



24401 Capital Blvd
Clinton Township, MI 48036
TEL 586-783-2950
FAX 586-783-2939

3899 24th Ave
Fort Gratiot, MI 48059
TEL 810-966-0099
FAX 810-696-7339
WEB www.rccmc.org

NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPPA)

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Renewal Center is dedicated to maintaining the privacy of your Protected Health Information (PHI) in our mental health records. In conducting our business, we will create records regarding you and the treatment and the services we provide to you. We are required by law to provide you with this notice or our legal duties and the privacy practices that we maintain in our office concerning your PHI. Any revisions to this notice will be posted in a visible location in our offices.

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Abby Miller, Privacy Officer
24401 Capital Blvd. Clinton Twp. MI 48036
(586) 783-2950

C. WE MAY USE YOUR INDIVIDUAL HEALTH PROTECTED INFORMATION (PHI) IN THE FOLLOWING WAYS:

- 1. Treatment.** Our practice may use your PHI to treat you. For example, we may use your PHI to coordinate health care with your doctor or hospital in case of emergency or internally for clinical supervision purposes.
- 2. Payment.** We may use and disclose information to your insurance company if you have asked us to bill for third-party reimbursement.
- 3. Health Care Operations.** We may need to use and disclose information to operate our business. For example, we may review the quality of your care and may use your PHI for our own business reports.
- 4. Releases.** When you have signed a written release we may contact the designee without your direct knowledge until the date that release expires. You have the right, though, to change your mind at any point and revoke the release.
- 5. Appointment Coordination.** Renewal Center may use your PHI to contact you to remind you of an appointment or to reschedule appointment times.

SPECIAL CIRCUMSTANCES of DISCLOSURE

- 1. Public Health Risk.** Renewal Center may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - reporting child abuse or neglect.
 - preventing or controlling injury or disability.
 - reporting reactions to drugs or problems with products or devices.
 - notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult (including domestic violence); however we only disclose if the client agrees or we are required by law.
- 2. Lawsuits and Similar Proceedings.** Renewal Center may use and disclose your PHI if response to a court order is mandated. We also may have to disclose your PHI in response to a subpoena or a discovery request.
- 3. Law enforcement.** We may release PHI if asked to do so by law enforcement officials:
 - regarding a crime victim in certain situations if we are unable to obtain the person's agreement.
 - concerning a death we believe has resulted from criminal conduct.
 - regarding criminal conduct at our offices.
 - in response to a warrant, summons, court order, or subpoena.
 - to identify/locate a suspect, material witness, fugitive, or missing person.
 - in an emergency to report a crime (including the location of victims of a crime, identity, or location of a perpetrator).

YOUR RIGHTS REGARDING YOUR PHI

- 1. Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than work. Please ask your clinician to specify your request.
- 2. Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI. We are not required to agree, but if we do then we are bound to our agreement. Talk to our **Privacy Officer Abby Miller at (586) 783-2950** if there is information that you wish to be restricted, and to whom the limits would apply.
- 3. Inspection of Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient records and billing records, but not psychotherapy notes. Contact our Privacy Officer for copies of your records. In limited situations this request may be denied and mediation from another health care professional will be made available.
- 4. 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 our denial.
- 5. You have the right to an "account of disclosures."** You may ask for a list of all disclosures that were made after April 14, 2003. The list will not include the times that information was disclosed regarding treatment, payment, health care operations, or information given to you or others by your own authorization.
- 6. You have the right to file a complaint.** If you believe that your privacy rights have been violated, you may file a complaint with our privacy officer Abby Miller (586) 783-2950 or with the Department of Health and Human Services at 1-800-368-1019.



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Receipt of Notice of Privacy Practices and Basic Procedures

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Renewal Christian Counseling Center Inc Notice of Privacy Practices and Basic Procedures which outlines our practices and procedures regarding your rights and responsibilities. I hereby testify that I have been given a copy of the Notice of Privacy and of the Basic Procedures and have been given a chance to ask questions of my clinician. I understand that if I have any further questions I may contact Abby Miller, Privacy Officer at (586) 783-2950. If I have any further clinical questions or concerns, I may contact the Director of Renewal Center, Mr. Steve Fair ACSW, at the same number.

Signature of Client

Date

Signature of Parent or Guardian

Date

Signature of Staff Member

Date

Patient refuses to acknowledge receipt

Date

Signature of Staff Member