege, except in the circumstances set forth in this section.

(2) Privileged communications shall be disclosed upon request under 1 or more of the following circumstances:

(a) If the privileged communication is relevant to a physical or mental condition of the patient that the patient has introduced as an element of the patient's claim or defense in a civil or administrative case or proceeding or that, after the death of the patient, has been introduced as an element of the patient's claim or defense by a party to a civil or administrative case or proceeding.

(b) If the privileged communication is relevant to a matter under consideration in a proceeding governed by this act, but only if the patient was informed that any communications could be used in the proceeding.

(c) If the privileged communication is relevant to a matter under consideration in a proceeding to determine the legal competence of the patient or the patient's need for a guardian but only if the patient was informed that any communications made could be used in such a proceeding.

(d) In a civil action by or on behalf of the patient or a criminal action arising from the treatment of the patient against the mental health professional for malpractice.

(e) If the privileged communication was made during an examination ordered by a court, prior to which the patient was informed that a communication made would not be privileged, but only with respect to the particular purpose for which the examination was ordered.

(f) If the privileged communication was made during treatment that the patient was ordered to undergo to render the patient competent to stand trial on a criminal charge,

but only with respect to issues to be determined in proceedings concerned with the competence of the patient to stand trial.

(3) In a proceeding in which subsections (1) and (2) prohibit disclosure of a communication made to a psychiatrist or psychologist in connection with the examination, diagnosis, or treatment of a patient, the fact that the patient has been examined or treated or undergone a diagnosis also shall not be disclosed unless that fact is relevant to a determination by a health care insurer, health care corporation, nonprofit dental care corporation, or health maintenance organization of its rights and liabilities under a policy, contract, or certificate of insurance or health care benefits.

(4) Privileged communications may be disclosed under section 946 to comply with the duty set forth in that section..

I have been offered a copy of this Notice of Privacy Practices:

Yes: \_\_\_\_\_

No: \_\_\_\_\_

Patient Initials: \_\_\_\_\_

Patient Name MRN