



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

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

***Privacy Official: For information regarding paperwork or other incident related reports, or to discuss this notice of privacy practices, please contact Fire Chief Jesse Marcotte via email: [jmarcotte@northvilletownshipmi.gov](mailto:jmarcotte@northvilletownshipmi.gov) or phone 248-348-5807***

## 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.

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#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record 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 information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is 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.
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#### 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 say “yes” to all reasonable requests.
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#### 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
  - We will say “yes” unless a law requires us to share that information.

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**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.
- 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.

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**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.

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**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.

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**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 the back page.
- 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>
- 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.

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**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 your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to 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.*

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

- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
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**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## 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.

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**Treat you**

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

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

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**Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

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**Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

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## Our Uses and Disclosures

### 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 have to 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).

**In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.**

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#### 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

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#### Do research

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

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#### 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 law.

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#### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

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**Work with a medical examiner or funeral director**

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

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**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
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

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**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.

## 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).

### 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 upon request, in our office, and on our web site.

**This Notice of Privacy Practices applies to the Northville Township Fire Department.**

*Privacy Official: For information regarding paperwork or other incident related reports, or to discuss this notice of privacy practices, please contact Fire Chief Brent Siegel via email: [bsiegel@northvilletownshipmi.gov](mailto:bsiegel@northvilletownshipmi.gov) or phone 248-348-5807*

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

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**Notice of Privacy Practices of the Northville Township Fire Department – Part 2 Substance Use Disorder (SUD).** We may receive or maintain substance use disorder (“SUD”) treatment records that originate from certain programs or activities related to substance abuse education, prevention, training, treatment, rehabilitation, or research that are protected under 42 C.F.R. Part 2 (“Part 2 Program”). If we receive or maintain your records from a Part 2 Program pursuant to a general consent that you provided to the Part 2 Program authorizing use and disclosure of your Part 2 Program records for purposes of treatment, payment, or health care operations, we may use and disclose those records for treatment, payment, and health care operations as otherwise described in this Notice, subject to the same rights, restrictions, and protections. If, however, we receive or maintain your Part 2 Program records pursuant to a specific written consent that you provided to us or to another third party, we will use and disclose those records only to the extent expressly permitted by that consent. Any SUD record protected health information that was disclosed may be subject to redisclosure. We will not use or disclose your Part 2 Program records, or testify or provide evidence describing the information contained in those records, in any civil, criminal, administrative, or legislative proceeding conducted by any federal, state, or local authority against you, unless such use or disclosure is expressly authorized by your written consent or by a court order issued after notice to you.

*This notice describes:*

- 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 **Jesse Marcotte, FIRE CHIEF AT 248.348.5807 or [jmarcotte@NorthvilleTownshipMI.gov](mailto:jmarcotte@NorthvilleTownshipMI.gov)** IF YOU HAVE ANY QUESTIONS.

*In this notice, your health information means your substance use disorder patient record.*

### ***Your Rights***

*You have the right to:*

- Consent to most uses and disclosures of your health information
- Ask us to limit the information we share
- Get a copy of this privacy notice
- Discuss this notice with someone in our program

- *Get a list of those with whom we've shared your electronic records\**
- *Get a list of health care providers who have received your information through certain third parties*
- *Choose in advance whether to receive fundraising communications*
- *File a complaint if you believe your privacy rights have been violated*

### **Your Choices**

*With your consent, we can use and share your information as we:*

- *Treat you*
- *Run our organization*
- *Bill for our services*
- *Fulfill your requests to share information with your consent*
- *Prevent multiple program enrollments*
- *Report about court-referred treatment*
- *Report to prescription drug monitoring programs*

### **Our Uses and Disclosures**

*We may use and share your information without your consent as we:*

- *Communicate within our program and with our contractors*
- *Help with medical emergencies*
- *Help with public health*
- *Report crimes (and threats of crimes) on our premises and suspected child abuse and neglect*
- *Aid scientific research*
- *Respond to audits and evaluations of our program*
- *Assist cause of death inquiries*
- *Respond to court orders*

*In all these circumstances, we must protect your information and limit how we use and share it.*

### **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.

#### ***Provide consent when we use or share your information for most purposes***

- *You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.*
  - *You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.*
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***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 health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say “no” if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.*
- *If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say “yes” unless a law requires us to share that information.*

***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.*

***Discuss this notice with someone in our program***

*You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.*

***Choose in advance about fundraising***

*You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program. The Northville Township Fire Department will not contact you for fundraising.*

***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.*
- *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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.*
- *We will not retaliate against you for filing a complaint.*

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

*With your consent, we typically use or share your health information in the following ways.*

## **Treat you**

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

*Example: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.*

## **Run our organization**

*We can use and share your health information to run our program, improve your care, and contact you when necessary.*

*Example: We use health information about you to manage your treatment and services.*

## **Bill for your services**

*We can use and share your health information to bill and get payment from health plans or other entities.*

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **With your consent, we may also use and share your information in the following ways:**

- *To whomever you name in a consent to share your information*
- *To prevent multiple enrollments in withdrawal management or maintenance treatment programs*
- *To report participation in treatment required by the criminal justice system*
- *To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law*

## **You can choose someone to act for you.**

- *If someone has authority to act as your personal representative, such as if someone has your 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.*

## **Our Uses and Disclosures**

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

*We are allowed or required to share your information in certain ways without your consent – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share*

*your information for these purposes.*

### ***To communicate within our program and with contractors***

*We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.*

### ***For medical emergencies***

*We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency.*

*We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.*

### ***Help with public health***

*We can share health information that does not identify you for certain situations such as:*

- *Preventing disease*
- *Reporting adverse reactions to medications*

### ***Aid scientific research***

*We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.*

### ***Respond to management and financial audits and program evaluations***

*We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.*

### ***Assist with cause of death inquiries***

*We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.*

### ***Report suspected child abuse and neglect***

*We will only report the information required by law.*

### ***Prevent or reduce crime in our program***

*We may report to law enforcement when a patient commits or threatens to commit*

*a crime within our program or against our staff.*

### **Redisclosure According to HIPAA**

*When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).*

### **Legal Proceedings and Court Orders**

*We must follow certain procedures before using or sharing your information for investigations and legal proceedings.*

- *We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.*
- *We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.*
- *We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.*
- *We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.*

### **Our Responsibilities**

- *We are required to obtain your consent for most uses and sharing of your information.*
- *We are required by law to maintain the privacy and security of your information.*
- *We must 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 in this notice 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.*

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

*We are required to follow the terms of this notice that are currently in effect. 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 upon request in our office and on our web site.*

***Effective Date***

*This notice is effective as of February 16, 2026.*