

Treatment. We may disclose medical /treatment information about you/your child in order to plan for treatment coordination. For example, we may notify Community Mental Health or FIA about care you/your child received through a Judson Center program.

Payment. We may use and disclose information so the care you/your child received can be properly billed. For example, we may be asked for details before CMH will pay for the bill for your/your child's care.

Business Operations. We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you/your child get.

Exceptions. For certain kinds of records, your permissions may be needed even for the release for treatment, payment, and business operations.

As Required by Law. We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by

government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

With Your Permission. If you give us permission in writing, we may use and disclose your/your child's personal information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights

You have the following rights regarding the health/treatment information that we have about you.

Your Right to Inspect and Copy. In most cases, you have the right to look at or get copies of your/your child's records. You may be charged a fee for the cost of copying your/your child's records.

Your Right to Amend. You may ask us to change your/your child's records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. You have the right to ask for a list of disclosures

made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or business operations. The list will not include information that was sent with your authorization.

Your Right to Request Confidential Communications. You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis of your request.

Changes to the Notice

We are required by law to comply with changes in HIPAA, therefore, we reserve the right to revise this notice as needed. A revised notice will be effective for medical /treatment information we already have about you/ your child as well as any information we may receive in the future.

How to Use Your Rights Under this Notice

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we

will help you prepare your written request, if you wish.

Complaints and Communications to Us.

If you want to exercise your rights under this notice or if you wish to file a complaint, please write to:

Chief Privacy Officer
Health Insurance Portability and
Accountability Act
Judson Center
4410 W. 13 Mile Road
Royal Oak, MI 48073

or please call the Chief Privacy Officer at
(248) 549-4339.

You will not be penalized for filing a
complaint.

Complaints to Federal Government.

If you believe that your/your child's privacy
rights have been violated, you have the right
to file a complaint. You may write to:

Office of Civil Rights
Dept. of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 866-627-7748
TTY: 886-788-4989
Email: ocrprivacy@hhs.gov

You will not be penalized for filing a
complaint with the federal government.

Copies of this Notice

You have the right to receive an additional
copy of this notice at any time. Please call or
write to us to request a copy.

This notice is available in other languages
and alternate formats that meet the
guidelines for the Americans with
Disabilities Act (ADA).



Judson Center is an Equal Opportunity
Employer, Services and Program Provider

I acknowledge that Judson Center informed
me of my individual rights under the Health
Insurance Portability and Accountability
Act.

Signature (consumer, parent, and/or legal
guardian)

Date

JUDSON CENTER PRIVACY NOTICE

**Health Insurance Portability and
Accountability Act**

Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW PERSONAL
TREATMENT AND HEALTH INFORMATION
ABOUT YOU/YOUR CHILD MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE
REVIEW IT CAREFULLY.**

Understanding the Type of Information

We Have. We get information about
you/your child when you/ your child
enroll(s) in a program. It includes your date
of birth, sex, ID number, and other personal
information.

Our Privacy Commitment to You. We
care about your privacy. The information
we collect about you/your child is private.
We are required to give you a notice of our
privacy practices. Only people who have
both the need and the legal right may see
your information. Unless you give us
permission in writing, we will only disclose
your/your child's information for the
purposes of treatment, payment, business
operations or when we are required by law
to do so.