

HELEN NEWBERRY JOY HOSPITAL & HEALTHCARE CENTER

Notice of Privacy Practice

**Effective April 14, 2003
Revised August 12, 2013,
January 29, 2019**

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.

If you have any questions about this Notice, please contact the Health Information Management Department at:

Helen Newberry Joy Hospital and Healthcare Center
Attention: Privacy Officer
502 W. Harrie Street
Newberry, MI. 49868
906-293-9211

WHO WILL FOLLOW THIS NOTICE

This Notice of Privacy Practices applies to all of Helen Newberry Joy Hospital & Healthcare Center ("HNJH's") service locations and health care professionals who provide services at HNJH. HNJH is also part of an organized health care arrangement with other Upper Peninsula hospitals and their medical staffs. All of these hospitals and their entities, sites and locations they operate, have notices similar to this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at HNJH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by HNJH. This notice will tell you about the ways in which we may use and disclose medical information about you. It describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to make sure that medical information that identifies you is kept private; to

- Make available to you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this Notice that is currently in effect. This Notice may change, in the manner described below under "CHANGES TO THIS NOTICE"

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we provide examples, but not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- FOR TREATMENT We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you among themselves, in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
- FOR PAYMENT We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company

or health plan or other third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery or to obtain prior approval or to determine if your plan will cover the treatment. We may have our bills and payment arrangements outsourced to one or more third party service providers who issue, process, and collect bills on our behalf.

- FOR HEALTH CARE OPERATIONS We may use and disclose medical information about you for HNJH operations. These uses and disclosures are necessary to run HNJH and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and service we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific patients are.
- HOSPITAL DIRECTORY We may include limited information about you in the hospital directory while you are a patient at a HNJH. 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 also be disclosed to people who ask for you by name, except for your religious affiliation, which may only be disclosed to clergy members. This is so your family, friends and clergy can visit you in the hospital and know your general condition. You have a right to ask us to restrict (limit or not include) your information in the hospital directory. To request restrictions, you must tell us during registration.
- APPOINTMENT REMINDERS We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment of medical care at HNJH.
- TREATMENT ALTERNATIVES We may use and disclose medical information 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 medical information to tell you about health-related benefits or services that may be of interest to you.
- INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE Your medical records are protected - they may be released to individuals under your written authorization, or that of your Durable Power of Attorney or Legal Guardian. We also may disclose medical information about you to your friends and family members who are involved in your care or payment for your care. We will limit such disclosures to only the information relating to their involvement in your care or payment.
- RESEARCH Under certain circumstances, we may use and disclose medical information 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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research being conducted, the project will have been approved through this research approval process.
- AS REQUIRED BY LAW We will disclose medical information about you when required to do so by federal, state or local law.
- TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY We may use and disclose medical information 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.
- SPECIAL SITUATIONS. We may also use and disclose medical information about you in the situations described under "SPECIAL SITUATIONS" below.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us an authorization, you may later revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

SPECIAL SITUATIONS

SPECIAL RESTRICTIONS UNDER STATE AND OTHER FEDERAL LAWS. We will also comply with all other applicable state and federal laws. For example, under Michigan law, there are more limits on the disclosure of HIV and AIDS information and, under other federal law there are more limits on the disclosure of information related to treatment for behavioral health, drug or alcohol abuse. We will continue to abide by all applicable state and federal laws.

ORGAN AND TISSUE DONATION If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS If you are a member of the armed forces, we may release medical information about you as required by military command authorities or, some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION We may release medical information about you for workers' compensation, short or long term disability, life insurance or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS We may disclose medical information about you for public health activities. These activities 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; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when required or authorized by law.

HEALTH OVERSIGHT ACTIVITIES We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES. We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, if specifically permitted or required by law.

LAW ENFORCEMENT We may release medical information, if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; 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; About criminal conduct at HNJH; 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 medical information 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 medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY, INTELLIGENCE AND FEDERAL PROTECTIVE SERVICE ACTIVITIES We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security

activities authorized by law, and to authorized federal officials when required to provide protection to the President of the United States, 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 medical information about you to the correctional institution or law enforcement official when 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.

FUNDRAISING We may use and disclose your information as part of our fundraising activities. We may utilize business associates or a hospital foundation to help accomplish our fundraising goals. You have the right to opt-out of receiving fundraising communications. The process for opt-out would be included in the fundraising communication.

MARKETING. The Hospital is generally required to obtain authorization for uses and disclosures of information about you for marketing purposes. HNJH does not need your authorization for marketing under the following conditions:

- a. The Hospital may use or disclose information about you in a marketing communication with you in a face-to-face encounter.
- b. The Hospital may provide promotional gifts or nominal value (e.g., distributing sample products or pens/calendars with its own or another company's name or product name on them).

SALE OF MEDICAL INFORMATION. In most circumstances, we must obtain a written authorization before we may sell medical information.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

- **RIGHT TO INSPECT AND COPY.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You must submit any request to inspect or obtain a copy of your medical information to the Health Information Management Department at the location noted on the first page of this Notice, in writing. If you request a copy of your information, we may charge a fee for the costs of copying, mailing or other costs or supplies associated with your request.

We may deny requests in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by HNJH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

- **RIGHT TO AMEND.** If you feel that medical information we have about you is incorrect or incomplete, you may 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 HNJH. If you wish to request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.

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 medical information kept by or for HNJH;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete
- **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you, with some exceptions. The

exceptions are governed by federal health privacy law, and may include (1) many routine disclosures for treatment, payment and operations, and (2) disclosures to you or authorized representative via a written authorization. You must submit any request for an accounting of disclosures to the Health Information Management Department at the location noted on the first page of this notice, in writing. Your written request must state a time period, which may not go back farther than six years. The first report you request within a 12-month period will be free. For additional reports, 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 restrictions on how we use and disclose your medical information. We are not required to agree to these requests, except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law.
- **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. You will not be asked the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **BREACHES.** We are required to notify you in the event of a breach of your unsecured medical information.
- **RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. To obtain a copy of this notice, please ask at the Admitting Office or provider office or call 906-293-9200.

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 medical information 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. The notice will contain on the first page, in the top right-hand corner, the effective date. Upon initial receipt of this notice, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, a copy of the current notice in effect, is available to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with HNJH. To file a complaint with the hospital, contact the Patient Advocate at (906) 293-9223 and/or mail to Helen Newberry Joy Hospital & Healthcare Center, Attn: Privacy Officer, 502 W. Harrie St., Newberry, Michigan 49868. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.** You may also file a complaint with the Secretary of the Department of Health and Human Services.