

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter)** is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter) 's Compliance Officer at 313-864-4406.

<p style="text-align: center;"><b>UNDERSTANDING YOUR PROTECTED HEALTH INFORMATION</b></p> <p>Each time health information is submitted to Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter) for the purpose of obtaining test results and patient follow up, a record of each patient is created containing health information. Typically, this record contains information about patient demographics and sickle cell screening results.</p>	<p style="text-align: center;"><b>HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU</b></p> <p><b>For Health Care Operations.</b> We may use and disclose Protected Health Information for our day-to-day operations. This is necessary to ensure that all patients receive follow up to sickle cell testing results. In addition, we may use Protected Health Information for quality assessment and improvement activities. Other aspects of health care operations that may require use and disclosure of patient Protected Health Information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, legal services and compliance programs. Patient Protected Health Information may be used and disclosed for the business management and general activities of Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter). In limited circumstances, we may disclose patient Protected Health Information to another entity subject to HIPAA for its own health care operations.</p>
<p style="text-align: center;"><b>COMPLAINTS</b></p> <p>If you believe your privacy rights have been violated, you may file a complaint with Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter) 's Compliance Officer or with the Secretary of the Department of Health and Human Services.</p> <p><b>To file a complaint with the Facility, contact:</b></p> <p><b>Tracie Conic, Compliance Officer</b>  <b>18516 James Couzens Hwy</b>  <b>Detroit, MI 48235</b></p> <p>All complaints must be submitted in writing. You will not be penalized for filing a complaint.</p>	<p style="text-align: center;"><b>OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION</b></p> <p><b>Business Associates.</b> There are some services provided through Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter) via contracts with business associates. Examples include hospitals, state health departments, and pediatric practitioners, outside attorneys, contracted agents, and IT personnel. When these services are contracted, we may disclose patient health information so that they can perform the job we've asked them to do. To protect patient Protected Health Information, however, we require the business associate to appropriately safeguard your information.</p> <p><b>As Required By Law.</b> We will disclose PHI about you when required to do so by federal, state or local law.</p> <p><b>National Security and Intelligence Activities.</b> We may disclose Protected Health Information about client employees to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.</p>

### CLIENT RIGHTS REGARDING PROTECTED HEALTH INFORMATION

Although submitted client employee Protected Health Information is the property of Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter), the information belongs to you. You have the following rights regarding your employee Protected Health Information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your employee Protected Health Information.
- **Right to Request Communication by Alternative Means.** You have the right to submit and receive patient information via unconventional means by making a request via the Request for Communications Form. This form can be obtained from and submitted to Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter) 's Compliance Officer prior to the communicating by alternative means. Refer to the Alternative Communication for Protected Health Information policy (PR005).
- **Right to an Accounting of Disclosures.** Client has the right to request an "accounting of disclosures". This is a list of certain disclosures we made of patient Protected Health Information, other than those made for purposes such as treatment, payment, or health care operations.

*You must submit your request in writing to:*

*Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter), Compliance Officer  
18516 James Couzens Hwy  
Detroit, MI 48235*

*Your request must state a time period which may not be longer than five years from the date the request is submitted and may not include dates before January 1, 2011. Your request should indicate in what form you want the information (for example, on paper or electronically).*

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Protected Health Information we already have about you, our client as well as any information we receive in the future. We will post a copy of the current Notice in the offices of Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter) and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Sickle Cell Disease Association of America Michigan Chapter, Inc. (SCDAA, Michigan Chapter) 's Compliance Officer.