

# Notice of Privacy Practices – Flint Odyssey House

## Your Health Information & Your Rights

This notice describes how medical and behavioral health information about you may be used and shared, and how you can access this information. Please review it carefully.

## Our Commitment to Your Privacy

We are committed to protecting your privacy and the confidentiality of your treatment information. We create records about the care and services you receive so we can provide quality treatment and comply with legal requirements.

Your information is protected by federal and state laws, including HIPAA and, when applicable, **42 CFR Part 2**, which provides additional protections for substance use disorder treatment records.

## How We May Use and Share Your Information

We may use or share your health information without your written authorization for the following purposes:

### Treatment

To provide, coordinate, or manage your care (for example, sharing information among clinicians involved in your treatment).

### Payment

To bill and collect payment for services provided, including coordination with insurance or funding sources when applicable.

### Health Care Operations

For quality improvement, training, licensing, audits, accreditation (such as CARF), and administrative operations.

### Legal and Safety Requirements

When required by law, court order, or to prevent serious and imminent harm to you or others.

## Special Protection for Substance Use Disorder Records

If you are receiving substance use disorder treatment, your records are protected by federal confidentiality laws. In most cases, we **cannot share this information without your written consent**, even with family members or outside providers, unless permitted or required by law.

## Your Rights

You have the right to:

- **Access** your health records
- **Request corrections** to your records
- **Request limits** on certain uses or disclosures

- **Request confidential communication** (such as alternative contact methods)
- **Receive a list** of certain disclosures
- **Receive a paper copy** of this notice at any time

## **Your Choices**

You may choose whether we share information with family members, significant others, or other individuals involved in your care, unless disclosure is required by law.

## **Our Responsibilities**

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with this notice
- Follow the terms of this notice
- Notify you if a breach occurs that may compromise your information

## **Changes to This Notice**

We reserve the right to change this notice. Any changes will apply to all information we maintain and will be made available upon request and posted at our offices or website.

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## **Questions or Complaints**

If you have questions or believe your privacy rights have been violated, you may contact:

**Privacy / Compliance Officer:** Tonya Evans

**Phone:** 810-423-9139

**Email:** [tonya.evans@odysseyvillage.com](mailto:tonya.evans@odysseyvillage.com)

You may also file a complaint with the U.S. Department of Health and Human Services or MDHHS. Filing a complaint will not affect your care or services.