



Notice of Privacy Policies

This notice describes how personal and medical information about you may be used and disclosed and how you can receive access to this information. Please review this notice carefully.

Understanding the Type of Health Information We Have: The type of health information you may provide to us or may be provided to us include your gender, date of birth, address, and other personal information, along with medical information which may be provided by your doctor, other health care providers, you or your authorized representative.

Superior Alliance for Independent Living is committed to Protecting Your Privacy: We care about your personal and medical privacy. The information we collect about you is kept private. We are required to give you notice of our privacy practice. Only people who have both the need and the legal right may see your protected health information. Unless you give us permission in writing, we will only disclose your protected health information for purposes of treatment, payment, health care/business operations, or when we are required by law.

SMS Terms & Conditions: any mobile phone contact information you provide will not be shared or sold to third parties for marketing purposes. You may reply STOP to opt-out of future messages from Superior Alliance for Independent Living or reply HELP for more information. Message frequency varies and message and data rates may apply. We do not share or sell your information to third parties, if you would like, we can mail our privacy policy to you for review.

Treatment - Determining Eligibility and Providing Services: We may disclose medical information about you in order to coordinate services for you.

Payment - Billing or Funding: We may use and disclose information about you so the services you receive can be properly billed or charged to one of our contracts.

Operations - Recording and Reporting: We may need to use and disclose demographic/medical information about you for reporting requirements, which will only be reported in aggregate. **As Required by Law:** We will release information about you when we are required by law. Examples would include search warrants, court orders, subpoenas, governmental and accreditation audits, disaster relief and to avert a serious threat to health or safety.

With Your Permission: We may use and disclose your protected health information if you sign a release of information or its equivalent. You have the right to change your mind and revoke your permission at any time in writing. Please keep in mind that revoking your permission may impact SAIL's ability to coordinate services on your behalf.

Your Privacy Rights

You have the following rights regarding the protected health information we have about you:

Right to Inspect and Copy: In most cases, you have the right to look at or receive copies of your protected health information that we have on you. You may be charged a fee for the cost of copying your records.

Right to Amend: You may ask us to change your protected health information if you feel that there is a mistake. We can deny your request for certain reasons, but we must give a written reason if we deny the amendment.

Right to a List of Disclosures: You have the right to ask for a disclosure list regarding your protected health information. This list will not include when the information was disclosed for reporting requirements or to you or your authorized representative.

Right to Request Restrictions on the Use or Disclosure of Your Information: You have the right to ask for limits on how your information is used or disclosed. We will do our best to honor your request. We are not required to agree to such requests.

Right to Request Confidential Communications: You have the right to ask that we share information with you in a certain way or in a certain place. We may leave a message on your answering machine or work voicemail unless you request that we do not.

How to Use Your Privacy Rights

Your request or concern must be provided to SAIL in writing. We will help you prepare your written request if help is needed.

Please forward any complaints or requests for documentation to:

Privacy Officer

**Superior Alliance for Independent
Living 1025 West Washington Street
Suite C Marquette, MI 49855
(906) 228-5744**

You will not be penalized for filing a complaint.

SAIL reserves the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our website: www.upsail.org.

You have the right to request a new copy of our notice of privacy at any time.