For medical emergencies
We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

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.

IN ALL CASES, INCLUDING THOSE LISTED BELOW, IF WE HAVE SUBSTANCE USE DISORDER PATIENT RECORDS ABOUT YOU, SUBJECT TO 42 CFR PART 2, WE CANNOT USE OR SHARE INFORMATION IN THOSE RECORDS IN CIVIL, CRIMINAL, ADMINISTRATIVE, OR LEGISLATIVE INVESTIGATIONS OR PROCEEDINGS AGAINST YOU WITHOUT (1) YOUR CONSENT OR (2) A COURT ORDER AND A SUBPOENA.

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 de-identified 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.

Respond to management and financial audits and program evaluations
We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Assist with cause of death inquiries
We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Prevent or reduce crime in our program
We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

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.

Redisclosure 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 SUD 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).

Legal Proceedings and Court Orders
We must follow certain procedures before using or sharing your information for investigations and legal proceedings.
- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Our Responsibilities
- We are required to obtain your consent for most uses and sharing of your SUD Record information.
- We are required by law to maintain the privacy and security of your protected health information.
- We must let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice 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.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Effective Date of this Notice
The Effective Date of this Notice is July 6, 2026.

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 web site.

Our Privacy Officer
For additional information or questions about this Notice, please contact our Privacy Officer:
Name: Jessica Collins
Telephone Number: 734-785-7705 ext 7164
Email Address: jcollins@iamtgc.net

Notice of Privacy Practices

Effective April 14, 2003

THE GUIDANCE CENTER

13101 Allen Road
Southgate, MI 48195

734-785-7700
www.guidance-center.org

Nurture development.
Foster resilience.
Cultivate well-being.

Created 3/03
Revised 9/13, 3/25, 2/26, 6/26

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

Notice of Privacy Practices of The Guidance Center

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION
- YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH **JESSICA COLLINS, TGC'S PRIVACY OFFICER AT JCOLLINS@IAMTGC.NET OR 734-785-7705 ext 7164** IF YOU HAVE ANY QUESTIONS.

In this notice, your 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, and unless specified otherwise below, also includes your substance use disorder ("SUD") patient record ("SUD Record"), if any. It may include information that is stored electronically.

You have the right to:

- Consent to most uses and disclosures of your Mental Health and/or SUD Record information
- 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 list of health care providers who have received your information through certain third parties
- Get a copy of this privacy notice
- Discuss this notice with someone at The Guidance Center
- Choose someone to act for you
- Choose in advance whether to receive fundraising communications
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

1) SUD Record: With your written consent, we can use and share information from your SUD patient record as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your written consent
- Prevent multiple program enrollments
- Report about court-referred treatment
- Report to prescription drug monitoring programs

2) Other Medical Information: We may use and share your other medical 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
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

However, to the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

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.

Provide consent when we use or share your SUD Record information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
- You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.
- You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

Ask us to limit what we use or share

- 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," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete by contacting us using the information on page 1.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

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.

Discuss this notice with someone in our program

- You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

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.

Get a list of those with whom we've shared information

- 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.
- 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.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your 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.

About fundraising

- If we have your SUD Record, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising/marketing communications that use your Part 2 information.
- For other medical information, we may contact you for fundraising efforts, but you can tell us not to contact you again.

File a complaint if you feel your rights are violated

- 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 https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Our Uses and Disclosures

Technology

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

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.