

**Michigan Department of  
Community Health**

**PRIVACY NOTICE**

For Medicaid and Other Medical  
Assistance Programs

**Effective April 14, 2003**

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

**Understanding the Type of  
Information We Have.** We get  
information about you when you enroll in  
a health plan. It includes your date of  
birth, sex, ID number and other  
information. We also get bills, reports  
from your doctor and other data about  
your health care.

**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, health care operations or  
when we are required by law to do so.

- **Treatment.** We may disclose health information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.
- **Payment.** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.
- **Health Care Operations.** We may need to use and disclose information to operate the program. For example, we may use information to review the quality of care you get.
- **Exceptions.** For certain kinds of records, your permission may be needed even for release for treatment, payment and health care operations.
- **As Required By Law.** We will release information when we are required by law to do so. 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 health information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

**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 Michigan Department of Community Health at the address below.

- **Your Right to Inspect and Copy.** In most cases, you have the right to look at or get copies of your records. 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 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 permission.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information.** You have the right to ask for limits on how your health information is used or disclosed. We are not required to agree to such requests.
- **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. We may deny your request unless you clearly state your safety is at risk.

**Changes to this 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 whatever notice is currently in effect. Any changes to our notice will be published on our website. Go to [www.michigan.gov/mdch](http://www.michigan.gov/mdch), click on Health Care Coverage, and look under Protected Medical Information. If the changes are material, a new notice will be mailed to you before it takes effect.

## How to Use Your Rights Under This Notice

If you want to make a Privacy Rights request or file a complaint, your request or complaint must be in writing. If you are writing a complaint, tell us your name (and the name of the person affected, if you are filing the complaint for another person), identification number, what right you believe was violated, who you believe committed the violation, what you want done to correct the problem, and an address and phone number where you can be contacted. Requests and/or complaints should be sent to:

Privacy Officer  
Michigan Department of Community Health  
201 Townsend Street  
Lansing, Michigan 48913  
Phone: 517-241-0048  
TTY: 1-800-649-3777 or 711

Forms: [www.michigan.gov/mdch](http://www.michigan.gov/mdch), click on Health Care Coverage, click on Protected Medical Information.

You also have the right to file a complaint with the federal government. Written complaints should be sent to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Ste. 240  
Chicago, IL 60601  
Phone: 312-886-2359  
TTY: 312-353-5693  
FAX: 312-886-1807  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

You will not be penalized or retaliated against for filing a complaint with either MDCH or the federal government.

## Copies of this Notice

You have the right to receive an additional copy of this notice at any time. Please call or write to us to request a copy.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).

يتوفر هذا البيان في لغات وصيغ أخرى تفي بإرشادات وضوابط قانون ذوي الإعاقات الأمريكيين (ADA).

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 (TTY 1-866-501-5656).  
Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono **1-800-642-3195** (TTY 1-866-501-5656)  
Arabic: 1-800-642-3195 (TTY 1-866-501-5656)

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MDCH is an Equal Opportunity Employer,  
Services and Program Provider  
400,000 printed at .027 cents each  
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