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Notice of Privacy Practices **Version: June 17, 2008**

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

This notice describes the practices of health care professionals, employees, volunteers, students, and departments of:
St. Mary's of Michigan and St. Mary's of Michigan Primary Care Network.

In addition, the “**St. Mary's of Michigan Organized Health Care Arrangement**” (referred to as an OHCA) will refer to the St. Mary's of Michigan facilities as well as those health care providers who, while not necessarily legally affiliated with St. Mary's of Michigan, may provide you with care or treatment at a St. Mary's of Michigan facility.

The doctors participating in your care at St. Mary's of Michigan, including the doctors in the Emergency, Radiology, Pathology, and Anesthesiology Departments, are not employees or agents of St. Mary's of Michigan and are not acting for or on behalf of St. Mary's of Michigan. They are either independent doctors who are engaged in the private practice of medicine who have been granted privileges to use this facility for the care of their patients or licensed doctors who are engaged in a Post Graduate Medical Education Program. Such doctors make all medical decisions regarding your care and treatment at St. Mary's of Michigan and will follow St. Mary's of Michigan Notice while at St. Mary's of Michigan.

If you have any questions about this notice, please contact St. Mary's of Michigan Privacy Officer or the Corporate Responsibility Department at phone number (989) 907-8412.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We understand that records about you and your health are personal. We call this information “**Protected Health Information**” or “**PHI**” for short. We are committed to protecting PHI about you. We create a record of care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to the records of your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your PHI created in the doctor's office.

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 duties we have regarding the security and sharing of PHI.

We are required by law to:

- Make sure that PHI, which 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 YOUR PHI

The following categories describe ways that we use and share PHI. For each category of use we will explain what we mean and try to give examples. Each use or disclosure will not be listed. However, all of the ways we are allowed to use and disclose PHI fall within one of the following:

- > **For Treatment:** We may share PHI about you to doctors, nurses, technicians, medical students, or other hospital personnel who are taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have another illness. We may also share PHI about you to people outside the hospital who may be involved in your medical care after you leave the hospital.
- > **For Payment:** We may share PHI about you so that the treatment you receive at the hospital may be billed to and payment may be collected from you or an insurance company. For example, we may give your health plan information about surgery you received at the hospital so your health plan will pay. We also may tell your health plan

about a treatment to obtain prior approval or determine if your plan will pay for treatment.

- > **For Health Care Operations:** We may use information about you in order to operate our hospital, clinics, and offices. This type of information sharing helps run the hospital and makes sure that all of our patients receive quality care. For example, we may use your PHI in order to evaluate the quality of health care services that you received or evaluate the performance of the health care professionals who provided health care services to you. We may also combine information with other hospitals to find areas where we can improve the care given. We may also provide PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.
- > **Appointment Reminders and Health Related Benefits or Services:** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services we offer.
- > **Fundraising Activities:** We may use PHI to raise money. For example, we may share PHI to a foundation so that the foundation may contact you in raising money for the hospital. We would release only contact information; such as your name, address, and phone number and the dates you received services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify the Privacy Officer.
- > **Research:** Under certain circumstances, we may use or share 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. All research projects are subject to a special approval process. This process includes evaluating a proposed project and its use of PHI, to balance the research needs with your need for privacy of your PHI. Before we use or share PHI for research, the project will have been approved through this approval process. Additionally, when it is necessary for research purposes and so long as the PHI does not leave St. Mary's of Michigan we may share your PHI with researchers preparing to conduct a research project. An example is to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your PHI to researchers after your death when it is necessary for research purposes.
- > **Disclosure Required by Law:** We may disclose PHI when federal, state or local law requires disclosure. For example, we make disclosures when law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- > **To Avoid a Serious Threat to Health or Safety:** We may use PHI about you when necessary to prevent a threat to your health and safety or the health and safety of the public or another person.

SPECIAL SITUATIONS

- > **Organ and Tissue Donation:** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- > **Military and Veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- > **Workers' Compensation:** We may provide PHI in order to comply with worker's compensation laws.
- > **Public Health Purposes:** We may disclose PHI about you for public health reasons. These reasons generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- > **Health Oversight Activities:** Health oversight agencies may receive PHI for activities authorized by law, for example to allow the government to monitor the health care system, government programs, and compliance with civil rights laws.
- > **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only when required by law or with your permission.
- > **Medical Examiners and Funeral Directors:** We release PHI to medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

- > **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, including protection of the president.
- > **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES TO WHICH YOU HAVE AN OPPORTUNITY TO OBJECT

- > **Patient Directories:** We may include your name, location in this facility, general condition, and religious affiliation (if any) in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part
- > **Disclosures to family, friends, or others:** We may share information about you to a family member, friend, or other person who is involved in your care or the payment of your care, unless you object in whole or in part.
 - o **NOTE:** Michigan law and/or Federal Regulations require explicit authorization for the disclosure of PHI of patients treated for mental health, substance abuse, and HIV/AIDS conditions.

YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding the PHI we maintain about you:

- > **Right to See and Copy:** You have the right to review and receive a copy of most medical and billing information.

To see or copy the PHI we have about you, you must submit your request in writing to the Health Information Management Department (Medical Records). If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to see or copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review and we will tell you, in writing, the reason for the denial.

- > **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you can ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or,
- We believe the information is already accurate and complete.

We will respond to your request within 60 days. If your request is denied, our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. You have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you how we have done it, and tell other appropriate parties about the change to your PHI.

> **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures that we have made of your PHI.

To request this list of disclosures, you must submit your request in writing to the Privacy Officer at 800 South Washington Avenue, Saginaw, MI 48601. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a (12) twelve-month period will be free. For additional lists, during such (12) twelve-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

> **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. *We will comply with your request if it is reasonable except (1) in an emergency or (2) when necessary to release information to transfer you to another health care facility.*

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

> **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. 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 the Privacy Officer. 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 a Paper Copy of This Notice.** You have the right to a paper copy of this notice by contacting St. Mary's of Michigan, HIM, 800 South Washington Avenue, Saginaw MI 48601. 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 obtain a copy of this notice at our website: www.stmarysofmichigan.org

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 in the hospital in a clear and prominent location. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, copies of the current notice will be available.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact St. Mary's Privacy Officer or the Corporate Responsibility Department. All complaints must be submitted in writing.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose PHI about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are unable to take back any disclosures we already made with your permission, and we are required to retain our records of the care that we provided for you.