

## **Network180 Notice of Privacy Practices**

### **Your Information. Your Rights. Our Responsibilities.**

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information under privacy laws. **Please review it carefully. This notice tells you about these things:**

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE, IN PAPER OR ELECTRONIC FORM, AND TO DISCUSS IT WITH A NETWORK180 STAFF BY CALLING THE PRIVACY OFFICER AT (866)411-0690 OR TDD/TTY (800)649-3777.

### **SUMMARY**

#### **Your Rights.**

You have the right to -

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

#### **Your Choices.**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Market our services and sell your information.

#### **Our Uses and Disclosures.**

We may use and share your information as we:

- Help manage the health care treatment you receive.
- Run our organization.

- Pay for your health services.
- Administer your health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records.**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records.**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

### **Get a list of those with whom we’ve shared information.**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- If your request involves substance use records, the time period may not be longer than three years.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice.**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1 or contacting the Network180 Privacy Officer at [privacy.officer@network180.org](mailto:privacy.officer@network180.org).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [Filing a Complaint | HHS.gov](#).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

*If you cannot tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

#### **Help manage the health care treatment you receive.**

We can use your health information and share it with professionals who are treating you.

*Example: We may send your information to another doctor or provider who helps us with your treatment.*

#### **Run our organization.**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

#### **Pay for your health services.**

We can use and disclose your health information as we pay for your health services.

*Example: We share your information with Medicaid or private insurance companies to see if they will pay for the services you are requesting.*

#### **Health care operations.**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: We may use your PHI for operations purposes, like for licensing or accrediting our organization, detecting fraud, or quality improvement activities.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html) and [Fact Sheet 42 CFR Part 2 Final Rule | HHS.gov](#).

#### **Help with public health and safety issues.**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

- Preventing or reducing a serious threat to anyone's health or safety

**Do research.**

- We can use or share your information for health research.

**Comply with the law.**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy laws.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director.**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests.**

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official when the disclosure is authorized by law.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions.**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena. This is different for records about a substance use disorder. Please see below.

**If you have a substance use disorder (SUD), you have additional rights.**

- If you choose to, you may sign a single written consent for uses of your information like your treatment, payment for your treatment, and health care operations. You may also restrict who can see your information.
- You can revoke your written consent at any time.
- Any use of your information that is not in this notice will not happen without you signing a written consent.
- Your rights in legal proceedings:
  - Records, or testimony about records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you sign a specific written consent or there is a court order.

- Records will only be used or disclosed based on a court order after you are told about it and you and Network180 have an opportunity to talk to the court.
- Network180 must be given a court order and a subpoena or other legal mandate before your records are used or disclosed by Network180.
- **NOTE:** When we release your information for treatment, payment for your treatment, or health care operations, the agency or individual we release it to may further release it to others as long as they follow the privacy laws.

## **You have additional rights related to your reproductive health care.**

We cannot use or share your PIHP for the following reasons:

- We cannot investigate anyone just for seeking, getting, giving, or helping someone get reproductive health care.
- We cannot punish anyone – criminally, civilly, or through any government action – for seeking, getting, giving, or helping someone get reproductive health care.
- We cannot try to identify anyone for any of the reasons listed above.

**Attestation.** By law, if we collect, receive, or maintain health information that could be related to your reproductive health care, in some cases we must obtain an attestation from the health information recipients that they will not use or share that health information for a purpose prohibited by law. For example, the situations requiring an attestation may involve:

- **Health oversight activities.** We may share your reproductive health-related information in some cases when an oversight agency needs it for audits, inspections, investigations, or licensing.
- **Judicial and administrative proceedings.** We may share this information if we get a court order, subpoena, or a request for records in a legal action.
- **Law enforcement.** We may share this information when the law requires it, such as responding to a court-ordered warrant or a request from law enforcement about a crime victim.
- **Coroners or medical examiners.** We may share this information to help identify someone who has died, find the cause of death, or for other duties allowed by law.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)  
[Fact Sheet 42 CFR Part 2 Final Rule | HHS.gov](#)

### **Changes to the Terms of this Notice**

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in our offices, and on our web site. If you want a copy, ask us and we will give you one or mail you one.

### **Other Information**

- The effective date of this notice is 2/01/26.
- If you have questions or a complaint, you can contact the Network180 Privacy Officer, by telephone at 616-825-5400 or email [privacy.officer@network180.org](mailto:privacy.officer@network180.org).
- The Michigan Mental Health Code and rules about substance use disorder treatment may be more strict than the HIPAA Privacy Rule. We will follow the rule that is the most strict.