

**ROSE HILL CENTER, INC.
NOTICE OF PRIVACY PRACTICES**

Effective: **February 7, 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.**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Rose Hill's Privacy Officer, 5130 Rose Hill Blvd, Holly, MI 48442, 248-634-5530.

Rose Hill Center, Inc. is committed to preserving the privacy and confidentiality of your health information. We are required by law to provide you with this notice of our legal duties, your rights, and our privacy policies with respect to your health information.

Rose Hill uses your protected health information for treatment, to obtain payment for treatment, to evaluate the quality of care you receive, and for other administrative and operational purposes. Your health information is contained in a medical record that is the physical property and responsibility of Rose Hill.

Protected health information means any individually identifiable information that relates to your past, present or future health condition, treatment or payment for health care services, and includes information such as your name, social security number, address and date of birth.

How We May Use and Disclose Your Protected Health Information.

We use and disclose your health information for a number of different purposes. Each of those purposes is described below.

- **Treatment.** We may use your health information to provide, coordinate, or manage your health care and related services by both us and other health care providers. We may disclose your health information to doctors, nurses, hospitals, pharmacies, and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your health information with them. Similarly, we may refer you to another health care provider and as part of the referral share your health information with that provider. For example, information related to your treatment may be obtained by the general physician that will be treating you. When we refer you to that physician, we will also contact that physician's office and provide to the doctor your protected health information so that the doctor has the information necessary to provide services for you.
- **Payment.** We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor. For example, we may need to give information to your provider about the health care services we provide to you so they will pay us for those services. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your health condition and the health care you need to receive in order to determine if you are covered by that insurance or program.
- **Health Care Operations.** We may use and disclose health information about you for administrative and operational purposes. These are necessary for us to operate Rose Hill and to maintain quality health care for our patients. For example, we may use health information about you to review the services we provide and the performance of our employees in caring for you. We may disclose health information about you to train our staff. We also may use the information to study ways to more efficiently manage our organization.
- **Psychotherapy Notes.** Under most circumstances, without your written authorization, we may not disclose the notes that a mental health professional, such as your psychiatrist, took during a counseling session. However, we may disclose such notes for treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.

- **Individuals Involved In Your Care.** With your consent, we will release your protected health information to a family member or friend who is involved in your medical care. We may also give information about you to someone who helps pay for your care, so that we may be paid for our services.
- **Personal Representative.** If you have a personal representative, such as a legal guardian, we will treat that person as if that person is you with respect to disclosures of your health information.
- **Business Associates.** We receive some services through contracts with business associates, such as accountants, consultants, attorneys, and information technology services. When such services are contracted, we may disclose your health information to our business associates so that they can perform the tasks that we have assigned to them. Business associates are required by law to appropriately safeguard your health information.
- **Research.** Under certain circumstances, we may use or disclose your health information for research. Before we disclose health information for research, your written approval for participation in the research project will be obtained. [Does the Consent for Use and Disclosures allow for this?]
- **Public Health Activities.** We may disclose your health information for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, such as AIDS and HIV information, or one that is authorized to receive reports of child abuse and neglect.
- **HLTV-III Test.** If we perform the HLTV-III test on you (to determine if you have been exposed to HIV), we will not disclose the results of the test to anyone but you without your written consent unless otherwise required by law. We also will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.
- **Victims of Abuse, Neglect, or Domestic Violence.** We may disclose your health information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims; or (d) if you are incapacitated and certain other conditions are met, a law enforcement or other public official who represents that immediate enforcement activity depends on the disclosure.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.
- **Newsletters or Other Communications.** We may use your personal information in order to communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, wellness programs, Rose Hill events, or other community based initiatives or activities in which Rose Hill participates.
- **Marketing.** In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may provide you with promotional gifts of nominal value. Under no circumstances will we sell our patient lists or your health information to a third party without your written authorization.
- **Fundraising.** We may contact you as part of a fundraising effort relating to Rose Hill.
- **Required By Law.** We may use or disclose health information about you when we are required to do so by law.
- **Disclosures for Law Enforcement Purposes.** We may disclose health information about you to a law enforcement official for law enforcement purposes:
 - a. As required by law.
 - b. In response to a court, grand jury or administrative order, warrant, subpoena or similar process if authorized under state or federal law.
 - c. To identify or locate a suspect, fugitive, material witness, or missing person.
 - d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
 - e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
 - f. About crimes that occur at our facility.

- g. 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.
- **Judicial and Administrative Proceedings.** We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
 - **Disaster Relief.** We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition, or death.
 - **Medical Examiners and Others.** We may use or disclose health information about you to medical examiners, coroners, or funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.
 - **To Avert Serious Threat To Health Or Safety.** We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.
 - **Food and Drug Administration (FDA).** We may disclose to the FDA and other regulatory agencies of the federal and state government health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing monitoring information to enable product recalls, repairs or replacement.
 - **Inmates or Persons in Custody.** We may disclose health information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) the safety, security, and good order of the correctional institution.
 - **Government Functions.** We may use or disclose health information about you for specialized government functions, such as protection of public officials, national security, and intelligence activities, or reporting to various branches of the armed services.
 - **Workers Compensation.** We may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.
 - **Information Not Personally Identifiable.** We may use or disclose medical information about you in ways that do not personally identify you or reveal who you are.
 - **Limited Data Set.** We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.
 - **Other Uses and Disclosures.** Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Rose Hill in writing of your desire to revoke the authorization. If you revoke your authorization, we will no longer use or disclose your personal health information for the reasons covered by your written authorization, except to the extent that we have already taken action in reliance on your authorization or, if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has the right to contest a claim or the insurance coverage itself. We are unable to take back any disclosures we already made with your authorization, and we are required to retain our records of the care that we provided to you.

Your Rights With Respect To Your Protected Health Information.

You have the following rights with respect to health information that we maintain about you.

- **Right to Request Restrictions.** You have the right to request that we restrict the uses or disclosures of your health information to carry out treatment, payment, or health care operations. You also have the right

to request that we restrict the uses or disclosures we make to: (a) family, friends, or any other person identified by you; or (b) public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister. If you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we are required to honor that request.

- To request a restriction, you may do so at the time you complete your consent form or at any time after that. If you request a restriction after you complete your consent form, you should do so in writing to your case manager at Rose Hill and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to your parents).
- *We are not required to agree to any requested restriction.* However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.
- **Right to Receive Confidential Communications.** You have the right to request that we communicate your health information to you in a certain way or at a certain location. We will not require you to tell us why you are asking for the confidential communication.
 - If you want to request confidential communication, you must do so in writing to your case manager at Rose Hill. Your request must state how or where you can be contacted. We will accommodate all reasonable requests. However, we may, when appropriate, require information from you concerning how payment will be handled.
- **Right To Inspect And Copy.** With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of your protected health information.
 - To inspect or copy your protected health information, you must submit your request in writing to your case manager at Rose Hill. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing. We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. We may deny your request to inspect and copy medical information if the medical information involved is:
 - a. Psychotherapy notes; or
 - b. Information compiled in anticipation of, or use in, a civil, criminal, or administrative action.If we deny your request, we will inform you in writing of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you submit a written request for a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.
- **Right to Amend.** You have the right to ask us to amend your protected health information. You have this right for so long as the health information is maintained by us.

To request an amendment, you must submit your request in writing to your case manager at Rose Hill. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you in writing of our acceptance of your request and provide access and copying. If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend your health information. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may

deny your request to amend your protected health information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the protected health information maintained by us;
- c. Would not be available for you to inspect or copy; or
- d. Is accurate and complete.

If we deny your request, we will inform you in writing of the basis for the denial. You will have the right to submit a written statement of disagreement with our denial. We may prepare a written rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to such information (collectively "Complied Documentation"). All of the Compiled Documentation will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of the Compiled Documentation. If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved. You also will have the right to submit a written complain about our denial of your request.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting. Certain types of disclosures are not included in such an accounting:
 - a. Disclosures to carry out treatment, payment and health care operations or disclosures made incidental to treatment, payment and health care operations; *however* if the disclosures were made through an *electronic health record*, you have the right to request an accounting for such disclosures that were made during the previous three (3) years;
 - b. Disclosures of your medical information made to you;
 - c. Disclosures made based on your authorization;
 - d. Disclosures made to create a limited data set;
 - e. Disclosures for national security or intelligence purposes;
 - f. Disclosures to correctional institutions or law enforcement officials;
 - g. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures may be suspended for disclosures to a health oversight agency or law enforcement official.

To request an accounting of disclosures, you must submit your request in writing to Rose Hill Privacy Officer at 5130 Rose Hill Blvd, Holly, MI 48442. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request. Your request should indicate in what form you would like the accounting of disclosure (*e.g.*, on paper or electronically by e-mail). Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services that render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
 - a. A brief description of the breach, including the date of the breach and the date of its discovery, if known;
 - b. A description of the type of Unsecured Protected Health Information involved in the breach;

- c. Steps you should take to protect yourself from potential harm resulting from the breach;
- d. A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- e. Contact information, including a toll-free telephone number, e-mail address, website or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

- **Right to Copy Of This Notice.** You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time. You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.rosehillcenter.org. To obtain a paper copy of this notice, contact Rose Hill Privacy Officer, 5130 Rose Hill Blvd, Holly, MI 48442.

Our Duties

- **Generally.** We are required by law to maintain the privacy of your health information and to provide individuals with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.
- **Our Right to Change Notice of Privacy Practices.** We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.
- **Availability of Notice of Privacy Practices.** A copy of our current Notice of Privacy Practices will be posted by the clinical office in each residential building. A copy of the current notice also will be posted on our web site, www.rosehillcenter.org. In addition, upon admission to Rose Hill, a copy of the current notice will be made available to you. At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting your case manager or Rose Hill Privacy Officer, 5130 Rose Hill Blvd, Holly, MI, 48442, 248-634-5530.
- **Effective Date of Notice.** The effective date of the notice will be stated on the first page of the notice.
- **Complaints.** You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.
To file a complaint with us, contact the Rose Hill Privacy Officer, 5130 Rose Hill Blvd, Holly, MI, 48442, 248-634-5530. All complaints should be submitted in writing.

You may file a written complaint with the Secretary of Health and Human Services either on paper or electronically. To file a complaint with the United States Secretary of Health and Human Services, send your complaint in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201. To file an electronic complaint, visit www.hhs.gov/ocr/privacy/psa/complaint/index.html.

You will not be retaliated against for filing a complaint.

- **Questions and Information.** If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Rose Hill Recipient Rights Advisor, 5130 Rose Hill Blvd, Holly, MI 48442, 248-634-5530.