



DEVELOPMENT CENTERS, INC HIPAA PRIVACY NOTICE

The DCI HIPAA Privacy Notice describes how personal and medical information about you may be used and disclosed, and how you can get access to this information.

Understanding the type of information that we have:

We get information about you when you enter mental health treatment with us. It includes your date of birth, sex, ID number, and other personal information. We create information about you in the form of a treatment record while you are actively in services with us.

Our Privacy Commitment to you:

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only the people who have the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for the purposes of emergency treatment, payment, business operations or when we are required to do so.

A Summary Of Your Rights

- ❖ **Treatment** - We may disclose mental health information about you to coordinate your care only if you sign a release, or only on an emergency basis.
- ❖ **Payment** - We may use and disclose information so the care you get can be properly billed and paid for.
- ❖ **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 get.
- ❖ **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, abuse and neglect situations, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health of 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 be in writing, too. We cannot take back any uses or disclosures already made with your permission.

- ❖ **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 Development Centers, Inc. at the address on the following page.
- ❖ **Your Rights 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 our denial.
- ❖ **Your Right To A List Of Disclosures** – You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment or health care operations. This 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 request that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your requests.
- ❖ **Changes To This Notice** – We reserve the right to change this notice. A revised notice will be effective for 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. Any changes to our notice will be made available to you in writing as an addendum to this notice.
- ❖ **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. If your request to us must be in writing, we will help you prepare your written request, if you wish.
- ❖ **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. You may write to:

Office of Civil Rights
Dept. of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: (866) 627-7748
TTY: (866)788-4989
Email: ocrprivacy@hh.gov

- ❖ **Complaints and Communications to use** – If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer
Development Centers, Inc.
17421 Telegraph Rd.
Detroit, MI. 48219
Phone: (313) 531-2500

You will not be penalized for filing a complaint

❖ ***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.

**If you want to exercise your rights under the Privacy Notice you may:
Contact the Administrative Assistant, Verrita Fountain, with concerns or
complaints at:**

(313) 531-2500 ext. 1206

&/or

**Contact the Privacy Officer, Tanya Thomas, with requests or questions at:
(313) 531-2500 ext. 1223**