



Arkay, Inc.
HIPAA Notice of Privacy Practices

Effective Date: September 23, 2013

**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.**

If you have any questions about this notice, please contact Arkay's Privacy Officer, Amanda Merritt.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Notify affected individuals following a breach of unsecured protected health information.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following provides some examples of different ways we are permitted to use and disclose health information that identifies you ("Health Information").

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services and products. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.



For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our consumers receive quality care and to operate and manage our organization. For example, we may use and disclose information to make sure the counseling you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with your provider. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. Under Michigan law, however, we would only disclose Health Information related to a minor's treatment for venereal disease and HIV testing, substance abuse, behavioral health and prenatal/pregnancy treatment for certain medical reasons.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law. For example, we may disclose Health Information in relation to cases of abuse, neglect, domestic violence or certain physical injuries.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is



necessary for such functions or services. For example, we may use another company to perform registration or billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; and to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the



location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Disaster Relief. We may disclose your Health Information to disaster relief organizations that seek your Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Organ or Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations as necessary to facilitate organ or tissue donation and transplant.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

Other uses and disclosures of Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. For example, we must get your prior written authorization before marketing a product or service to you if we will receive payment for the marketing communication. Likewise, we must obtain your written authorization if we will receive payment or other remuneration in exchange for your Health Information. Additionally, most uses of psychotherapy notes require your written authorization.

If you provide us with authorization to use or disclose health information about you, you may cancel that authorization at any time by writing to our Privacy Officer. If you cancel your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:



Right to Inspect and Copy. You have a right to inspect and obtain a copy of your Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes or information gathered for judicial proceedings. To inspect and copy this Health Information, you must make your request, in writing, to **Kevin McGuckin**. We have up to 30 days to make your Health Information available to you and we may charge you a reasonable fee, as permitted by law, for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Health Information in the form or format you request, if it is readily producible in such form or format. If the Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee, as permitted by law, for the labor associated with transmitting the electronic medical record.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to **Kevin McGuckin**. We are not, however, required to honor your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request in certain circumstances.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to **Arkay**. Your request must state a time period that may not be longer than six (6) years from the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.



Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to **Kevin McGuckin**. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to **Kevin McGuckin**. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.miarkay.org . Paper copies of this notice are available at the registration desk at any of our facilities.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Tina Hassinger. All complaints must be made in writing. **You will not be penalized for filing a complaint.**



Arkay Inc.
15221 Eureka Rd.
Southgate, MI 48195

Our Mission is to assist the Developmentally Disabled and the Elderly Disabled to achieve community inclusion that enhances personal potential, employment opportunities and/or volunteerism.

Acknowledgment of Receipt of Notice of Privacy Practices

This is to acknowledge my receipt of Arkay, Inc.'s Notice of Privacy Practices (effective date September 23, 2013) on the date stated below.

Date of Consumer's or Personal
Representative's Signature

Signature of Consumer or Personal
Representative

Consumer's Name

Consumer's Address

Name of Personal Representative
(If applicable)

Description of Representative's Authority
to Act for the Patient



Policy and Procedure: HIPAA Policy	
Category: Consumer Section: 4000	Document:
Original Date of Issue (mo/day/year): 03/11/2011	
Revision Dates (mo/day/year): 06/27/2011; 06/24/2012; 05/02/2013, 9/23/13; 01/19/2017, 7/3/18 Reviewed on: 9/23/13; 06/10/2014; 06/10/2015; 06/13/2016; 04/12/2017; 04/12/2018; 04/11/2019; 4/10/2020; 04/09/2021; 04/08/2022; 04/07/2023, 1/12/2024	
Approved by the Board (mo/day/year): 03/11/2011	