



**Notice of Privacy Practices  
Non-Discrimination  
Rights and Responsibilities of Individuals Receiving Services**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Easterseals MORC Case #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE REVIEW THE FOLLOWING DOCUMENTS AND SIGN BELOW:**

- ❖ **NOTICE OF PRIVACY PRACTICES**
- ❖ **NOTICE OF NON-DISCRIMINATION**
- ❖ **RIGHTS AND RESPONSIBILITIES OF INDIVIDUALS RECEIVING SERVICES**

**ACKNOWLEDGEMENT OF REVIEW AND RECEIPT:**

BY SIGNING THIS FORM, I CERTIFY:

- THAT I HAVE READ OR HAD THESE FORMS READ AND/OR HAD THESE FORMS EXPLAINED TO ME
- THAT I FULLY UNDERSTAND THE CONTENTS OF THESE FORMS.
- THAT I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND THAT ANY QUESTIONS HAVE BEEN ANSWERED.

\_\_\_\_\_  
Individual Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable) Date

\_\_\_\_\_  
Print Parent/Guardian Name

**Refusal to Sign:**

If you choose not to sign this acknowledgement, Easterseals MORC will still provide you with the services for which you are eligible and will continue to apply our privacy practices to your protected health information.

**Easterseals MORC Staff Members or Independent Contractors:**

If individual/parent/guardian refused to sign this form, please sign and date below:

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: EASTERSEALS MORC HAS THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AT ANY TIME.***

## Easterseals MORC Notice of Privacy Practices

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

OCR/HIPAA  
Privacy Regulation Text  
October 2002

We value you as a consumer of our agency and we take the privacy of your health information seriously. A number of laws and regulations, including HIPAA, the Health Insurance Portability and Accountability Act of 1996 and Public Act 258 of the Michigan Mental Health Code, protect your health information.

1. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information. We are required by law to:
  - a. Make sure that medical information that identifies you is kept private;
  - b. Give you this notice of our legal duties and privacy practices with respect to medical information about you and;
  - c. Follow the terms of the notice that is currently in effect
2. More detailed information about how health information about you may be used and disclosed and how you can get access to this information is available from the program from which you receive services. Or, you may contact our Privacy Officer at 248-475-6400 for this information.
3. During the time that you are using services at our agency, we will collect and keep different kinds of information about you. This information is called **Protected Health Information (PHI)**. We want you to understand how we might use the information we collect.
4. Use of recording devices (audio or video) is strictly prohibited by you, a representative, or a family member, whether on Easterseals MORC property or not, unless specifically consented to, in writing, by all parties. A violation of this policy could result in legal action, civil or criminal.

The following is some information that gives you a summary of your privacy rights:

“Protected Health Information” means:

- Information about you that may identify you **and**
- Relates to your past, present or future physical or mental health or condition, **and**
- Health care services related to your health or condition.

Examples of this may include:

- Your name, address, telephone number and date of birth
- Your diagnosis (the condition for which you are receiving treatment)
- Your treatment plan and goals
- Your progress toward those goals.

Your information will be used to **help us to provide you health care services.**

- We will use your information when we are giving you services. We may disclose your information when we are helping you get other services you need.
- We will disclose parts of your information to get payment for your health care services.
- We may use or disclose your health information to obtain help for you in an emergency.
- We may disclose your health information for surveys and other quality improvement projects.

We may sometimes use or disclose your information **without your permission** when the law requires it.

- We may disclose parts of your information for public health uses.
- We may disclose your information if the Food and Drug Administration requires it.
- We may disclose your information to follow rules for workers’ compensation and other similar programs.
- In certain situations, we will disclose your information to the police.
- If you are incarcerated, we may use or disclose your information that we created or received while we provided services to you.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- We may disclose medical information about you for public health activities to:
  - Prevent or control disease, injury or disability
  - Report child abuse or neglect
  - Report reactions to medications
  - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - Notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We 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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- We may release medical information if asked to do so by a law enforcement official:
  - 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, we are unable to obtain the person's agreement
  - About a death we believe may be the result of criminal conduct
  - To report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime
  - We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law

We may use your information **for business operations.**

- We may use your information to do the business of this agency which may include conducting quality assessment and improvement activities.
- We may use parts of your information to send you newsletters and other information.
- We may use parts of your information for business planning and development

**YOUR RIGHTS:**

- **You have the right to review and make copies of your protected health care information, which may be provided in paper and/or electronic form. A fee may be charged for the costs of copying, mailing, or other supplies associated with your request.**
- **You have the right to request a restriction or limitation on your protected health care information. To request restrictions, you must make your request in writing on the ESM "Request for Restrictions on the Use and/or Disclosure" Form.**
- **You have the right to be told when we disclose your protected health care information and to whom.**
  - **To request this list of accounting for disclosures, you must submit your request in writing to the Easterseals MORC Corporate Compliance Team. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (e.g. paper or electronic). The first accounting you request is free. For additional requests, we may charge you for the costs of providing the accounting. We 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.**
- **You have a right to request that we communicate with you about confidential matters in a certain way or at a certain location.**
- **You have the right to amend parts of your protected health information if you think they are incorrect or incomplete.**
- **You have a 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, [www.EastersealsMichigan.com](http://www.EastersealsMichigan.com) or contact the Easterseals MORC Privacy Officer at (248) 475-6400.**
- **You have a right to be notified of any breach of your PHI.**
- **You have the right to opt out of being contacted for fund-raising purposes, appointment reminders or information regarding other health services.**
- **You have the right to restrict certain disclosures of PHI to a health plan when you (or any person other than the health plan) pay for treatment out of pocket in full.**

**EASTERSEALS MORC IS NOT REQUIRED TO AGREE TO YOUR REQUEST AND/OR MAY DENY YOUR REQUEST BASED ON STATE AND FEDERAL LAWS. EASTERSEALS MORC WILL PROVIDE YOU IN WRITING WITH REASONS FOR THE DENIAL OF YOUR REQUEST**

CHANGES TO THIS NOTICE: WE RESERVE THE RIGHT TO CHANGE THIS NOTICE. WE RESERVE THE RIGHT TO MAKE THE REVISED OR CHANGED NOTICE EFFECTIVE FOR MEDICAL INFORMATION WE ALREADY HAVE ABOUT YOU AS WELL AS ANY INFORMATION WE RECEIVE IN THE FUTURE. WE WILL POST A COPY OF THE CURRENT NOTICE ON THE EASTERSEALS MORC WEBSITE. THE NOTICE WILL CONTAIN THE EFFECTIVE DATE.

**BUSINESS ASSOCIATES:**

This “Notice of Privacy Practices” applies to all services provided to you by Easterseals MORC. In accordance to HIPAA requirements, our agency also has “Business Associate Agreements” with each organization with which we do business that may relate to your personal health care information. Each Business Associate must also comply with the requirements of HIPAA, and where applicable, the Michigan Mental Health Code or other federal or state laws and regulations.

**MARKETING:**

You may receive marketing materials from Easterseals MORC. You have the option to opt out of receiving these materials by contacting our Marketing Department. Easterseals MORC does not sell your PHI for marketing purposes.

**ADDITIONAL RIGHTS:**

Depending on your services received from Easterseals MORC, you may have additional privacy protection under existing or future state laws. We are committed to complying with all applicable laws when we use or disclose your health information.

**OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide Easterseals MORC permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

**BREACHES OF PHI:**

Easterseals MORC privacy and security policies and procedures were updated to comply with the breach reporting and notification requirements of the HITECH Act, passed as part of the American Recovery and Reinvestment Act of 2009.

**PRIVACY COMPLAINTS:**

If you have any concerns about our privacy practices, or if you feel your rights have been compromised, you have a right to file a complaint with Easterseals MORC at:

Or, you may file a complaint with:

Rebecca O'Reilly  
Privacy Officer  
Easterseals MORC  
2399 E. Walton Blvd.  
Auburn Hills, MI 48326  
Phone: 248-475-6400  
Fax: 248-475-6402

Region V, Office for Civil Rights,  
U.S Department of Health and Human Resources  
233 N. Michigan Avenue  
Suite 240  
Chicago, IL 60601  
Phone: 312-886-2359  
Fax: 312-886-1807  
TDD: 312-353-5693

*All complaints must be submitted in writing. Please be assured that if you file a privacy complaint, your complaint will be handled in a professional manner, and you will not be subject to any type of penalty for filing the complaint.*

**QUESTIONS:**

We want to make it easy for you to make informed health care decisions. Your Easterseals MORC service staff are more than happy to assist you with any questions that you may have about your services. If you have any questions about this Notice, please contact our Privacy Officer at (248) 475-6400.

## Easterseals MORC Notice of Non-Discrimination

Easterseals MORC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Easterseals MORC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Easterseals MORC:

- ❖ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- ❖ Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact your case manager.

If you believe that Easterseals MORC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Rebecca O'Reilly  
Chief Compliance Officer  
2399 E. Walton Blvd.  
Auburn Hills MI 48326  
(248) 475-6300 – phone  
(248) 475-2900 – fax  
CorporateCompliance@essmichigan.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, your case manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019  
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Easterseals MORC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.  
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(248) 475-6300

يلتزم الأصل الوطني أو السن أو الإعاقة أو الجنس Easterseals MORC بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو رقم (248) (475-6300- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

Easterseals MORC 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。  
。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-(248) 475-6300





## RIGHTS AND RESPONSIBILITIES OF INDIVIDUALS RECEIVING SERVICES

Easterseals MORC is committed to ensuring human rights and respecting human dignity. Easterseals MORC provides services to a diverse population that includes all ages, races, needs, and disabilities with consideration given to their language and cultural values. Easterseals MORC is dedicated to providing all materials in a language or format that is best understood by the individual served when requested at no cost.

### You and/or your designee have the right to:

- Be provided with information about your rights, responsibilities, and protections.
- Be free from abuse and neglect.
- Privacy of your information.
- Be treated with dignity and respect.
- Receive services that meet your needs in the least restrictive setting and disenroll from programs or services offered by Easterseals MORC.
- Receive your services in a safe, sanitary, and humane environment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Have your cultural and personal values, beliefs and preferences respected.
- Access, request amendments, or obtain information about disclosures of your health information in accordance with law and regulations.
- Know your case manager/supports coordinator and request a change in case manager/support coordinator.
- Receive information about Easterseals MORC, its services, practitioners, and providers.
- Participate with practitioners in making decisions about your health care.
- Be informed of available treatment options and alternatives.
- Have your complaints or concerns about Easterseals MORC or the care provided reviewed.
- Have information available in paper form without charge upon request and provided upon request within 5 business days.

## You and/or your designee have the responsibility to:

- Follow the mutually agreed upon Plan of Service or notify your case manager/supports coordinator if you cannot follow the plan.
- Provide Easterseals MORC and its practitioners/providers, to the best of your knowledge, accurate and complete information regarding your medical history, including but not limited to allergies, present and past illnesses, medications, hospitalizations, address, telephone number, and insurance information.
- Report unexpected changes in your health.
- Inform your case manager/support coordinator if you have an advance directive and provide a copy.
- Ask questions about your care to better understand your health needs.
- Notify us in advance if you need to change your scheduled appointment or service for any reason.
- Tell us if your Medicare, Medicaid, or other insurance changes.
- Notify us if you wish to disenroll from services.
- Treat all staff and others with courtesy and respect.
- Be considerate and respectful of Easterseals MORC and other's property.

## Internal/Local Appeal Rights

*You have the right to an internal/local appeal if you do not agree with the services contained in your plan of service or if services do not start within 14 days from the date agreed upon in this plan.*

**Ask for an Internal (Local) Appeal** from your PIHP by filling out the Request for Local Appeal form. If you cannot access the form or need assistance in completing it, you can contact your PIHP's customer service department or Easterseals MORC customer service.

### **There are two kinds of internal appeals:**

**Standard Appeal:** For a standard appeal, you will receive a written decision within 30 calendar days after your appeal is received. A decision might take longer if you ask for an extension or if more information about your case is needed. You will be told if extra time is needed and why it is needed.

**Expedited or Fast Appeal:** For a fast appeal, you will receive a decision within 72 hours after your appeal is received. You can ask for a fast appeal if you or your provider believe your health could be seriously harmed by waiting up to 30 calendar days for a decision.

***Your request for a fast/expedited appeal will be automatically approved if your provider informs your PIHP that your health or achievement of maximum function could be seriously harmed by waiting for the standard timeframe.***

If you ask for a fast appeal without this support from a provider, your PIHP will decide if your request requires a fast appeal. If your request for a fast appeal is denied, you will receive an appeal decision within 30 calendar days.

**To ask for a Fast Appeal:** Please refer to your IPOS under Individual Plan of Services Appeal Rights for the appropriate number to call.



**If you want someone to help you with the appeal:**

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. Both you and the person you want to speak for you must sign and date the statement confirming this is what you want. You will need to mail or fax this statement to your PIHP. If your guardian is speaking for you, please provide your PIHP with a copy of the court order naming the person as the guardian. If you want someone else to act for you and you have any questions or need help, please contact your PIHP's customer service department or Easterseals MORC customer service.

**Access to documents:**

You or the person you have asked to help you are entitled to reasonable access to and a free copy of all documents relevant to your appeal at any time before or during the appeal. You must submit the request in writing.

**Submit information:**

You or the person you have asked to help you may submit either in person or in writing, comments, documents, or other information you feel is important to be considered.

**Get Help & More Information**

- Detroit Wayne Integrated Health Network (DWIHN) Customer Service Team: 1-888-490-9698
- Macomb County Community Mental Health (MCCMH) Customer Service: 1-855-996-2264 or their Ombudsman: 586-469-7795
- Oakland Community Health Network (OCHN) Customer Services Team: 1-800-341-2003 (toll free)
- Genesee Health Systems (GHS) Customer Service: 1-800-257-3705
- Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195.  
TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet-based phone service)
- Case Manager/Supports Coordinator or your Case Manager/Supports Coordinator's Supervisor as listed on your plan of service
- Easterseals MORC Customer Service: 586-263-8646 or  
email: [Customer\\_Satisfaction@eastersealsmorc.org](mailto:Customer_Satisfaction@eastersealsmorc.org)