

How to Use Your Rights Under This Notice

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services.

Office of Civil Rights
Dept. of Health and Human Services
200 Independence Ave. S. W.
Washington, D.C. 20201
Phone: 886-627-7748
TTY: 886-788-4989
[Email: ocrprivacy@hhs.gov](mailto:ocrprivacy@hhs.gov)

You will not be penalized for filing a complaint with the federal government.

To file a complaint with us, contact our Privacy Officer, who is responsible for receiving complaints.

The Guidance Center
Privacy Officer
13101 Allen Rd.
Southgate, MI 48195
or call 734-785-7700

All complaints must be submitted in writing. Our Privacy Officer will assist you with writing your complaint, if you request such assistance.

You will not be penalized for filing a complaint.

Copies of this Notice

You have the right to receive an additional 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. Please call or write to us to request a copy.



Mission Statement

Nurture development.
Foster resilience.
Cultivate well-being.

Created 3/03
Revised 9/13,
9/25, 2/26

The Guidance Center is a private nonprofit 501(c)(3) corporation.

Notice of Privacy Practices

Effective April 14, 2003



13101 Allen Road
Southgate, MI 48195

T 734.785.7700 | F 734.287.1661
www.guidance-center.org

NOTICE OF PRIVACY PRACTICES

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.

This notice describes how we may use and disclose your protected health information and your substance use disorder patient records, subject to 42 CFR part 2 (if any) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.

"Protected health information" means health information (including identifying information about you) we have collected from you or received from your health providers, health care plans, or your employer. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, or payment for your health care services. It may include information that is stored electronically.

Our Privacy Commitment to You. We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations or when we are required to do so by law. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2 ("Part 2 records"): (a) use or disclosure of Part 2 records for treatment, payment, and health care operations generally requires your written consent (subject to permitted redisclosures); and (b) in no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 records, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court and a subpoena (or similar legal mandate) after it provides you notice of the court order.

Treatment. We will use and disclose your health information to provide health care and any related services. We may disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians and other staff, who work for The Guidance Center.

Technology. We will only use secure HIPAA compliant technology. We may use software incorporating AI technology to assist in preparing medical records and provider notes with written consent.

Payment. We may use and disclose information so that care you get can be properly billed and paid for. For example, we may disclose your health information to determine eligibility or coverage for health insurance; reviewing your services to determine if they are medically necessary; reviewing your services for purposes of ensuring appropriateness of your care or to justify the charges for your care.

Business Operations. We may need to use and disclose information for our business operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. Examples of such releases would be quality assessment and improvement, reviewing the performance or qualification of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities.

Exceptions. For certain kinds of records, your permission may be needed even for release for treatment, payment and business operations. Your permission is required for any use or disclosure of information for marketing purposes or for sale. If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

As required by law. We will release information when we are required to do so by law. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

With Your Permission. If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to revoke it. This must be in writing too. We cannot take back any uses or disclosures already made with your permission.

For substance use disorder patient records subject to 42 CFR part 2: Redislosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to The Guidance Center at 13101 Allen Rd. Southgate, MI 48195.

Your Right to Inspect and Copy. In most cases, you have the right to look at or get copies of your records. This extends to information stored electronically whether or not it is used and maintained as part of an electronic health record. You may be charged a fee for the cost of copying your records

Your Right to Amend. You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures. You have the right to ask for a list of disclosures made after April 14, 2003. This list will not include 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 authorization. You have the right to breach notification in appropriate circumstances.

Your Right to Request Restrictions on Our Use or Disclosure of Information. You have the right to ask for limits on how your information is used or disclosed. We are not required to honor such requests. You have the right to ask for limits on how your information is used or disclosed to your health plan where you pay out of pocket in full for a health-care item or service. You have the right to ask for a paper prescription and pay the pharmacy before the pharmacy submits a bill to your health plan.

Your Right to Request Confidential Communications. You have the right to ask 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 do not have to explain the basis for your request.

Changes to the Notice. We reserve the right to revise this notice. A 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 by law to comply with whichever notice is currently in effect. Any changes to our notice will be published on our website. Go to www.guidance-center.org

[center.org](http://www.guidance-center.org), call us at 734-785-7700, or write to us and request that a copy be sent to you in the mail. You may also ask for one in person at our offices.