



# Ruth Ellis Center Member Rights and HIPAA Privacy Notice



# Your Information. Your Rights. Our Responsibility..

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.**

## Your Rights

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

### You have some choices in the way that we use and share information:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## Our Uses and Disclosures

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

# 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.

### Request confidential communications

- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- 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.

### Ask us to limit what we use or share

- We will say “yes” to all reasonable requests.
- 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 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.

### 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.

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

- We will make sure the person has this authority and can act for you before we take any action.
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## 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
- 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.

## 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.

## What is HIPAA?

HIPAA describes how mental health and other applicable health information about your care may be used and disclosed. For more information see: <https://www.hhs.gov/hipaa/for-individuals/index.html>

## How can we use or share your health information?

### 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

### Do research

We can use or share your information for health research.

### 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.

### 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

### 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.

## **Ruth Ellis Center Contact Information:**

**95 Victor St. Highland Park, MI 48203**  
**(313) 252-1950**  
**www.ruthelliscenter.org**

**Privacy Officer: Director of Mission Impact**

**Grievance and Recipient Rights:**  
**313-365-3368**  
**FEEDBACK@RuthEllisCenter.org**

The Health and Wellness Center at Ruth Ellis uses a secure computer accessible Electronic Health Record (EHR) system to store our records and files. We use an EHR to improve the efficiency and quality of your care. The Health and Wellness Center at Ruth Ellis contracts with Henry Ford Health System to offer many of our services. Since we co-ordinate care we share our EHR system with Henry Ford. This means Henry Ford Health and all of their affiliated facilities share access to our EHR. Because it is shared they have the ability to see our records and share your medical information for the purpose(s) of treatment, payment, or health care operations. A complete list of all Henry Fords affiliates can be found at [www.henryford.com/visitors/privacy](http://www.henryford.com/visitors/privacy) or you may call their Integrity Line at 1-888-434-3044. Henry Ford and all of its affiliates are held responsible under the same law as Ruth Ellis Center to ensure the privacy and security of your personal medical information.

Ruth Ellis Center participates in the Michigan Statewide Homeless Management Information System (MSHMIS) to improve housing services we offer. If and only with your written consent we share your basic identifying information with MSHMIS. Your basic identification information is used to coordinate with other organization and services, optimize efficiency of service delivery, and meet funding regulations.

Ruth Ellis Center is a contracted provider through the Michigan Department of Health and Human Services for Ryan White HIV/AIDS Programs. For these programs, Ruth Ellis Center is required to utilize CAREWare, a free, electronic health and social support services information system for Ryan White HIV/AIDS Program grant recipients and their providers. It was developed by HRSA's HIV/AIDS Bureau and first released in 2000, and it is used to report year-end, Ryan White HIV/AIDS Services Report (RSR) client-level data and to monitor quality of care on a regular basis.

Ruth Ellis Center is a contracted Community Mental Health provider under Detroit Wayne Integrated Health Network (DWIHN). Because we are a part of the larger state organized mental health system client records, documents and identifying information are shared with DWIHN.

This Notice Applies to Ruth Ellis and all its affiliates, which includes: Henry Ford Health and their affiliates, Michigan Statewide Homeless Management Information System (MSHMIS), Detroit Wayne Integrated Health Network (DWIHN), and all contracted affiliates under DWIHN.

