

NOTICE OF PROTECTION OF SUBSTANCE USE DISORDER TREATMENT INFORMATION

**Traverse Health Clinic and Coalition
d/b/a Traverse Health Clinic
1719 S. Garfield Avenue
Traverse City, MI 49686
Phone: 231-935-0799
Fax: 231-935-0967**

Contact Person: Arlene Brennan (231.935-0799); abrennan@traversehcc.org

THIS NOTICE DESCRIBES PROTECTIONS APPLICABLE TO YOUR SUBSTANCE USE DISORDER TREATMENT INFORMATION UNDER FEDERAL LAWS AND REGULATIONS.

PLEASE REVIEW IT CAREFULLY.

We respect our legal obligation to keep health information that identifies you private, including information that may identify you as having or having had assessment, treatment, or a referral for a substance use disorder (“SUD”). This Notice describes federal laws and regulations that provide special protections against disclosure and use of your SUD records. We are required by federal law to provide you with this Notice describing those protections. If you have any questions about this Notice, please contact the Contact Person shown above.

DISCLOSURE AND USE OF SUBSTANCE USE DISORDER TREATMENT RECORDS

Federal law and regulations protect against the inappropriate use and disclosure of SUD information maintained at the clinic. Generally, we may not say to a person or entity outside the clinic that you are a patient of the clinic, or disclose any information that would identify you as patient who is receiving or received SUD treatment services unless you give your consent in writing. Also, your SUD information generally may not be used to initiate or investigate criminal charges against you.

However, Federal law and regulations do not protect any information about a crime committed by you either at the clinic or against any person who works for the clinic, or about any threat to commit such a crime.

Also, Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Federal law and regulations list the specific situations in which we may or must disclose your SUD information without your written consent. These situations are described under the heading “**Uses and Disclosures Without Consent,**” below.

Federal law and regulations do not permit us to disclose your SUD information for purposes of insurance billing without your written consent. To provide such consent, please sign our **Authorization to Release Health Information Form**. Without this consent, we will not be able to bill your insurance company, Medicare or Medicaid, which may limit our ability to provide you with SUD treatment services.

Violation of the Federal law and regulations protecting SUD information by any party is a crime. Suspected violations may be reported to the United States Attorney for the Western District of Michigan at the address below:

330 Ionia Avenue, N.W.
Suite 501
Grand Rapids, MI 49503
Phone: 616-456-2404
Fax: 616-456-2408

Citation to Federal laws and regulations: 42 U.S.C. §290dd-2 and 42 CFR part 2.

USES AND DISCLOSURES WITHOUT YOUR CONSENT

Federal law and regulations permit, authorize or require disclosure of SUD information in specific situations. The following categories describe various ways that we may use and disclose your SUD treatment information without your written consent.

Among Traverse Health Clinic Personnel. We may use or disclose your SUD treatment information between or among personnel having a need for the information in connection with their duties that arise out of the provision of SUD diagnosis, treatment, or referral. For example, our staff, including doctors, nurses, and clinicians, will use your SUD treatment information to provide your care and to make referrals.

Qualified Service Organizations. We may disclose your SUD information to organizations with which we contract to perform services on our behalf, such as billing, collection, information technology, laboratory analysis, legal and accounting services or other professional services. Under our written contracts, all of contractors must agree to: (i) protect the privacy of your SUD information; (ii) use and disclose the information only for the purposes for which the Qualified Service Organization was engaged; (iii) be bound by 42 CFR Part 2; and (iv) if necessary, resist in judicial proceedings any efforts to obtain access to SUD records except as permitted by law.

Crimes on Premises or Against Clinic Personnel. We may disclose to law enforcement officers information that is directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.

Reports of Suspected Child Abuse and Neglect. We will disclose information that we are required to report under state law about incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, the protections of Federal law and regulations described in this Notice will apply to your SUD information during any civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

Court Order. We may disclose information required by a court order, provided certain regulatory requirements are met.

Medical Emergency. We may disclose information to medical personnel for the purpose addressing a medical emergency (an immediate threat to the health or safety of any individual) when we are not able to obtain your consent.

Research. We may use and disclose your SUD information for research purposes if certain requirements are met, such as approval by an Institutional Review Board.

Audit and Evaluation Activities. We may use and disclose your SUD information to persons or entities conducting certain audit and evaluation activities, including government agencies, provided the person or entity agrees to certain restrictions on re-disclosure of the SUD information.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Traverse Health Clinic’s Notice of Protection of Substance Use Disorder Treatment Information.

Patient Name _____

Patient’s (or Personal Representative’s) Signature _____

Date _____