
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.

How We May Use and Disclose Your Information

We may use or disclose your protected health information (PHI) for the following purposes:

- **Treatment:** Coordinating or managing your care. This may include consultation with your physician, psychiatrist, or other treatment providers.
- **Payment:** Obtaining reimbursement from insurance companies or determining coverage and eligibility. Insurance carriers may require diagnosis, treatment plans, or progress notes.
- **Health Care Operations:** Quality and performance reviews, training programs, licensing board compliance, and business operations such as audits and billing.

Internal “use” occurs within our practice and supervisory system. “Disclosure” refers to sharing PHI outside our practice.

Uses and Disclosures Requiring Your Written Authorization

Except as outlined in this notice, we will not disclose your PHI without written authorization. Examples include:

- Release of psychotherapy notes.
- Sharing information with attorneys, employers, schools, or family members (unless required by law).

Authorizations may be revoked in writing, except to the extent that action has already been taken under that authorization.

Uses and Disclosures Without Consent or Authorization

We may release your PHI without consent in these situations:

- **Child or Vulnerable Adult Abuse/Neglect:** We must report suspicions to protective services. (MCL 722.623, 400.11a)
- **Duty to Warn and Protect:** If you communicate a specific threat of physical violence against an identifiable person, or we believe you are an imminent danger to yourself, we must take steps to protect you and/or others. (MCL 330.1946)
- **Health Oversight:** Licensing boards (LARA, Board of Counseling, Social Work, Psychology, Nursing) may audit records for compliance or supervision review.
- **Judicial or Administrative Proceedings:** Records may be released if ordered by a court, or if you put your mental health at issue in litigation.
- **Worker’s Compensation:** We may provide PHI as authorized by law.
- **Public Health and Safety:** To prevent or control disease, report adverse drug events, or comply with FDA/CDC reporting requirements.

Special Situations

- **Group, Family, or Couples Counseling:** Confidentiality of other participants cannot be guaranteed.
- **Supervision / Internship Program:** Supervisors and interns may review PHI for training and quality.
- **Medication Management:** Our NP collaborates with a supervising physician; records may be shared between NP, physician, and therapists for integrated care.
- **Electronic Communication:** Email, text, and telehealth sessions have privacy risks outside of our control (e.g., hacking, misdirected messages).

Your Rights

You have the right to:

1. **Request Restrictions** on certain disclosures (though we may not be required to agree).
2. **Receive Confidential Communications** at alternative addresses or phone numbers upon request.
3. **Inspect and Copy Records** used to make treatment decisions. You may request to view your PHI in a private, secure setting (such as during an appointment or via a secure online portal) and, where feasible, take notes or photographs. Access may be denied under limited circumstances (e.g., if it endangers you or others), with review rights.
4. **Request an Amendment** of your PHI if you believe it is incorrect.
5. **Receive an Accounting** of disclosures made without your consent.
6. **Receive a Paper or Electronic Copy** of this notice at any time.

Our Duties

- We are required by federal law (HIPAA) and Michigan law to protect your PHI.
- We will notify you in the event of a breach of your unsecured PHI.
- We may revise this Notice and will provide updates electronically or in writing.

Complaints

If you believe your privacy rights have been violated, you may file a complaint:

- The Practice Privacy Officers:
Andrew Brown, abrown@DesertStreams.org, 269-447-1127
Pamela Stinchcomb, pstinchcomb@DesertStreams.org, 269-345-0909 ext.232
- U.S. Department of Health & Human Services, Office for Civil Rights
OCRMail.hhs.gov, 800-368-1019
- Michigan Department of Licensing and Regulatory Affairs [LARA]
Health Professions Division Enforcement Section
PO Box 30670, Lansing MI 48909
(517) 241-0205

You will not be penalized for filing a complaint.