

HIPAA NOTICE OF PRIVACY PRACTICES
Macomb-Oakland Regional Center, Inc. ("MORC")

Effective Date: 09/15/2013

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. PLEASE NOTE THAT THIS NOTICE IS SEPARATE FROM THE NOTICE YOU HAVE
RECEIVED
RELATIVE TO YOUR RIGHTS UNDER THE MICHIGAN MENTAL HEALTH CODE IF YOU ARE RECEIVING
PUBLIC MENTAL HEALTH SERVICES.

If you have any questions about this notice, please contact our Privacy Officer (contact information is set forth at the very end of this notice).

Terms used, but not defined, in this notice have the meanings set forth in the Federal HIPAA Law.

WHO WILL FOLLOW THIS NOTICE

This notice describes MORC's practices and that of:

- Any health care professional authorized to enter information into your MORC chart.
- All departments and units and facilities and site locations of MORC
- MORC's "doing business as" names (or, DBAs).
- Any member of an organized healthcare arrangement in which MORC participates (i.e., this notice may cover more than one covered entities' activities — all members of the organized healthcare arrangement have agreed/will agree to abide by the terms of this notice).
- Any member of a volunteer group we allow to help you while you are at MORC.
- All employees, staff and other MORC personnel.

All of these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations, and any other purposes described in this notice and/or as allowed by applicable laws.

OUR PLEDGE REGARDING MEDICAL INFORMATION

MORC understands that medical information about you and your health is personal, and MORC is committed to protecting medical information about you and keeping it private. MORC creates a record regarding your information and information regarding the care and services you receive at MORC. MORC needs this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the medical information/"protected health information" or "PHI" which MORC creates or receives, whether made by MORC personnel or another health care provider. Medical information includes information that can be used to identify you that is created or received about your past, present, or future health or condition, the provision of healthcare to you, or the payment for the health care. We are required by law to protect the privacy of this information.

Your other health care providers may have different policies or notices regarding their use and disclosure of your medical information they create or maintain.

This notice will tell you about the ways in which MORC may use and disclose medical information about you. This notice also describe your rights and certain obligations MORC has regarding the use and disclosure of medical information.

MORC is required by law to.

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;

- Follow the terms of the notice that is currently in effect; and
- If medical information is used or disclosed in violation of the law, notify you if the use/disclosure is a "Breach of Unsecured Protected Health Information" (as such terms are defined by the Federal HIPAA Law).

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that MORC uses and discloses medical information. For each category of uses or disclosures MORC will explain what we mean and try to give some examples. Not every specific use or disclosure or type of use/disclosure in a category will be listed. However, all of the ways MORC is permitted to use and disclose information will fall within one of the categories. Any other uses and disclosures not described in this notice will not be made without your authorization. Also note that while the HIPAA law may allow MORC to use and disclose your medical information without obtaining a special written authorization or consent from you (e.g., for treatment, payment and operations), MORC may be required by the Michigan Mental Health Code to obtain a general consent from you in connection with certain uses and disclosures that fall within some of the categories described in this Notice.

HIGHLY SENSITIVE INFORMATION: AUTHORIZATION MAY BE REQUIRED

Our records may contain information regarding your mental health, substance abuse, pregnancy, sexually transmitted diseases, psychotherapy, HIV/AIDS/ARC or other types of highly sensitive/protected information. Records of these types may be protected by additional restrictions under state and federal law, which we will comply with. Disclosing these types of information may, but not necessarily, require authorization/consent from you. For example, with regard to mental health records, MORC complies with the Michigan Mental Health Code and will obtain your general consent with regard to many of the categories discussed in this Notice even though HIPAA may not require that MORC obtain such consent.

DISCLOSURES THAT GENERALLY REQUIRE AUTHORIZATION: PSYCHOTHERAPY NOTES AND MARKETING

Your authorization is required for most uses and disclosures of your medical information involving psychotherapy notes. Please note, however, psychotherapy notes are narrowly defined under HIPAA and do not include all mental health care records. In most cases, MORC does not have psychotherapy notes as defined by HIPAA.

Your authorization is also required for most uses and disclosures of your medical information for "Marketing" purposes, including subsidized treatment communications, or for disclosures that constitute the "Sale" of medical information. Please be aware, however, that HIPAA's definitions of "Marketing" and "Sales", and the restrictions related thereto, are technical, include exceptions, and do not apply to all situations that you may personally consider to be marketing or sales. MORC will only use and/or disclose medical information for marketing or sales purposes in accordance with HIPAA and state law (including the Michigan Mental Health Code), which in some, but not all, situations requires your authorization or consent to do so. If your authorization is not required, and HIPAA/state law allows for a use that you may personally consider to be a use or disclosure for marketing/sales purposes, we may utilize your information for such purposes without your consent (examples include, but are not limited to, face-to-face communications to you about a product, to provide refill reminders, research purposes, and the sale, transfer, merger or consolidation of all or part of MORC).

DISCLOSURE AT YOUR REQUEST

MORC may disclose information when requested by you. This disclosure at your request may require a written authorization by you. Any authorizations that you give can be revoked at any time.

TREATMENT/PAYMENT/HEALTHCARE OPERATIONS - GENERALLY

MORC may use or disclose health information for purposes of providing treatment, obtaining payment for treatment and conducting health care operations. HIPAA allows MORC to conduct these activities without obtaining a written HIPAA authorization from you. However, for some of the activities, MORC may be required by the Michigan Mental Health Code to obtain consent from you.

FOR TREATMENT

MORC may use medical information about you to provide you with medical treatment, healthcare, or other related services (including for care coordination purposes). MORC may disclose medical information about you to doctors, nurses, social workers, or other providers or MORC personnel who are involved in taking care of you. For example, we

may disclose information about you for treatment coordination purposes to a pharmacy to fill a prescription or to a subcontracted provider who is providing services to you. In some cases, we may also disclose your protected health information to an outside treatment provider for purposes of treatment activities of the other provider. MORC may also share information with the Community Mental Health Board/Authority responsible for your treatment. Different departments of MORC also may share medical information about you in order to coordinate the different things you need.

FOR PAYMENT

MORC may use and disclose medical information about you so that the treatment and services you receive at or from MORC may be billed and payment may be collected from you, an insurance company or a third party. MORC may also disclose your medical information to another health care provider or payor of health care for the payment activities of that entity. For example, MORC may need to give your health plan information about the care you received at MORC so that your health plan will pay MORC for the care provided. MORC may also tell your health plan about a treatment you are going to receive to obtain prior approval, referrals, or to determine whether your plan will cover the treatment. MORC may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside MORC who are involved in your care, to assist them in obtaining payment for services they provide to you. MORC may also need to use and disclose your medical information in various appeals processes to defend the necessity of services offered in the past, and to pursue collections actions for services which we have rendered to you; this may include providing your medical information to our business associates, such as billing companies and others that process our health care claims.

If you do not want to disclose medical information about you to your health plan, you have the right to pay for all services and care out of pocket, and to inform us that you wish to restrict the information disclosed to your health plan. Under federal law, we must comply with certain restrictions on disclosures of your protected health information if you have paid out of pocket in full. For more information, see your rights listed below.

FOR HEALTH CARE OPERATIONS

MORC may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run MORC and make sure that all of our patients receive competent, quality health care, and to maintain and improve the quality of health care that MORC provides. We may also provide your medical information to our accountants, attorneys, and consultants who perform services on our behalf. MORC may additionally provide your medical information to various governmental or accreditation entities to maintain MORC license(s) and accreditation. For example, MORC may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

INCIDENTAL USES AND DISCLOSURES

MORC may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example: while MORC has safeguards in place to protect against others overhearing conversations that take place between clinical staff, there may be times that such conversations are in fact overheard. Please be assured, however, that as much as possible, MORC has appropriate safeguards in place in an effort to avoid such situations.

LIMITED DATA SETS

MORC may use or disclose certain parts of your medical information, called a "limited data set," for purposes of research, public health reasons or for our health care operations. MORC would disclose a limited data set, only to third parties that have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

DISCLOSURES TO THE SECRETARY OF HEALTH AND HUMAN SERVICES

MORC might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether MORC is complying with privacy laws.

DE-IDENTIFIED INFORMATION

MORC may use your medical information, or disclose it to a third party whom MORC has hired, to create information that does not identify you in any way. Once MORC has de-identified your information, it can be used or disclosed in any way according to law.

DISCLOSURES BY MEMBERS OF MORC 'S WORKFORCE

Members of MORC 's workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that MORC has engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official to the extent permitted by Federal and State law.

SHARING WITHIN ORGANIZED HEALTH CARE ARRANGEMENT

Covered entities participating in any organized health care arrangement in which we participate may/will share medical information with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

APPOINTMENT REMINDERS

MORC may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at MORC. If you do not wish MORC to contact you regarding appointment reminders, you must notify MORC in writing and state that you wish to be excluded from this activity.

HEALTH-RELATED PRODUCTS AND SERVICES

So long as done in compliance with the HIPAA marketing/sale of PHI rules, MORC is permitted to use and disclose medical information to tell you about our health-related products or services that may be of interest to you. If you do not wish MORC to contact you regarding health related-products and services, you must notify MORC in writing and state that you wish to be excluded from this activity.

FUNDRAISING ACTIVITIES

MORC may use medical information about you, or disclose such information to a foundation related to MORC or a fundraising-related service provider, to contact you in an effort to raise money for MORC and its operations. MORC only would release contact information, such as your name, address and phone number and the dates you received treatment or services at MORC. If you do not want MORC to contact you for fundraising efforts, you have the right to opt out by notifying our Privacy Officer (contact information is set forth at the very end of this notice) in writing. Moreover, under the Michigan Mental Health code MORC will obtain a general consent from you prior to any disclosures for fundraising.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE (AND YOUR OPPORTUNITY TO OBJECT)

Although HIPAA does not require that we obtain a written HIPAA authorization for certain disclosures to family members or friends, the Michigan Mental Health Code requires that we obtain your consent prior to disclosing your health information to a family member or friend who is not your personal representative. MORC will continue to follow its current policy to obtain written consent under the Michigan Mental Health Code when disclosing patient information to a family member or friend who is not your personal representative.

FOR RESEARCH

Under certain circumstances, MORC may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. Before MORC uses or discloses medical information for research, the project will have been approved through this research approval process, but MORC may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave MORC. The Michigan Mental Health Code also has specific requirements related to outside research that MORC will follow.

AS REQUIRED BY LAW

MORC will disclose medical information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

MORC may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone

able to help prevent or reduce the threat, or to law enforcement in particular circumstances and only if allowed by Michigan law.

THIRD PARTIES/BUSINESS ASSOCIATES

MORC may disclose your medical information to third parties (sometimes called business associates) with whom MORC has contact to perform services on MORC's behalf. If MORC discloses your information to these entities, MORC will have a written agreement with them to safeguard your information.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

When applicable, MORC may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

If you are a member of the armed forces, MORC may release medical information about you as required by military command authorities. MORC may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION

MORC may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

MORC may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report regarding the abuse or neglect of children, elders, and dependent adults; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. MORC will only make this disclosure if you agree or when required or authorized by law; to notify emergency response employees regarding possible exposure to HIV/AIDS to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

MORC may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, MORC may disclose medical information about you in response to a court or administrative order. MORC may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In some situations, however, a HIPAA authorization or similar safeguarding process may be required prior to release.

LAW ENFORCEMENT

MORC may release certain medical information if asked to do so by a law enforcement official: as required by law; in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, MORC is unable to obtain the person's agreement; about a death MORC believes may be the result of criminal conduct; about criminal conduct at MORC; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime. There may be certain circumstances noted above, wherein MORC may be required to obtain a general consent from you under Michigan law. In such cases, MORC will comply with the more restrictive Michigan law.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

MORC may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. MORC may also release medical information about patients of MORC to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

MORC may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS

If applicable, MORC may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, MORC may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution. MORC, however, will also abide by any Michigan law requirements to the extent that they are stricter in protecting your information.

SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use of disclosure of certain categories of information — e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as state Medicaid programs, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

In addition to other rights you may have under the Michigan Mental Health Code, you have the following rights under HIPAA regarding medical information that MORC maintains about you.

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). If MORC uses or maintains your medical information in an electronic health record, you have the right to obtain an electronic copy of such information. Furthermore, you have the right to direct MORC to transmit such electronic copy directly to another entity or person that you designate. If you request a copy of the information, MORC may charge a fee for the costs of copying, mailing or other supplies associated with your request.

MORC may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by MORC will review your request and the denial. The person conducting the review will not be the person who denied your request. MORC will comply with the outcome of the review.

We may charge a reasonable cost based fee for labor in copying medical information and postage when you request information be transmitted by mail or courier.

RIGHT TO ELECTRONIC ACCESS

You have the right to access electronic copies of your medical information when requested (to the extent that we maintain the information in an electronic form). When information is not readily producible in the electronic form and format you have requested, we will provide you the information in an alternative readable electronic format as we may mutually agree upon.

Though we are not required to do so, we are advising you in this notice that, if you request that information available in an electronic format be provided via email, that email is an unsecure medium for transmitting information and that

there is some risk if medical information is emailed. Information transmitted via email is more likely to be intercepted by unauthorized third parties than more secure transmission channels. If we agree to email you information, you are accepting the risks we have notified you of, and you agree that we are not responsible for unauthorized access of such medical information while in transmission to you based on your request, or when the information is delivered to you.

RIGHT TO AMEND

If you feel that medical information MORC has about you is incorrect or incomplete, you may ask MORC to amend the information. You have the right to request an amendment for as long as the information is kept by or for MORC.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer (contact information is set forth at the very end of this notice). In addition, you must provide a reason that supports your request.

MORC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, MORC may deny your request if you ask MORC to amend information that: (i) was not created by MORC, unless the person or entity that created the information is no longer available to make the amendment; (ii) is not part of the medical information kept by or for MORC; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete.

Even if MORC denies your request for amendment, you have the right to submit a written statement of disagreement with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the statement of disagreement to be made part of your medical record, MORC will attach it to your records and include it whenever MORC makes a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of the disclosures MORC made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) MORC, and with other exceptions pursuant to the law. If, however, MORC is using an electronic health record, MORC will also account for treatment, payment and health care operations made using the electronic health record when required by law.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, MORC may charge you for the costs of providing the list. MORC will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition, MORC will notify you as required by law if your health information is unlawfully accessed or disclosed.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information MORC uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information MORC discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that MORC not use or disclose information about a service you had.

MORC is generally not required to agree to your restriction request

In one narrow instance, however, we are required to agree to the request, if all of the following apply: (i) you have requested that we restrict disclosure for payment or healthcare operations purposes; (ii) the disclosure would be made to a health plan/insurer (e.g., we are not precluded from making other allowable disclosures, only disclosures to the health plan/insurer); (iii) the disclosure is not otherwise required by law; and (iv) the PHI restricted pertains solely to a healthcare item or service for which you, or someone on your behalf, have paid us in full (excluding payments made by the health plan on your behalf) (e.g., you may not restrict the entirety of your medical record from being disclosed to a health plan/insurer — you may only restrict the portions of your record for those items or services which have been paid in full). You are hereby advised that, even if you utilize this required restriction request and meet the criteria set forth above, the required restriction is narrow. In particular, even if you have requested and received a required restriction, we may still disclose your information to others for other allowable purposes, such as sending information to a pharmacy to have a prescription filled. In the event that we make such allowable disclosures, the party to which we have permissibly

disclosed the information to is not bound by the required restriction request that you made to us, and we are not obligated to relay your request to such party. The only way for you to guarantee that such 3rd parties do not then

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disclose said information to your insurer/health plan is for you to make a required restriction request with the 3 party that meets all of the required restriction elements set forth above. We hereby advise you to do so if you desire.

If MORC does agree to comply with other non-required requests, MORC will comply with your request unless (a) the information is needed to provide you emergency treatment, or (b) other legal exceptions apply.

To request restrictions, you must make your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). MORC will not ask you the reason for your request. will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that MORC communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that MORC only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer (contact information is set forth at the very end of this notice). MORC will not ask you the reason for your request. MORC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to a paper copy of this notice. You may ask us to give you a 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.

You may obtain a copy of this notice at our website:

<http://www.morcinc.org/index.php/privacy-practices>

To obtain a paper copy of this notice, ask our admissions professionals, or our Privacy Officer (contact information is set forth at the very end of this notice).

RIGHT TO BE NOTIFIED IN THE EVENT OF A "BREACH OF UNSECURED PHI"

If, in any case, medical information is used or disclosed in violation of the law, we are required to notify you if the use/disclosure is a "Breach of Unsecured Protected Health Information" (as such terms are defined by the Federal HIPAA Law).

CHANGES TO THIS NOTICE

MORC reserves the right to change this notice and our privacy or security policies at any time. Any changes we make will apply to medical information we already have about you as well as any information MORC receives in the future.

MORC will post a copy of the current/changed notice in MORC's facilities. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

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

To file a complaint with MORC, contact our Privacy Officer in writing (contact information is set forth at the very end of this notice). All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION/PERMISSIONS/AUTHORIZATIONS

Other uses and disclosures of medical information not covered by this notice or the laws that apply to MORC will be made only with your written permission/authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if MORC has already acted in reliance on your permission. You understand that MORC is unable to take back any disclosures MORC has already made with your permission, and that MORC is required to retain MORC's records of the care that MORC provided to you.

PRIVACY OFFICER CONTACT INFORMATION

If you have any questions about this notice, please contact our Privacy Officer utilizing the contact information set forth below.

Certain provisions of this notice and our related policies and procedures require that notice or other requests be in writing. Please follow our instructions for any such issue.

MORC, Inc. Attention: Privacy Officer
15600 Nineteen Mile Road
P.O. Box 380710
Clinton Township, Michigan 48038
PHONE (586) 263-8700
TOLL FREE (866) 807-6940
FAX (586) 412-7889
TTY/TTD (586) 286-5036
E-MAIL at privacy.officer@morcinc.org