

INTEGRATED SERVICES OF KALAMAZOO  
**NOTICE OF PRIVACY PRACTICES**

**YOUR INFORMATION - - - YOUR RIGHTS - - - OUR RESPONSIBILITIES**

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This notice describes how your health information 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 an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record 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 information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll 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 will 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 our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information 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 health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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## 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 HIPAA rights are violated**

You have the right to file a complaint if you believe that ISK and or its staff has violated your Privacy rights. We will not retaliate against you for filing a complaint. All complaints will be investigated.

### **Complaints and questions can be sent to:**

Attention: Privacy Officer  
Integrated Services of Kalamazoo  
610 S Burdick St., Kalamazoo, MI 49007  
Direct Phone Number (269)364-6988  
Fax Number (269) 364-6989  
ISK Toll Free Number (888)373-6200

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W., Washington, D.C. 20201  
1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

## 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 your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

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
- Sale of your information

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- Most sharing of psychotherapy notes

## **OUR USES AND DISCLOSURES**

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

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

#### **Do research**

We can use or share your information for health research.

- All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical or behavioral health needs. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- Personal identifiers will not be disclosed in any written report or other document or work product of the research, unless authorized in writing by the participant /subject.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

ISK will disclose and/or limit disclosure in accordance with 42 CFR Part 2 and certain aspects of this law that aligns with Health Insurance Portability and Accountability Act of 1996 (HIPAA) Rules and the Health Information Technology for Economic and Clinical Health Act (HITECH).

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On April 22, 2024, the U.S. Department of Health and Human Services, Office for Civil Rights announced a final rule, entitled the *HIPAA Privacy Rule to Support Reproductive Health Care Privacy*. The rule strengthens privacy protections for medical records and health information for individuals who are seeking, obtaining, providing, or facilitating lawful reproductive health care. ISK will use or disclose PHI in compliance with the prohibition, presumption and attestation requirements indicated in this new final rule.

The confidentiality of ISK's mental health patient information is also protected by state law and administrative rules such as the Michigan Mental Health Code. Violation of the law or administrative rules by a program is a violation of your rights as a recipient of mental health services. Suspected violations may be reported to the ISK Office of Recipient Rights.

Attention: Office of Recipient Rights  
610 S Burdick St., Kalamazoo, MI 49007  
Direct Phone Number (269)364-6920  
Email: ORR@iskzoo.org

## **HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?**

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 have to 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).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**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 THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**OTHER INSTRUCTION FOR NOTICE**

- ~ This Notice is effective as of October 1, 2024
- ~ On February 8, 2024, the U.S. Department of Health & Human Services (HHS) through the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office for Civil Rights announced a final rule modifying the Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR part 2 ("Part 2"). With this final rule, HHS is implementing the confidentiality provisions of section 3221 of the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act - PDF](#) (enacted March 27, 2020), which require the Department to align certain aspects of Part 2 with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Rules and the Health Information Technology for Economic and Clinical Health Act (HITECH).