

**COMPLETE CARE CENTER
NOTICE OF PRIVACY PRACTICES**

**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.**

You have the right to a paper copy of this notice and may ask for a copy of this notice at any time. Please contact the Compliance Officer at 810-695-8011. You may obtain a copy of this notice at our website www.cccenter.com.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our office's practices and that of:

- All areas of Complete Care Center
- All employees, staff and other CCC personnel
- Healthcare professionals and students in training.
- Any member of a volunteer group we allow to help you while you are at CCC.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at CCC. This is used to provide you with quality care and to comply with certain legal rules. This notice applies to all of the records of your care at CCC and will tell you about the ways in which we may use and disclose information about you. We also explain your rights and certain duties we have regarding the use of your medical information.

By law we need to:

- Make sure that medical information that identifies you is kept confidential;
- Give you this notice of our legal duties and privacy practices with medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

There are many different ways that we may use medical information. For each type of use or disclosure we will explain what we mean and try to give an example. Not every use will be listed. However, all of the ways we are permitted to use and disclose information fall within one of the categories.

- For Treatment. Your medical information may be shared with those people who are taking care of you. For instance, a doctor treating you for a broken leg would need to know if you have another illness that may slow your healing. We may share this information with people helping in a disaster relief, or with people that may help with your medical care after you leave CCC, such as family members, clergy or others we use to provide services that are part of your care.
- For Payment. We may share information about the care you received at CCC so that it may be billed. For example, we may need to give your health plan information about surgery you received at CCC so your health plan will pay for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to find out if your plan will cover the treatment.
- For Health Care Operations. We may use information about you for CCC operations. This type of information sharing helps run CCC and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to measure how well our staff cared for you. We may also combine information about many CCC patients to decide what types of services CCC should offer. We may share your information for learning purposes. We may also combine information with other offices to find areas where we can improve.
- Appointment Notice. We may use information to contact you as a reminder that you have an appointment for treatment or medical care at CCC.
- Treatment Options, Health-Related Services and Benefits. We may use and disclose medical information to tell you about or suggest other treatment and service options that may be of interest to you.
- Fundraising Activities. We may use information about you to contact you in an effort to raise money for CCC and its operations. We would only release information such as your name, address and phone number and the dates you received treatment or services at CCC.
- CCC Directory. We may include limited information about you in the CCC directory while you are a patient at CCC. This information may include your name and location at CCC. The information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can contact you at CCC. If you would like to restrict disclosure, please request the opt-out form from the reception staff.
- Research. We may share medical information about you for research or to people preparing to do research. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another medication or patients with specific medical needs. All research projects are subject to a special approval process. This process reviews a proposed research project and its use of medical information. Before we use medical information, the project will have been approved through this research approval process. We will ask for your authority, if the research wants to have access to your name, address or other information that tells who you are, or will be involved in your care at CCC.

SPECIAL SITUATIONS

We may disclose health information, including individually identifiable health information about you as required by State or Federal Laws and regulations relating to any or all of the following, as such may apply to you.

- Community/Public Health activities and reports such as disease control, abuse or neglect, and health and vital statistics.
- To avert a serious threat to your health or safety and to protect the health and safety of the public. Any disclosure would only be to someone able to help prevent or lessen the threat.
- Administrative oversight for such things as audits, investigations, licensure, or determining cause of death.
- Court Order or other legal processes related to law enforcement activities including custody of inmates, legal actions, or national security activities.
- Military and Veteran reporting on members of the armed forces of U.S. or foreign military as required by military command authorities.
- Organ and Tissue Donation and Transplant reports as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
- Workers' Compensation or other rehabilitative activities reporting as required by law or insurers in order to provide benefits for work related or victim injuries or illnesses.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights to medical information we maintain about you. To use these rights, please contact the Medical Records Officer, Complete Care Center, 8401 Holly Road, Grand Blanc, MI 48439.

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may charge a fee for the costs of copying, mailing or other supplies related to your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by CCC will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CCC.

We 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, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for CCC
- 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." This is a list of the disclosures we made of medical information about you. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Right to Request Restrictions. You have the right to request limits on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friends. For example you could ask that we not use or disclose information about a treatment you had.
- **We are not required by federal regulation to agree to your request for restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency care.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we received in the future. The current notice will be posted in CCC with the effective date in the upper right corner. A copy will always be given to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Complete Care Center Compliance Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with Complete Care Center, you must submit your complaint in writing to: Compliance Officer Complete Care Center, 8401 Holly Road, Grand Blanc, MI 48439. If you wish to discuss your complaint, you may call the Compliance Officer at 810-695-8011. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.