

Effective Date: September 1, 2013

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHO THIS NOTICE APPLIES TO

This Notice applies to all of Covered Entity's:

- ✚ Service locations, including:
 - 168 S. Howell Street, Hillsdale, MI 49242
 - 451 Hidden Meadows Drive, Hillsdale, MI 49242
 - 61 W. Carleton Road, Hillsdale, MI 49242
 - 240 W. Carleton Road, Hillsdale, MI 49242
 - 143 S. Main Street, Reading, MI 49274
 - 30 S. Howell Street, Hillsdale, MI 49242
- ✚ Medical staff members, employees and other Covered Entity workforce members.

OUR RESPONSIBILITIES

Covered Entity takes the privacy of the health information entrusted to us seriously, as both an ethical and a legal obligation. We are required by law to:

- ✚ Maintain the privacy of health information.
- ✚ Provide you with this Notice of Privacy Practices ("Notice"), which tells you about our duties and practices with respect to protecting health information.
- ✚ Abide by the terms of the Notice that is currently in effect.
- ✚ Notify you following a breach of unsecured health information that affects you.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways Covered Entity may use and disclose your health information without your written authorization. Health information is most often used and disclosed to provide treatment, to obtain payment for treatment, or for health care operations. We will provide an example of the types of uses covered by these categories. Not every use or disclosure in a category will be listed. References to "you" and "your" information include your child's information, when appropriate.

- ✚ **For Treatment.** Covered Entity may use and disclose health information to provide treatment, health care or other related services. Health information may be used by or disclosed to doctors, nurses, aides, or other healthcare providers who are involved in taking care of you. Additionally, Covered Entity may use or disclose health information to manage or coordinate treatment, health care or other related services. *For example, we may use or disclose health information about you for treatment purposes such as when you are referred to a specialist for care or when we send a prescription to a pharmacy to be filled for you.*

- ✚ **For Payment.** Covered Entity may use and disclose health information to bill and collect for the treatment and services we provide to you. We may send health information to your insurance company or other third party payer for payment purposes. *For example, we may use and disclose health information about you for payment purposes such as when we send claims to your HMO for payment or to find out whether proposed treatment is covered.*
- ✚ **For Health Care Operations.** Covered Entity may use and disclose health information for health care operations. These uses and disclosures are necessary to run Covered Entity and to maintain and improve the quality of health care we provide. *For example, we may use and disclose health information about you for health care operations purposes such as accreditation renewals, quality improvement activities, and teaching purposes.*
- ✚ **Hospital Directory.** Covered Entity may include limited information about you in the hospital directory while you are a patient at Covered Entity. This information includes your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information may be disclosed to people who ask for you by name, except for your religious affiliation, which may only be disclosed to clergy members. You have the right to not have your information included in the hospital directory ("opt-out"). *To opt-out of the hospital directory, we ask that you make this request during patient registration.*
- ✚ **Individuals Involved in Your Care or Payment for Your Care.** Covered Entity may disclose to your family member, relative, close personal friend or other person identified by you, health information that is directly relevant to that person's involvement with your care or payment for your care. *Covered Entity will not share this information with these individuals if we are aware of your desire not to have this information shared.*
- ✚ **Appointment Reminders and Health-Related Benefits or Services.** We may use health information to provide you appointment reminders, information about treatment alternatives, or information about other health care services or benefits we offer.
- ✚ **Fundraising.** We may use or disclose health information for the purpose of raising funds to help support the Covered Entity mission. *You have the right to opt-out of receiving fundraising communications.*
- ✚ **Research.** Under certain circumstances, Covered Entity may use and disclose health information for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who receive one medication to those who receive another. All research projects are subject to a special approval process.
- ✚ **Immunization Records.** Covered Entity may disclose immunization records to a school where you are or will be a student, if the school is required by law to have proof of immunizations for admission purposes. *Covered Entity will first obtain your verbal or written permission to make this disclosure.*
- ✚ **For Public Health Purposes.** Covered Entity may disclose health information for public health activities. For example, public health activities include: preventing and controlling disease, injury or disability; reporting births and deaths; and reporting defective medical devices or problems with medications.
- ✚ **About Victims of Abuse.** Covered Entity may disclose your health information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. *We will only make this disclosure if you agree, or when required or authorized by law.*

- ✦ **Health Oversight Activities.** Covered Entity may disclose health information to a health oversight agency for health oversight activities authorized by law. These activities include audits, investigations, licensure and disciplinary actions, and related activities to monitor the health care system, governmental benefit programs, and compliance with civil rights laws.
- ✦ **Judicial and Administrative Proceedings.** Covered Entity may disclose health information in response to a subpoena, court order, or administrative order, if certain requirements are met.
- ✦ **Law Enforcement.** Covered Entity may release health information to law enforcement if the disclosure is required by law, necessary to identify or locate a suspect or missing person, about criminal conduct at Covered Entity, about a victim of crime under certain circumstances, and in certain emergency situations.
- ✦ **To Avert a Serious Threat to Health or Safety.** Covered Entity may use and disclose health information when Covered Entity believes it is necessary to prevent a serious threat to the individual's health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent or lessen the threat, or to law enforcement authorities.
- ✦ **Coroner, Medical Examiners, and Funeral Directors.** Covered Entity may disclose health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. Covered Entity may disclose health information to a funeral director, consistent with law, to permit the funeral director to carry out his/her duties.
- ✦ **Organ Donation Purposes.** Covered Entity may disclose health information to organ procurement organizations and others engaged in procurement, banking or transplantation of cadaveric organs, eyes, or tissue, for the purposes of facilitating organ donation and transplantation.
- ✦ **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- ✦ **National Security and Intelligence Activities.** Covered Entity may release health information to authorized federal officials for intelligence, counterintelligence and other national security activities as authorized by law.
- ✦ **Protective Services for the President and Others.** Covered Entity may disclose health information to authorized federal officials so they may provide protection to the President or other authorized persons, or for the conduct of special investigations authorized by law.
- ✦ **Inmates.** If you are an inmate or in the custody of a correctional institution or law enforcement, Covered Entity may disclose health information to the correctional institution or law enforcement official for treatment and safety purposes.
- ✦ **Worker's Compensation.** Covered Entity may disclose health information as authorized by and to the extent necessary to comply with worker's compensation laws or laws relating to similar programs.
- ✦ **As Required by Law.** Covered Entity will disclose health information when required to do so by federal, state or local law.

HEALTH INFORMATION EXCHANGE

Covered Entity participates in a health information exchange organization (“HIE”) that permits computer-based transfer of health information directly between healthcare providers at different locations and institutions to facilitate your care and treatment. *If you do not want your information to be shared in this way, you can opt-out by submitting your request in writing.*

SPECIAL RESTRICTIONS UNDER STATE AND OTHER FEDERAL LAWS

We will also comply with all other applicable state and federal laws. *For example, under state law, there are more limits on when HIV and AIDS information may be disclosed. Under other federal law, there are more limits on when drug or alcohol abuse treatment information may be disclosed. We abide by all applicable state and federal laws.*

OTHER USES AND DISCLOSURES

Any other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your Authorization.

DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

An Authorization is a special written permission from you that grants authority to Covered Entity to use or disclose your health information.

- ✚ We must obtain your Authorization to use or disclose psychotherapy notes. Psychotherapy notes may only be used for limited purposes, such by the treating professional. Disclosures are permitted only as required by law, for certain health oversight activities, or to avert a serious threat to health or safety.
- ✚ We must obtain your Authorization to use or disclose health information for marketing purposes, or for disclosures that constitute the sale of medical information.
- ✚ If you provide us an Authorization to use or disclose your health information, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose health information about you for the reasons covered by your Authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- ✚ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. **In most cases, we are not required 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. *We must agree to your request if you have paid for the care out-of-pocket, in-full and you are asking us not to submit information about that care to your health plan.*
- ✚ **Right to Request Confidential Communications.** Typically, we communicate with you regarding your health care either by calling your home phone or sending mail to your home address. You have the right to request that we communicate with you in an alternative way or at a certain location. To request confidential communications, we ask that you make your request **in writing**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ✦ **Right to Access.** In most cases, you have the right to access your health information by requesting to inspect and/or obtain a copy of your health information, with limited exceptions. We ask that your request be made in **writing**. You may request the copy of your health information be provided in a summary format. You may also request the copy be provided on paper ("hard copy") or in an electronic form or format. Covered Entity will also transmit a copy of your health information to another person designated by you in writing. Covered Entity may charge reasonable fees for copies.
- ✦ **Right to Request Amendments.** You have the right to ask us to amend your health information. To request an amendment, we ask that your request be made in **writing**. In addition, you must provide a reason that supports your request. We may deny your request in certain circumstances, such as if the information was not created by us, or we believe the information is already accurate and complete. If we deny your request, you may appeal the denial.
- ✦ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information. Your request must state a time period which may not be longer than six years. The first list you request within a twelve-month period will be free. For additional lists during such twelve-month period, Covered Entity may charge you a reasonable fee.
- ✦ **Right to Notification of a Breach.** Covered Entity must notify you if your unsecured protected health information has been the subject of a breach.
- ✦ **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. You may also obtain a copy of this Notice at our web site at www.hillsdalehospital.com.

CHANGES TO THIS NOTICE

We reserve the right to make changes to this Notice. We reserve the right to make the revised Notice effective for health information we already have, as well as any information we receive or create in the future. The Notice will contain the current effective date. We will post a copy of the current Notice in our locations and on our website. The Notice is also available to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Covered Entity or with the Secretary of the Department of Health and Human Services. To file a complaint with Covered Entity, contact our Privacy Officer. **You will not be penalized for filing a complaint.** To ensure we have sufficient information, we ask that complaints be submitted in writing. **If you have any questions about this Notice, please contact:**

**Hillsdale Community Health Center
Attn: Privacy Officer
168 S. Howell Street
Hillsdale, MI 49242
517-437-5232**

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