



DETROIT  
Health Department

Detroit Health Department  
100 Mack Avenue  
Detroit, Michigan 48201

Phone 313•876•4000  
Fax 313•877•9244  
[www.detroitmi.gov/health](http://www.detroitmi.gov/health)

## DETROIT HEALTH DEPARTMENT AND YOUR HEALTH INFORMATION NOTICE OF PRIVACY PRACTICES (NPP)

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

#### PLEASE REVIEW CAREFULLY

This Notice applies to all programs and services within the Detroit Health Department (DHD). In addition, this NPP applies to those divisions of DHD that provide management, administrative or financial services for these programs to the extent that protected health information is disclosed to these divisions as required for business operations in support of the programs and services of DHD.

#### Our Responsibilities

- Detroit Health Department (DHD) is required by law to maintain the privacy and security of your protected health information.
- DHD will promptly notify you if a breach occurs that may have compromised the privacy or security of your information.
- DHD must follow the duties and privacy practices described in this notice and give you a copy of it.
- DHD 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.

#### Our Uses and Disclosures

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

DHD typically uses or shares your health information in the following ways:

<b>Treat you</b>	DHD can use your health information and share it with other professionals who are treating you.	<i>Example: DHD provider treating you asks your regular doctor about your overall health condition.</i>
<b>Run our organization</b>	DHD can use and share your health information to run our practice, improve your care, and contact you when necessary.	<i>Example: DHD uses health information about you to manage your treatment and services.</i>
<b>Bill for your services</b>	DHD can use and share your health information to bill and get payment from health plans or other entities.	<i>Example: DHD gives information about you to your health insurance plan so it will pay for your services.</i>



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## 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).

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### 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

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### Do research

- DHD may disclose protected health information to researchers when an institutional review board that has reviewed the research proposal and has established protocols to ensure the privacy of your protected health information has approved the research.
- 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.

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### 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.

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### Respond to organ/tissue donation requests

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

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### 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.

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### 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.
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## Your Rights

<b>Inspect and receive a copy of your medical record</b>	<ul style="list-style-type: none"><li>You can ask DHD to see or get a copy of your medical record and other health information we have about you. You must make the request in writing.</li><li>DHD 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.</li></ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"><li>You can ask DHD to correct health information about you that you think is incorrect or incomplete. You must make the request in writing</li><li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>You can ask DHD to contact you in a specific way (for example, home or office phone) or to send mail to a different address or in a different way.</li><li>We will say “yes” to all reasonable requests.</li></ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"><li>You can ask DHD <b>to restrict</b> certain health information that we use or disclose about you.<ul style="list-style-type: none"><li>DHD is <u>not</u> required to agree to your request, and we may say “no” if it would affect your care.</li><li>If DHD agrees to a restriction, we will follow it except in emergencies.</li></ul></li><li>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.</li><li>We will say “yes” unless a law requires us to share that information.</li></ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"><li>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.</li><li>DHD will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. DHD will provide one list disclosure a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"><li>You can ask for a paper copy of this notice at any time. To receive a copy, contact DHD using the information in this Notice.</li></ul>



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## Your Rights *continued*

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### 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.

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### File a complaint if you feel your rights are violated

- You have the right to file a complaint if you believe that DHD has violated your privacy rights. The complaint should be filed within 180 days of when you learned of the violation. You will not be penalized for filing a complaint. All complaints will be investigated. Complaints and questions can be sent to:

#### **Detroit Health Department**

##### **Privacy Officer**

100 Mack Ave., 3rd Floor  
Detroit, MI 48201  
[dhdprivacy@detroitmi.gov](mailto:dhdprivacy@detroitmi.gov)  
(313) 876-4000

#### **U.S. Department of Health and Human Services Office of Civil Rights**

200 Independence Avenue, S.W.  
Washington, DC. 20201  
1-877-696-6775

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

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## 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
- Contact you for fundraising efforts

*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
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

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 website.