



NOTICE OF PRIVACY PRACTICES

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

I. PLEDGE REGARDING HEALTH INFORMATION

HerMichiana understands that health information about you and your health care is personal. HerMichiana is committed to protecting health information about you.

HerMichiana creates a record of services provided to each client. HerMichiana needs this record to coordinate quality assistance. This notice applies to all of the records of your care coordination generated by HerMichiana. This notice will tell you about the ways in which HerMichiana may use and disclose health information about you. This notice also describes your rights to the health information HerMichiana keeps about you and describes certain obligations HerMichiana has regarding the use and disclosure of your health information. To the extent HIPAA applies, HerMichiana is required by law to:

- Make sure that protected health information ("PHI") that identifies you is kept private.
- Give you this notice of HerMichiana's legal duties and privacy practices with respect to health information.
- Follow the terms of the notice that is currently in effect.
- HerMichiana can change the terms of this Notice, and such changes will apply to all information HerMichiana has about you and you will receive a copy of the updated notice. The Notice will also be available upon request.
- PHI properly disclosed according to the HIPAA Privacy Rule may be subject to redisclosure by the recipient and no longer protected by HIPAA.

II. HOW HERMICHIANA MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that HerMichiana may use and disclose health information. For each category of uses or disclosures, this notice will explain what is meant and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways HerMichiana is permitted to use and disclose information will fall within one of the categories.

HerMichiana is permitted to disclose PHI for treatment (including care coordination and referrals to service providers), payment, and health care operations purposes.

Disclosures for treatment purposes are not limited to the minimum necessary standard. Because other health care providers need access to the full record and/or full and complete information in order to provide quality care. The word "treatment" includes, among other things, the coordination and management of health care providers with a third party, consultations between health care providers and referrals of a patient for health care from one health care provider to another.

"Payment" encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. In addition to the general definition, the Privacy Rule provides examples of common payment activities which include, but are not limited to:

- a. Determining eligibility or coverage under a plan and adjudicating claims;
- b. Risk adjustments;
- c. Billing and collection activities;

- d. Reviewing health care services for medical necessity, coverage, justification of charges, and the like;
- e. Utilization review activities; and
- f. Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).

“Health care operations” are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment. These activities, which are limited to the activities listed in the definition of “health care operations” at 45 CFR 164.501, include:

- a. Conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination;
- b. Reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- c. Underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims
- d. Conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
- e. Business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and
- f. Business management and general administrative activities, including those related to implementing and complying with the Privacy Rule and other Administrative Simplification Rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or a limited data set, and fundraising for the benefit of the covered entity.

Lawsuits and Disputes: If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information about your child in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION:

Session Notes: I do keep "Session notes" and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:

- a. For HerMichiana's use in connecting you with services.
- b. For HerMichiana's use in training or supervising associates to help them improve their clinical skills.
- c. For HerMichiana's use in defending itself in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate HerMichiana's compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the session notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

Marketing Purposes. HerMichiana will never use or disclose your PHI for remuneration. HerMichiana may share deidentified or aggregate data about clients for the purpose of describing and promoting the program's impact to supporters and community partners.

Sale of PHI. HerMichiana will not sell your PHI in the regular course of its business.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION:

Subject to certain limitations in the law, HerMichiana can use and disclose your PHI without your Authorization for the following reasons:

When disclosure is required by state or federal law, and the use or disclosure complies with and is limited to the relevant requirements of such law.

For public health activities, including reporting suspected child, elder, or dependent adult abuse, or preventing or reducing a serious threat to anyone's health or safety.

For health oversight activities, including audits and investigation.

For judicial and administrative proceedings, including responding to a court or administrative order, although it is HerMichiana's preference to obtain an Authorization from you before doing so.

For law enforcement purposes, including reporting crimes occurring on HerMichiana's premises.

To coroners or medical examiners, when such individuals are performing duties authorized by law.

For research purposes, including studying clients' circumstances and the effectiveness of HerMichiana's outreach.

Specialized government functions, including, ensuring the proper execution of military missions; protecting the President of the United States; conducting intelligence or counterintelligence operations; or, helping to ensure the safety of those working within or housed in correctional institutions.

For workers' compensation purposes. Although it is HerMichiana's preference to obtain an Authorization from you, HerMichiana may provide your PHI in order to comply with workers' compensation laws.

Appointment reminders and health related benefits or services. HerMichiana may use and disclose your PHI to contact you to remind you that you have an appointment.

HerMichiana may also use and disclose your PHI to tell you about resources and assistance programs that may be available to you.

V. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

Disclosures to family, friends, or others. HerMichiana may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

VI. REPRODUCTIVE HEALTH CARE DISCLOSURES

The HIPAA Privacy Rule prohibits the use or disclosure of PHI by a covered health care provider, health plan, or health care clearinghouse—or their business associate—for either of the following activities:

To conduct a criminal, civil, or administrative investigation into or impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, where such health care is lawful under the circumstances in which it is provided.

The identification of any person for the purpose of conducting such investigation or imposing such liability.

The HIPAA Privacy requires a covered health care provider, health plan, or health care clearinghouse (or business associates), when it receives a request for PHI potentially related to reproductive health care, to obtain a signed attestation that the use or disclosure is not for a prohibited purpose. This attestation requirement applies when the request is for PHI for any of the following:

Health oversight activities.

Judicial and administrative proceedings.

Law enforcement purposes.

Disclosures to coroners and medical examiners.

VII. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask HerMichiana not to use or disclose certain PHI for treatment, payment, or health care operations purposes. HerMichiana is not required to agree to your request, and I may deny your request for an appropriate reason.

The Right to Choose How HerMichiana Sends PHI to You. You have the right to ask HerMichiana to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and HerMichiana will agree to all reasonable requests.

The Right to See and Get Copies of Your PHI. Other than "session notes," you have the right to get an electronic or paper copy of your case record and other information that HerMichiana has collected from you. HerMichiana will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request.

The Right to Get a List of the Disclosures HerMichiana Has Made. You have the right to request a list of instances in which HerMichiana has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided HerMichiana with an Authorization. HerMichiana will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list HerMichiana will give you will include disclosures made in the last six years unless you request a shorter time. HerMichiana will provide the list to you at no charge, but if you make more than one request in the same year, HerMichiana will charge you a reasonable cost based fee for each additional request.

The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that HerMichiana correct the existing information or add the missing information. HerMichiana may say deny your request, but will tell you why in writing within 60 days of receiving your request.

The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on January 1, 2025.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

Please address communications about HerMichiana's Privacy Practices to the "Chief Privacy Officer" at

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