

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR PERSONAL INFORMATION MAY BE USED/DISCLOSED, AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of Lighthouse MI with respect to our use of the Michigan Statewide Homeless Management Information System (“MSHMIS”).

MSHMIS: We participate in a statewide system that allows shelters and other homeless service providers to share information about the people we serve. MSHMIS keeps information about clients that get help in each participating agency to better assist you.

Through MSHMIS, we and other agencies can share your name, year of birth, gender, veteran status and the last four digits of your Social Security (your “Standard Information”), unless you indicate on the MSHMIS Release of Information that you do not want your Standard Information to be visible or tell an agency to close your “Client Profile.” We and the other agencies can collect, use and share any additional information you consent to share when you filled out the Client Release of Information Coordination of Care Sharing Plan (your “Sharing Plan”). This Notice informs you as to how we and MSHMIS treat the personal information we collect, use, and share with other agencies.

HIPAA: Note that if we are a “Covered Entity” as defined in the the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and must comply with the requirements set forth in HIPAA, we will provide you with a separate HIPAA Privacy Policy. Our classification as a Covered Entity, if applicable, in no way makes any other agency-members of MSHMIS or the Michigan Coalition Against Homelessness, the operator of MSHMIS, a “Business Associate” as defined in HIPAA. In the event that any provisions of this Notice conflict with the HIPAA Privacy Policy, the HIPAA Privacy Policy will control. There may be information we collect about you that is governed by the HIPAA standards that is not covered by this Notice. In such case, only the HIPAA standards and not those in this Notice, will apply.

Personal and Health Information: When you receive services from us, we share your Standard Information on MSHMIS with other agencies, unless you tell us not to as provided above. If you choose to fill out a Sharing Plan, we will also share the personal information you consent to us releasing, which may include personal health information and information about your race, ethnicity, disabling conditions, previous residence history, employment history, substance use, sexual orientation, educational history and more. Your Standard Information and any information you release in your Sharing Plan is referred to as your Protected Personal Information (PPI).

How We May Use and Disclose Your Protected Personal Information: We may use and disclose your Protected Personal Information for the following purposes:

- (1) to provide or coordinate services for you or your family;
- (2) for functions related to payment or reimbursement for services;
- (3) to carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; or
- (4) for creating de-identified Protected Personal Information.

a. Other Uses and Disclosures: We may use or disclose your Protected Personal Information for other reasons, even without your permission. Subject to applicable federal or state law, we are permitted to disclose your Protected Personal Information without your permission for the following purposes:

- *Required by Law:* We may use/disclose your Protected Personal Information when such use/disclosure is required by law, subject to the requirements of such law.
- *Serious threat to health or safety:* We may use and disclose your Protected Personal Information 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 the threat.
- *Abuse, Neglect or Domestic Violence:* We may disclose your Protected Personal Information when the disclosure relates to victims of domestic violence, abuse or neglect, or the neglect or abuse of a child or an adult who physically or mentally incapacitated, where the disclosure is required by law, you agree to such disclosure, or the disclosure is authorized by law and we believe it is necessary to prevent serious harm to you or other potential victims.
- *Research and Eligibility of Additional Resources:* Subject to certain restrictions, we may use or disclose your Protected Personal Information for approved research conducted by an individual or institution that has a formal relationship with us or to determine eligibility for other resources. If Protected Personal Information is used for research, a written research agreement that requires researchers and data recipients to protect your Protected Personal Information will be in place. If identification is used to verify eligibility for other resources, only my full name will be released back to my case manager so they may contact me to verify eligibility.
- *Law enforcement purposes:* Subject to certain restrictions, we may disclose your Protected Personal Information under certain circumstances.
- Even if you agree or do not object, however, the foregoing uses/disclosures may also be limited by certain Michigan laws governing pharmacy, mental health facility or nursing facility records, or records related to controlled substance use and communicable diseases.

ii. **Authorization to Use or Disclose Your Protected Personal Information:** In any situations other than those where your permission is not required, as described above, we will ask for your written authorization before using or disclosing your Protected Personal Information, which you may do or have already done by signing a Sharing Plan. If you choose to sign a Sharing Plan to disclose your Protected Personal Information, you can later revoke that authorization to stop any future uses and disclosures. However, you cannot revoke your authorization for uses and disclosures that we have made in reliance upon such authorization.

Destruction or De-Identification of Your Protected Personal Information: We will dispose of or, in the alternative, remove identifiers from, Protected Personal Information that is not in current use seven years after your Protected Personal Information was created or last changed, unless a statutory, regulatory, contractual or other requirement mandates we keep it longer.

Individual Rights: You have the following rights with regard to your Protected Personal Information. Please contact the person listed below to obtain the appropriate forms for exercising these rights.

Request Restrictions: You may request restrictions on uses and disclosures of your Protected Personal Information, unless such restriction is inconsistent with our legal requirements. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

Inspect and Obtain Copies: You have the right to inspect and obtain a copy of your health information. We can also explain to you any information you may not understand.

Amend Information: If you believe that the Protected Personal Information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information. We are not required to remove any information but we may mark information as inaccurate or incomplete and may supplement it with additional information.

We reserve the right to deny for the following reasons, individual inspection or copying of your Protected Personal Information:

- (2) Information compiled in reasonable anticipation of litigation or comparable proceedings;
- (3) information about another individual (other than a health care or homeless provider);
- (4) information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would reveal the source of the information; or
- (5) information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.

We can reject repeated or harassing requests for access or correction. If we do, we will explain the reason for the denial to you and we will include documentation of the request and the reason for the denial as part of your Protected Personal Information.

Changes in Privacy Practices: We reserve the right to change our privacy policies and the terms of this Notice at any time and to make the new policies and provisions effective for all Protected Personal Information, even with respect to the information processed before the amendment.

You have the right to obtain a paper copy of our Notice at any time upon request.

Contact Person: To make a complaint or ask a question about our privacy practices, contact:

Effective Date: The effective date of this Notice is _____.