



**Third Circuit Court
Family Division-Juvenile Section
HIPAA Notice of Privacy Practices for Protected Health Information for
The Clinic for Child Study**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This is your Health Information Privacy Notice from Third Circuit Court, Family Division Juvenile Section (Court) – Clinic for Child Study (Clinic). This notice refers to the Clinic by using the terms "us," "we," or "our."

In order to provide services to you, the Clinic must collect information about you. We know that information we collect about you and your health is private. The Clinic is required to protect this health information by federal and state law.

This notice will tell you how we may use or disclose health information about you. Not all situations will be described. The Clinic is required to give you a notice of our privacy practices for the health information we collect and keep about you. We are required to follow the terms of the notice currently in effect.

**HOW THE CLINIC MAY USE AND DISCLOSE INFORMATION WITHOUT YOUR
AUTHORIZATION**

- **For Payment:** We may use or disclose information to receive payment for the health care services you receive. For example, the Clinic may submit claims to insurance companies.
- **For Treatment:** The Clinic may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Health Care Operations:** We may use or disclose health information in order to manage our programs and activities. For example, we may use health information to review the quality of services you receive.
- **Appointments and Other Health Information:** We may send you reminders for medical care or checkups. We may send you information about health services that may be of interest to you.
- **Where Required by Law and for Law Enforcement.** We will use and disclose information when required by law. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.
- **Public Health Activities:** We disclose information when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities about communicable diseases, or providing information to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.
- **When Requested as Part of a Regulatory or Legal Proceeding:** If you or your estate are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose Protected Health Information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- **For Government Programs:** We may use and disclose information for public benefits under other government programs. For example, we may disclose information for the determination of Supplemental Security Income (SSI) benefits.

- **Disclosures to Family, Friends and Others:** We may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.
- **Disclosure of Assessments:** If ordered by the Court, the Clinic prepares an assessment which may be disclosed to the 1) Court staff; 2) a representative of the Department of Health and Human Services (DHHS) and/or its agent; 3) Mental Health staff within the Mental Health Unit of the Juvenile Detention Facility; and 4) the Wayne County Department of Health, Veterans Community Wellness and/or its agent; 5) the Clinic clinician of a codefendant. The purpose of such disclosure is to assist Court, and/or to aid in planning/treatment.
- **Treatment Sessions:** Information shared with the Court shall be limited to recommendations for additional services, general progress in treatment and the number of treatment appointments made and kept. Treatment therapists may testify to the above in Court hearings. For youth receiving treatment services and case management, the following information may be shared with the Clinical Case Manager: attendance/level of participation, progress in treatment, recommendations for additional services, unusual behaviors and/or peculiar occurrences.
- **Case Management:** Information regarding a consumer's progress with case management shall be disclosed to the Court.
- **Home-Based Services:** Information regarding a consumer's progress with case management portion of Home-Based services shall be disclosed to the Court and assigned Probation Officer. Therapy information shared with the Court shall be limited to recommendations for additional services, general progress in treatment, and the number of treatment appointments made and kept.
- **Juvenile Mental Health Court:** Information related to Home-Based Services will be openly shared with Juvenile Mental Health Court members including, the Judge, Program Coordinator, Case Managers, Defense Attorney, and Prosecutor. This information will be shared via pre-hearing conferences. This is a closed docket and information from the Home-Based clinician will not be placed in the legal file as a result of the conferences.
- **Other Disclosures:** 1) Information a consumer reveals that indicates he/she is dangerous to him/herself or others shall be disclosed to the appropriate person(s) to obtain appropriate service(s) and/or to notify a potential victim. 2) Information a consumer reveals that indicates a child/adult has been abused or neglected will be disclosed to the appropriate authority.

OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

For other situations, the Clinic will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. We cannot take back any uses or disclosures already made with your authorization.

YOUR PRIVACY RIGHTS

- **Right to See and Get Copies of Your Records:** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Amend/Correct Your Records:** You may ask the Clinic to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for your request.
- **Right to Get a List of Disclosures:** You may request a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

- **Right to Request Limits on Uses or Disclosures:** You may request the Clinic limit how information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. The Clinic is not required to agree to the limitation. You can request, in writing, that the limitation be terminated or the Clinic may terminate the limitation with advance notice to you.
- **Right to Request Confidential Communications:** You may request 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 must make this request in writing. You do not have to explain the reason for your request.
- **Right to Revoke Permission:** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to File a Complaint:** You have the right to file a complaint if you do not agree with how the Clinic has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice:** You have the right to ask for a paper copy of this notice at any time.

COMMUNICATIONS ABOUT YOUR RIGHTS

You may contact the Clinic to:

- Ask to look at or copy your records
- Ask to limit how information about you is used or disclosed
- Ask to cancel your authorization
- Ask to correct or change your records
- Ask for a list of the times the Clinic disclosed information about you

If you wish to ask questions about this notice, exercise your rights under this notice communicate with us about privacy issues or file a complaint, you can contact us at:

Privacy Officer
Third Circuit Court
Clinic for Child Study
1025 East Forest Ave.
Detroit, Michigan 48207
(313) 833-2800
(800) 396-1077
(313) 833-2841(FAX)

You may file a complaint with the federal government at:
U.S. Office of Civil Rights:
 Medical Privacy, Complaint Division
 U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Washington, DC 20201
 (866) 627-7748
 TTY: (866) 788-4989
 E-mail: ocrprivacy@hhs.gov

Changes to This Notice: We reserve the right to revise this notice at any time. The revised notice will be effective for health information we already have about you as well as any information we may receive in the future. We are required to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to www.3rdcc.org and click on Notice of Privacy Practices. A copy of the new notice will be posted at each Clinic site and provided as required by law. You may ask for a paper copy of the current notice anytime.

Signature:

Michelle A. Milligan, MSW, LMSW

Michelle A. Milligan, MSW, LMSW

Title: Deputy Administrator/Clinic Director