



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Privacy Officer at (989) 729-4579.

### OUR PLEDGE REGARDING HEALTH INFORMATION

Memorial Healthcare ("Memorial") is committed to protecting medical information about you. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Memorial is required to maintain the privacy of health information that identifies you, called "Protected Health Information" ("PHI"). This notice describes Memorial's PHI practices and that of all its departments and units, all employees, staff, volunteers, and other Memorial personnel. Your personal doctor may have different policies or notices regarding the use and disclosure of your PHI related to their services outside Memorial.

This Notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- Make sure that the PHI that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to PHI about you; and
- Follow the terms of the Notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose PHI in accordance with Federal and State law. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the listed categories.

**For Treatment:** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, or other Memorial personnel who are involved in taking care of you at Memorial or on behalf of Memorial. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

**For Payment:** We may use and disclose PHI about you so that the treatment and services you receive at Memorial may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at Memorial so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

**For Health Care Operations:** We may use and disclose PHI about you for Memorial's operations. These uses and disclosures are necessary to run Memorial and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other Memorial personnel for review and learning purposes. We may also combine PHI we have with PHI from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.

**Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at Memorial.

**Treatment Alternatives:** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

**Fund-Raising Activities:** We may use PHI about you to contact you in an effort to raise money for Memorial and its operations. We may disclose PHI to the Memorial Healthcare Foundation, or others who raise funds for Memorial. They may contact you in raising money for the hospital. We only use or disclose contact information such as your name, age, gender, insurance status, address and phone number and the dates you received treatment or services at Memorial. You may opt out of receiving communications for fund raising by contacting the Memorial Healthcare Foundation at (989) 729-4580.

**Hospital Directory:** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. You may restrict or prohibit some or all this information by informing the Patient Registration Department at (989) 723 – 5211 ext. 1824.

**Individuals Involved in Your Care or Payment for Your Care:** We may release PHI about you to a friend, family member, or others who you identify, who are responsible, or who are involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital.

**Research:** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. Before we use or disclose PHI for research, the project will have been approved through a research approval process.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**For Special Purposes:** We may disclose PHI about you for special purposes as permitted or required by law, including the following:

- **Community/Public Health activities and reports** such as disease control, abuse, neglect or domestic violence, health and vital statistics, and FDA reports.
- **Health Administrative oversight** for such things as audits, investigations, licensure, or determining cause of death.

- **Court Order or other legal processes** related to law enforcement activities including custody of inmates, legal actions, or national security activities.

**Military and Veteran reporting** on members of the armed forces of the U.S. or foreign military as required by military command authorities.

**Organ and Tissue Donation and Transplant** reports as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.

**Workers' Compensation or other rehabilitative activities** reporting as required by law or insurers in order to provide benefits for work-related or victim injuries or illnesses.

**Law Enforcement** if asked to do so by a law enforcement official;

- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- As required by law such as to report certain wounds or injuries;
- About criminal conduct at Memorial; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients of Memorial to funeral directors as necessary to carry out their duties.

**Cadaveric Organ, Eye or Tissue Donation:** We may release PHI to organ procurement organizations, or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Specialized Government Functions:** We may release PHI for military and veterans activities as armed forces personnel, separation or discharge from military service, veterans, and foreign military personnel.

**National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

## **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of PHI outside of what is described in this notice, such as disclosures of PHI for marketing purposes, disclosure of psychotherapy notes and disclosures of PHI that would constitute a sale, will only be made only with your written authorization. If you provide us an authorization to use or disclose PHI about you, you may revoke that authorization in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

### **INFORMATION BREACH NOTIFICATION**

Memorial is required to provide patient notification if it discovers a breach of PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about the breach and steps taken to mitigate the harm.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about your care. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Director of Health Information at 826 W. King Street, Owosso, MI 48867. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in some cases. If denied, you may request the decision be reviewed by a licensed health care professional we designate.
- **Right to Amend:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. If we deny your request, you have the right to add a statement. To request an amendment, your request must be made in writing and submitted to Director of Health Information at 826 W. King Street, Owosso, MI 48867. In addition, you must provide a reason that supports your request.
- **Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to Director of Health Information at 826 W. King Street, Owosso, MI 48867. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.
- **Right to Disclosure Restrictions to Healthcare Providers:** Except when required by law to make a PHI disclosure, if you paid for medical services out-of-pocket and in full, you have a right to request that we do not disclose PHI related solely to those medical services to your healthcare plan. To request restrictions, you must make your request in writing to the Privacy Officer at 826 W. King Street, Owosso, MI 48867.
- **Right to Request Other Restrictions:** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer at 826 W. King Street, Owosso, MI 48867.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location regarding confidential medical matters

which, if disclosed, could present a danger to you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Director of Health Information at 826 W. King Street, Owosso, MI 48867. We will not ask you the reason for your request.

- **Right to Paper Copy of this Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at Memorial sites. In addition, the next time you register at or are admitted to Memorial for treatment or health care services as an inpatient or outpatient, you can obtain a copy of the current Notice in effect.

### **HOW TO FILE A PRIVACY COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with Memorial or with the Secretary of the Department of Health and Human Services. To file a complaint with Memorial, you must submit your complaint in writing to: Privacy Officer at 826 W. King Street, Owosso, MI 48867.

If you wish to discuss your complaint, you may call the Privacy Officer at (989) 729-4579. **You will not be penalized in any way for filing a complaint.**