
Macomb Township Notice of Privacy Practices

Effective Date of This Notice: July 1, 2011

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 the privacy practices of Macomb Township, referred to in this Notice as the “Township” or the “Plan”.

Macomb Township is required by law to maintain the privacy of your health information and to provide you with this notice of its legal duties and privacy practices with respect to your health information. The Township is committed to protecting your health information.

Macomb Township complies with the provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act. The Township maintains a breach reporting policy and has in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. In addition, the Township complies with the “Minimum Necessary” requirements of HIPAA and the HITECH amendments.

The HIPAA Privacy Rule protects only certain medical information known as “Protected Health Information” (PHI). Generally, PHI is individually identifiable health information, including demographic information, collected from you or received by a health care provider, a health care clearing house, a health plan or your employer on behalf of a group plan that relates to:

- Your past, present or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present or future payment for the provision of health care to you.

How We May Use and Disclose Health Information About You

The following categories describe different ways that we may use or disclose your PHI.

For Treatment. The Township may use or disclose your PHI to facilitate medical treatment or services by providers. The Township may disclose PHI about you to providers, including dentists, doctors, nurses, technicians, or other hospital personnel who are involved in taking care of you. For example, the Township may disclose prior PHI if it affects your current treatment.

For Payment. The Township may use and disclose PHI about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Township may share PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. The Township may use and disclose PHI about you for other Plan operations, including conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

To Business Associates. The Township may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on behalf of the Plan. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a Business Associate to administer claims

or provide support services such as utilization management, quality assessment, billing and collection or audit services, but only after the Business Associate enters into a Business Associate Agreement with the Plan.

To Plan Administrators. The Township may disclose your PHI to certain employees of the Plan Administrators (i.e., carriers or insurers) for the purpose of administering the Plan. These employees will only disclose your PHI as necessary to perform Plan administrative functions or as otherwise required by HIPAA.

Health-Related Benefits and Services. The Township may use or disclose your PHI to communicate with you about health-related benefits and services. For example, the Township may communicate to you about health-related benefits and services that add value to, but are not a part of, your health plan.

As Required By Law. The Township will disclose PHI about you when required to do so by federal, state or local law. For example, the Township may disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. The Township may use and disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety a person or the general public.

Special Situations

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan maintained by the Township for purposes of facilitating claims payments under that plan. In addition, PHI may be disclosed to Township personnel solely for purposes of administering benefits under the Plan.

Organ and Tissue Donation. If you are an organ donor, the Township may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, the Township may release PHI about you as required by military command authorities.

Workers' Compensation. The Township may release PHI about you for workers' compensation or similar programs.

Public Health Risks. The Township may disclose PHI about you for public health activities, such as to prevent or control disease, injury or disability, or to report child abuse, domestic violence, or disease or infection exposure.

Health Oversight Activities. The Township may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure, and are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, the Township may disclose PHI about you in response to a court or administrative order. The Township also may disclose PHI about you 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.

Law Enforcement. The Township may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the Township is unable to obtain the person's agreement;
- About a death the Township believes may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. The Township may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities. The Township may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Disclosure to Others. The Township may use or disclose your PHI to your family members and friends who are involved in your care or the payment for your care. The Township also may disclose PHI to an individual who has legal authority to make health care decisions on your behalf.

Written Authorization

Macomb Township will use or disclose your PHI only as described in this Notice. It is not necessary for you to do anything to allow the Township to disclose your PHI as directed here. If you want the Township to use or disclose your PHI for another purpose, you must authorize the Township in writing to do so. For example, the Township may use your PHI for research purposes if you provide written authorization to do so. You may revoke your authorization in writing at any time. When the Township receives your revocation, it will be effective only for future uses and disclosures. It will not be effective for any PHI that the Township may have used or disclosed in reliance upon your written authorization.

Your Rights Regarding Medical Information About You

You have the following rights regarding PHI the Township maintains about you:

Right to Inspect and Copy Your PHI. You have the right to inspect and copy your PHI. You must submit your request in writing and if you request a copy of the information, the Township may charge a reasonable fee to cover the expenses associated with your request.

The Township may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Contact Person listed below.

Right to Amend Incorrect or Incomplete Information. If you believe the PHI the Township has about you is incorrect or incomplete, you may ask the Township to amend the information by submitting a written request. You also must state the reason for your request. You have the right to request an amendment for as long as the information is kept by or for the Plan.

The Township may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Township may deny your request if you ask us to amend information that:

- Is not part of the PHI kept by or for the Plan;
- Was not created by the Township, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made except for disclosures made to you or pursuant to your written request, or that were made for treatment, payment, or health care operations, national security or incident to other permissible disclosures.

To request this list of accounting of disclosures, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 2004. Your request should indicate in what form you want the list (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional requests, the Township may charge you for the costs of providing the accounting.

Right to Request Restrictions on Uses and Disclosures. You have the right to request restrictions or limitations on the way the Township uses or discloses PHI. You must submit a request for such restrictions in writing, including the information you wish to limit, the scope of the limitation and the persons to whom the limits apply.

The Township is not required to agree to your request.

Right to Request Confidential Communications. You have the right to request that the Township direct confidential communications to you in alternative manner (i.e., by facsimile or e-mail). You must submit your request in writing. The Township is not required to agree to your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask the Township to give you a 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.

You may obtain a copy of this notice at our website, www.macomb-mi.gov.

To obtain a paper copy of this notice, send a written request to the address listed below.

Changes to This Notice

The Township may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI the Township maintains. The Township will advise you of any significant changes to the Notice. The Township is required to comply with the current version of this Notice.

Complaints

If you believe your privacy rights have been violated or rights to notification in the event of a breach of your PHI have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. You may visit the Health and Human Services website at <http://www.hhs.gov/ocr/privacyhowtofile.htm> for more information.

Complaints about this Notice or how the Township handles your PHI should be submitted in writing to:

Mark H. Grabow
Supervisor
Macomb Township
54111 Broughton Road
Macomb, MI 48042
(586)992-0710

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Department of Health and Human Services or with Macomb Township.