



2700 Hamlin Blvd.
Inkster, MI 48141
Phone: 313-561-5100
Fax: 313-565-0309

25650 W. Outer Drive
Lincoln, Park, MI 48146
Phone: 313-383-1897
Fax: 383-6018

26650 Eureka Rd.- Suite C & E
Taylor, MI 48180
Phone: 734-941-4991
Fax: 734-941-4919

4700 Schaefer Rd.
Dearborn, MI 48126
Phone: 313-561-5100
Fax: 313-565-0309

Acknowledgement of Receipt Notice of Privacy Practices Policy

PURPOSE: This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. **Please review it carefully.**

POLICY: Western Wayne Family Health Centers (WWFHC) creates and maintains a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to **all records of your care** generated by our health center — including **General Medical, Behavioral Health (BH), Counseling, Psychotherapy, and Substance Use Disorder (SUD)** records — whether made by your personal provider or others working within WWFHC.

PROCEDURE:

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- 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:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care

- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

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 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.

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.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

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,” for example, if 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 operations with your health insurer. We will say “yes” unless a law requires us to share that information.

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

- You can ask for a list 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.

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 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.

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 [\[/hipaa/filing-a-complaint/index.html\]](https://www.hhs.gov/hipaa/filing-a-complaint/index.html)<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.

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 or payment for 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.

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

- Marketing purposes
- Sales of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

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

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 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.

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.

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.

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.

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.

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.

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 law.

Respond to organ and tissue donation requests

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

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.

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

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 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.

For more information

see: [\[/ocr/privacy/hipaa/understanding/consumers/noticepp.html\]www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](https://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 the information we have about you. The new notice will be available upon request, in our office, and on our website.

Other Instructions for Notice

- Effective Date of this Notice
 - February 16, 2026
- Name or title of the privacy official (or other privacy contact) and his/her email address and phone number.
 - IT Manager
 - itapprovalmail@wwfhc.org

➤ 313-561-5100

WWFHC never markets or sells personal information.

- We will not share your mental health treatment records without your written consent unless it is for treatment or another law requires us to share the information.
- You can access records at
 - WWFHC.org patient portal <https://17288-1.portal.athenahealth.com/>
- This Notice applies to all WWFHC facilities.

Definitions:

- Individual: Refers to the person who is the subject of protected health information (PHI)
- Protected Health Information: means individually identifiable information maintained or transmitted in any form
- Authorization: Is the permission granted by the patient or the patient's guardian to use or disclose protected health information for purposes other than health care operations: e.g., HIV testing or substance abuse screening
- Treatment: Is the provision, coordination, or management of health care and related services by one or more health care providers
- Payment: Consists of the activities undertaken by either a health plan or health care provider to obtain or provide reimbursement for the provision of health care
- Health Care Operations: Consist of the administrative, financial and legal activities that support the essential health care functions of treatment and payment

Acknowledgment of Receipt

I understand that my health records are protected under the federal regulations contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 and CFR Part 2.

I acknowledge that I have received a copy of Western Wayne Family Health Centers' Notice of Privacy Practices. I acknowledge receipt of **Western Wayne Family Health Centers' Notice of Privacy Practices**, which explains how my health information — including **General Medical, Behavioral Health, Counseling, Psychotherapy, and SUD records** — may be used and disclosed. I also understand that I may request restrictions or prohibit certain uses and disclosures of my health information at any time, except to the extent that action has already been taken in reliance on previously released information.