

# NorthCare Network

## NOTICE OF PRIVACY PRACTICES

*This Notice of Privacy Practices is provided by NorthCare Network, the Prepaid Inpatient Health Plan responsible for managing behavioral health services in the Upper Peninsula of Michigan. You may also get a Notice of Privacy Practices from your provider.*

### **Your Information. Your Rights. Our Responsibilities.**

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NorthCare Network and its providers are required under the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, to protect your privacy, follow the privacy practices described in this Notice, and give you a copy of this Notice. 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.**

### **YOUR RIGHTS**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records.**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records.**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

#### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us, you would be in danger if we do not.

#### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or care coordination.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we have shared information.**

- You can ask for a list (accounting) of the times we have shared your health information, without a written consent, for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and care coordination, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your privacy rights by contacting us at:  
NorthCare Network, ATTN: Compliance & Privacy Officer  
1230 Wilson St., Marquette, MI 49855 or  
by calling 1-888-833-8030; OR
- You can file a complaint with the:  
U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W., Washington, D.C. 20201, or  
By calling 1-877-696-6775, or  
visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## **YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Psychotherapy notes

## OUR USES AND DISCLOSURES

### How do we typically use or share your health information?

The following categories describe different ways that we may use and disclose mental health and/or medical information.

- **Help manage the health care treatment you receive** - We may use information about you to coordinate, provide and manage your health care and any other related services. This may include coordination of care with another person, like a doctor or therapist. We may also contact you to remind you of appointments and inform you of treatment options.
- **Run our organization** - We may use and disclose information about you to maintain or improve services. These uses and disclosures are necessary to make sure that all our consumers receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff. We may also combine information about many consumers to decide what additional services should be offered, what services are not needed and whether certain new treatments are effective. We may also disclose information to clinicians, doctors, nurses, students, and other personnel who work for the agency for review and learning purposes.
- **Pay for your health services** - We may use and disclose information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan or primary insurance company information about the treatment you receive so that your health plan or insurance company will pay us or reimburse you for treatment.
- **Administer your plan** - We may disclose your health information to your health plan sponsor for plan administration. For example: We provide MDHHS (Michigan Department of Health and Human Services) with certain statistics to explain the services provided and cost for those services. MDHHS (state Medicaid agency) contracts with NorthCare Network as the Prepaid Inpatient Health Plan (PIHP).
- **Public Health and Research** - We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- **As Required by Law** - We are sometimes required to disclose some of your information without your signed authorization if state or federal laws say we must do so. Such disclosures are usually related to one of the following:
  - A medical emergency where, in the event of a medical emergency, we may not be able to give you a copy of this Privacy Notice until after you receive care.
  - To prevent, control, or report disease, injury, disability, or death.
  - To alert state or local authorities if we believe you are a victim of child or adult abuse, neglect, or domestic violence.
  - To alert authorities or medical personnel if we believe someone is at risk of injury by means of violence.
  - To comply with health oversight agencies for things like audits, civil or administrative reviews, proceedings, inspections, licensing activities or to prove we are complying with federal privacy laws.
  - To respond to a court or administrative order, or a subpoena.
  - To a law enforcement official to report a crime on agency premises.

## SHARING INFORMATION ELECTRONICALLY

### **HEALTH INFORMATION EXCHANGE (HIE)**

*In an effort to provide the best care to you, NorthCare Network and its care delivery sites may participate in arrangements between health care organizations that facilitate access to healthcare information relevant to your care. We may disclose your Protected Health Information (PHI) to other health care providers, health plans, other health care entities or the government, as permitted by law, through a Health Information Exchange (“HIE”) in which we participate. If you have questions about how to opt out of the HIE so that your PHI is not disclosed to other health care providers through the HIE, please talk with your care coordinator or contact the NorthCare HIPAA Privacy Officer listed below.*

## OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## 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 behavioral health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all agency locations and on our website. This notice will contain the effective date. In addition, when you register to begin treatment, we will offer you a copy of the current notice in effect.

## OTHER INSTRUCTIONS FOR NOTICE

- Effective Date of this Notice: 8/27/24
- For further information contact NorthCare Compliance & Privacy Officer by calling 1-888-333-8030 or 906-936-6843; or emailing [scoleman@northcarenetwork.org](mailto:scoleman@northcarenetwork.org)
- 42 C.F.R. Part 2 protects and prohibits the sharing of substance use disorder treatment records without prior written consent. Information related to a consumer's commission of a crime on the premises or against personnel is not protected. Reports of suspected child abuse and neglect made under state law to appropriate authorities are not protected.