

## **PRIVACY NOTICE**

**Our Privacy Commitment to You** We care about your privacy. The information we collect about you is private. We are required to maintain the privacy and security of your Protected Health Information, provide you with a copy of our privacy practices, and follow the duties and privacy practices required by law. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Only people who have both the need and the legal right may see your information. With your written permission we will disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so. We may contact you to provide appointment reminders or to share information about other health services.

**Treatment** We may disclose medical information about you to coordinate your health care. For example, between your counselor and physician.

**Payment** We may use and disclose information so the care you get can be properly billed and paid. For example, sending billing information to a health insurance plan.

**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 receive.

**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 or in other kinds of emergencies.

**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 also be in writing. We cannot take back any uses or disclosures already made with your permission prior to revoking the release.

**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 Health Department of Northwest Michigan. There are limitations to receiving copies of the records.

**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 denial.

**Your Right to a List of Disclosures** You have the right to ask for a list of disclosures of Protected Health Information made for purposes other than 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 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.

**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, such as asking us to send information to your work address instead of your home address. You do not have to explain the basis for your request. We will accommodate reasonable requests.



**DCN**  
DENTAL CLINICS NORTH  
A PARTNERSHIP OF LOCAL HEALTH DEPARTMENTS

## **How to Use Your Rights Under This Notice**

If you want to use your rights under this notice, you may call us or write to us. We can help you prepare a written request.

## **Complaints and Communications to Us**

If you want to exercise your right 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:

Privacy Officer  
Health Department of  
Northwest Michigan  
and Dental Clinics North  
220 W. Garfield  
Charlevoix, MI 49720  
231-547-6523

## **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.

Office of Civil Rights  
Dept. of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 1-877-696-6775  
or visit: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

You will not be penalized for filing any complaint.

### **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. If changes are material, a new notice will be mailed to you before it takes effect.

### **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 of this notice. Please call or write to us to request a copy.

### **PRIVACY NOTICE**

Phone: 231-547-6523  
Fax: 231-547-6238  
[www.nwhealth.org/notice.html](http://www.nwhealth.org/notice.html)

# **Notice of Privacy Practices**

*This notice describes how  
medical information about you  
may be used and disclosed and  
how you can access this  
information.*

*Please review it carefully.*