



## MHI Application

# Notice of Privacy Practices

## Mental Health Initiative Notice of Privacy Practices

Mental Health Initiative

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### **Effective Date: June 1st, 2023**

Mental Health Initiative (MHI), understands the importance of safeguarding your personal information and respecting your privacy. This Notice of Privacy Practices explains how we collect, use, and disclose your personal information when you apply for a treatment grant from MHI. Please read this notice carefully and let us know if you have any questions or concerns.

### **Purpose of This Notice**

The purpose of this notice is to inform you about the ways in which we may use and disclose your personal information when you apply for a treatment grant. It also describes your rights and our obligations with respect to your personal information.

### **Information We Collect**

To process your application for a treatment grant, we may collect the following types of personal information:

- Contact information, including your name, address, phone number, and email address.
- Demographic information, such as your age, gender, and ethnicity.

- Information about your mental health history and current condition.
- Financial information, such as your income and employment details, to determine eligibility for the grant.

### **Use of Your Information**

We will only use your personal information for the following purposes:

- To assess your eligibility for the treatment grant.
- To process your application and administer the grant program.
- To communicate with you regarding your application and grant status.
- To comply with legal and regulatory requirements.
- To improve our programs and services.

### **Disclosure of Your Information**

We may disclose your personal information to the following entities:

- Our staff members and volunteers who are involved in the grant application and administration process.
- Government authorities and regulatory bodies, as required by law or when necessary to protect our legal rights.

With your consent, we may also disclose your information to other mental health providers or organizations for the purpose of coordinating your treatment or accessing additional resources.

### **Confidentiality and Security**

We maintain physical, technical, and administrative safeguards to protect your personal information against unauthorized access, disclosure, alteration, or destruction. We restrict access to your information to authorized personnel only.

### **Your Rights**

As an applicant for a treatment grant, you have the following rights regarding your personal information:

- The right to access and request a copy of your personal information.
- The right to request correction of any inaccuracies in your personal information.
- The right to request the deletion of your personal information, subject to legal and contractual obligations.
- The right to object to the processing of your personal information.
- The right to withdraw your consent at any time, if applicable.
- The right to file a complaint if you believe your privacy rights have been violated.

### **Changes to This Notice**

We reserve the right to modify or update this Notice of Privacy Practices at any time. Any changes will be effective immediately upon posting the updated notice on our website.

By signing below, you acknowledge that you have read and understood this Notice of Privacy Practices and agree to the collection, use, and disclosure of your personal information as described herein.

**Applicant Name \***

First Name

Middle Name

Last Name

**Applicant Signature \***

Clear

Undo

**Date \***

June



26



2023



If applying on behalf of someone else, your signature is also required below in addition to the applicant's:

**Name of Person Applying**

First Name

Middle Name

Last Name

**Relationship to Applicant**

**Signature of Person Applying**

Clear

Undo

**Date**

June



26



2023



HIPAA  
COMPLIANT FORMS