

**NOTICE OF PRIVACY PRACTICES  
REAL LIFE LIVING SERVICES, INC.**

**This notice describes how medical, mental health and substance abuse information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Real Life Living Services is committed to protecting the privacy of your medical, mental health and substance abuse information. We create a record of the care and services you receive from us. This record includes information that we have collected from you or received from others. This record is needed to provide you with quality care and to comply with certain legal requirements. The information in this record is protected health information. We are required by law to maintain the privacy of your protected health information, to provide you with this Notice of Privacy Practices, and to comply with the terms of this Notice.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, and healthcare operations, and for other purposes that are permitted or required by law. This notice also describes your rights regarding the information that we maintain about you and a brief description of how you may exercise those rights.

The privacy practices in this notice apply to all RLLS staff, students and volunteers and to RLLS contract providers and affiliates.

We reserve the right to change the terms of this notice and will post the revised notice and, upon your request, we will give you a copy of the revised notice. The new notice would be effective for any health information that we hold at that time or receive from that time on.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

- **Confidential Communications** You may ask that we communicate with you in a particular way, or at a certain location, such as calling you at work rather than at home, to maintain your confidentiality.
- **Inspect and Copy** You have the right to review and/or receive a copy of the information in your record. Under limited circumstances we may deny access to the record, or to portions of the record (for instance, if disclosing the information would endanger you or someone else). You can request a review of this decision.
- **Addendum** You may ask us to add an addendum to the information in your record if you feel that it is incorrect or incomplete. You may prepare a correcting statement that will be included in your record.
- **Accounting of Disclosures** You may request a list of disclosures that we have made of your protected health information with the exceptions of treatment, payment and healthcare operations described in this notice, or information that was released with your authorization.
- **Requesting Restrictions** You may ask us to limit our use or disclosure of your health information. We are not required to agree to your request, but if we do agree to it, we will honor your request unless the information is needed to provide emergency treatment for you.
- **Receiving a Copy** You may receive a paper copy of this notice at any time upon request.

## HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

### Uses and Disclosures for Treatment, Payment and Healthcare Operations

- **For Treatment** We may use and disclose your protected health information to provide, coordinate and manage your services. Information about you may be shared with RLLS staff, students or volunteers, and with RLLS contract providers or affiliation members who may be involved in your care or services. This information will be shared on a “need to know” basis only. For example, a staff person may need to speak with his or her supervisor or with your psychiatrist or counselor about the services that you are receiving.

We also may use your health information to remind you about an appointment or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **For Payment** Your protected health information will be used and disclosed, as needed and allowed by law, to obtain payment for services. For example, a bill for services, sent to you or to a third-party payer such as Medicaid, might include identifying information about you such as your name, your diagnosis and services received.
- **For Health Care Operations** We will use or disclose your protected health information, as needed, to support and improve the activities of the RLLS. For example, staff may use information in your clinical record to evaluate the care that you received. This information would then be used in our efforts to improve the quality and effectiveness of the services we provide.

### Uses and Disclosures That May Be Made Only With Your Specific Authorization

- Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. For example, your written authorization would be required for us to share your confidential information with a member of your family or with your family doctor, except in circumstances listed in this notice. You can revoke this authorization at any time, in writing, except to the extent that we have already acted upon your authorization.

### Uses and Disclosures That May be Made Without Your Authorization

- **As Required by Law** We may be required by federal, state, or local law to disclose your protected health information.
- **For Public Health Activities** We may need to disclose your protected health information to a public health authority that is required by law to receive the information. Such disclosures would be made for the purpose of controlling disease, injury or disability. For example, we would disclose information regarding your HIV/ AIDS status if it was necessary to protect the health of an individual, to diagnose and care for you, or to prevent further transmission of the disease.
- **Abuse or Neglect** We may be required to disclose your protected health information if we suspect that you or another person has been abused or neglected.
- **Health Oversight** We may be required to disclose your protected health information for an audit, inspection, investigation or other health care oversight activity.

- **Judicial and Administrative Proceedings** We may have to disclose your protected health information if we receive a court order or subpoena, or for risk management purposes.
- **Law Enforcement** We may have to disclose your protected health information in connection with a criminal investigation by a federal, state, or local law enforcement agency, or to authorized federal officials who provide protective services for the President or other persons.
- **Serious Threat to Health or Safety** We may be required to disclose information about you when it is necessary to prevent a serious threat to your health and safety or that of another person or of the public. For example, if you have threatened to harm another person, we may be required to notify the local police department and the threatened person.
- **Coroner or Medical Examiner** In the event of your death, we may need to disclose your protected health information to help identify you or to determine a cause of death.
- **Research** We may disclose your health information to researchers if their research proposal includes protocols to ensure the privacy of your health information and has been approved by an Institutional Review Board.

**If you believe that your rights have been violated, contact the RLLS Privacy Officer** or the Office of Civil Rights. Your services will not be affected in any way if you file a complaint.

- To file a complaint with RLLS, or if you have any questions or want more information, call or write: Privacy Officer, RLLS, 1037 N. Mitchell St., Suite #13, Cadillac, MI 49601, phone#: (231) 887-4080
- To file a complaint with the Office of Civil Rights, call or write: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. SW, Washington, DC 20201 or toll-free phone 1-877-696-6775.