

Notice of Health Information Practices For  
Living Alternatives for the Developmentally Disabled, Inc.

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS  
INFORMATION.

PLEASE READ IT CAREFULLY

◆ Understanding Your Health Record/ Information

Each time you receive services from L.A.D.D., Inc. or another health care provider contacts us concerning your medical needs or history, our office makes a record. This record contains health information generated during your services with L.A.D.D., Inc., from other health care providers, or provided by you. In this "Notice of Health Information Practices," we shall refer to the information contained in your record as your "health information." This term shall have the same meaning as "protected health information" defined in the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

◆ Your Health Information Rights

Within the limits provided by federal and state law, you have the right to:

- Request restrictions on certain uses and disclosures of your health information;
- Receive confidential communications of your health information. You may request that we communicate with you about your health information by alternative means or at an alternative location;
- Inspect and obtain a copy of your health information, except with regard to psychotherapy notes or information compiled in reasonable anticipation of certain civil, criminal or administrative proceedings;
- Request an amendment to your health information that we have created, except with regard to those portions of your health information that you are precluded from inspecting and copying as set forth above;
- Obtain an accounting of certain disclosures of your health information; and

- Receive a paper copy of this Notice in addition to any electronic copy you may receive.

You may exercise any of the above rights by submitting a signed letter detailing your request and mailing or delivering the letter to our Privacy Officer.

However, we encourage you to call first so that we can help you be as specific as possible with your request. We will promptly provide you with any forms needed to process your request.

Our Responsibilities:

L.A.D.D., Inc. is required by law to:

- Maintain the privacy of your health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to health information we collect and maintain about you;
- Abide by the terms of this Notice, currently in effect, and as amended from time to time;
- Notify you if we are unable to honor your request to restrict a use or disclosure of, or to amend, your health information; and
- Accommodate reasonable requests you may have to communicate your health information by alternative means or at alternative locations.

We reserve the right to change our privacy practices and to make the new provisions effective for all of your health information we already have, as well as any health information we receive or create in the future. Should our privacy practices change, we will post a copy of the revised notice in our programs, which indicates the effective date of the amended notice. Each time you visit our program you will be able to view any revisions of the privacy notice posted in each program. You may also receive a copy of our current Notice of Privacy Practices upon your request.

If a use or disclosure of your health information is not permitted under law without a written authorization, we will not use or disclose your health information without that written authorization. You may at any time revoke a written authorization in writing, except to the extent that we have already taken action in reliance of your authorization.

If you have questions and would like additional information concerning this Notice, please call our Privacy Officer at 1-248-625-3870 ext. 6

If you believe that any of your privacy rights have been violated, you may file a written complaint with our Privacy Officer:

Privacy Officer  
L.A.D.D., Inc.  
P.O. Box 965  
Clarkston, Michigan 48347  
248-625-3870 ext.6

You may also file your complaint with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

◆ Examples of Uses and Disclosures for Treatment, Payment and Health Operations

We may use and disclose health information about a person served for a number of different reasons:

**We will use your health information for treatment.** We will use your health information to provide, coordinate or manage your health care and related services to you. As a part of these services, the minimum necessary information may be released for the purpose of building natural supports, community supports, and acquiring daily living skills. Any of our staff involved in your care will have access to your health information. We may also provide your health information to other health care providers who become involved in your care; including the Responsible Mental Health Agencies, to assist them in providing services to you. Similarly, we may refer you to another provider for services, and as a part of the referral process, share health information about you with that provider. Please note that, in the course of our daily operations, a person's services and / or treatment may be affected by the actions of another individual. In such cases, either individual's protected health information may be released on the basis of the minimum amount necessary for treatment, payment, or regular health care operations. However, we will not disclose psychotherapy notes to health care providers who are not part of our practice unless we have your written authorization to do so.

**We will use your health information for payment.** Your health plan or health insurer will require certain information about your condition and the services you receive from us, before payment will be made. Accordingly, for billing purposes, we may disclose your health information to your health plan or health insurer. We also may disclose health information to your health plan or health insurer when they require preauthorization of a recommended procedure. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive in order to determine if you are covered by that insurance or program.

**We will use your health information for regular health care operations.** We may use and disclose medical information about you for our own health care operations. These are necessary for L.A.D.D., Inc.'s operations and to maintain quality health care for the people we serve. 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, and volunteers working at L.A.D.D., Inc. We also may use the information to study ways to more efficiently manage our organization. This information may also be released to accrediting agencies in an effort to continually improve the quality and effectiveness of our services.

#### Additional Uses and Disclosures

**Business Associates:** Certain of our business operations may be performed by other businesses. We refer to these companies as "business associates." In order for these business associates to perform the required service (billing, accounting services, etc.), we may need to disclose your health information to them so that they can perform the job we've asked them to do. To protect you, we require our business associates to appropriately safeguard your health information.

**Communication with Persons Involved in Your Care:** We may disclose to a family member, other close relative, close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with your care. Please note in your plan of service if there is someone specific you do not want information disclosed to about you. If you are incapacitated, or involved in an emergency, we may use or make disclosures of your health information that we believe in our professional judgment are in your best interests, but only to the extent that such health information is directly relevant to the recipients' involvement in your care.

**Required by Law:** We may use or disclose your health information to the extent such use or disclosure is required by law and is limited to the relevant requirements of such law.

**Public Health, Health Oversight and the Food and Drug Administration (FDA):** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also be required by law to disclose your health information to health oversight agencies responsible for regulating the health care system, government benefit programs, and civil rights laws, so that they may conduct, among other things, audits, investigations, and inspections. For the purpose of activities relating to the quality, safety or effectiveness of a FDA-regulated product or activity, we may disclose to the FDA your health information relating to adverse events with drugs, supplements, and other products, as well as information needed to enable product recalls, repairs, or replacements.

**Victims of Abuse, Neglect or Domestic Violence:** If we reasonably believe that you are the victim of abuse, neglect or domestic violence, we may disclose your health information to a governmental authority responsible for receiving these types of reports, to the extent the disclosure is required by law, or you agree to the disclosure. If the disclosure is authorized by law, but not required, we may disclose your information if we determine that disclosure is necessary to prevent serious harm to you or others.

**Judicial and Administrative Proceedings:** If you are involved in a judicial or administrative proceeding we may, in response to an order of a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process, disclose the specific portions of your health information that are requested. If the subpoena, discovery request or other lawful process is not accompanied by a court or administrative tribunal order, we may disclose your health information only after we are assured that reasonable efforts have been made to notify you of the request, and the time for you to raise objections to the request has expired, or reasonable efforts have been made by the requester to seek a protective order concerning the requested health information.

**Law Enforcement:** We may disclose your health information to a law enforcement official for law enforcement purposes as required by law, a court ordered subpoena or summons, a grand jury subpoena or summons, or an administrative subpoena or summons, under certain circumstances.

In specific situations, the law also permits us to disclose limited pieces of your health information, when the information is needed by law enforcement officials to: 1) identify a suspect, fugitive, material witness, or missing person; 2) identify a victim of a crime; 3) alert law enforcement officials concerning your death; 4) notify law enforcement officials when a crime has been committed on our premises; or 5) in an emergency, when necessary to alert law enforcement officials about a crime, its location, or the identity of a perpetrator.

**Coroners Medical Examiners and Funeral Directors:** We may disclose your health information to a coroner or medical examiner for the purpose of identifying you upon your death, or to determine a cause of death. We may also disclose your health information to your funeral director if needed to complete his or her authorized duties.

**Cadaver Organ, Eye or Tissue Donation:** If you are an organ donor, we may release your health information to organizations that procure, bank or transplant organs for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Research:** We may disclose your health information to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information, thereby meeting the requirements under HIPAA.

**Avert a Serious Threat to Health or Safety:** Consistent with applicable law and standards of ethical conduct, we may, in limited circumstances, use or disclose your health information if we, in good faith, believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.

**Military Personnel:** If you are a member of the United States Armed Services, we may disclose your health information to the appropriate military command authority when such information is deemed necessary to assure the proper execution of the military mission.

**National Security and Presidential Protective Services:** We may disclose your health information to authorized federal officials for the conduct of lawful intelligence and national security activities, as well as the provision of protective services to the President and other protected individuals.

**Inmates and Individuals in Custody:** If you are an inmate or otherwise in custody, we may disclose your health information to the correctional facility or law enforcement official having lawful custody of you.

**Workers' Compensation:** We may disclose your health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Appointment Reminders:** Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, please request a "Request for Confidential Communications" Form so that you may fill out your request in writing.

**Aggregate Data and Data Characteristic Collection:** We are accredited through the Commission on Accreditation for Rehabilitation Facilities (CARF), which is a nationally recognized organization. We have a continuous quality improvement process. Part of this process includes completing satisfaction surveys annually, which you will be asked to participate in. All information is used to help improve our services and is shared with internal and external stakeholders.

**Fund Raising:** As a tax-exempt organization, we may solicit and accept contributions. Unless you instruct us otherwise, we may use your contact and demographic information, as well as dates of service, for this purpose.

### **OUR PLEDGE**

We endeavor to provide you with the highest level of care while protecting the privacy of your health information. If you have any questions, comments, or concerns regarding the policies set forth above, please do not hesitate to discuss such matters with our Privacy Officer.

Privacy Officer  
L.A.D.D., Inc.  
P.O. Box 965  
Clarkston, Michigan 48347  
248-625-3870 ext.6