

NOTICE OF PRIVACY PRACTICES



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Buckley, MI 49620

Privacy Officer: Keisha Sexton

Phone (231) 269-4185

Effective Date: August 1, 2004

Reviewed & Updated: September 30, 2016

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information ("protected health information" is referred to herein as "PHI"), to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. This notice describes how we may use and disclose your PHI. It also describes your rights and our legal obligations with respect to your PHI. If you have any questions about this Notice, please contact our Privacy Officer at (231) 269-4185.

I. How Northern Pines Health Center May Use or Disclose Your Health Information

This medical practice collects health information about you and stores it in a chart [and on a computer][and in an electronic health record/personal health record]. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

- A. Treatment:** We may use and disclose your PHI in the provision and coordination of health care to carry out treatment functions. We may disclose all or any portion of your patient medical record information to your consulting physician(s), nurses, pharmacists, technicians, medical students and other health care providers who have legitimate need for such information in your care and continued treatment. Different departments will share PHI about you in order to coordinate specific services, such as lab work, x-rays, and prescriptions. We may also disclose your PHI to people or entities outside Northern Pines Health Center who will be involved in your medical care after you leave Northern Pines Health Center, such as other care providers who will provide services that are part of your care. We may share certain information such as your name, address, employment, insurance carrier, emergency contact information and appointment scheduling information in an effort to coordinate your treatment with us and with other health care providers. We may use and disclose your PHI to inform you of, or recommend possible treatment options or alternatives that may be of interest to you. We will use and disclose PHI to contact you as a reminder that you have an appointment for medical care at Northern Pines Health Center. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.
- B. Payment:** We may disclose PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss / reinsurance and reimbursement. The PHI may be disclosed to an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) involved in the payment of your medical bill and will include copies or excerpts of your medical records which are necessary for payment of your account. It will also include sharing the necessary information to obtain pre-approval of payment for your treatment from your health plan. We may disclose PHI to collection agencies and other sub-contractors engaged in obtaining payment for care.
- C. Health Care Operations:** We may use and disclose PHI about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your PHI with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or

health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts. We may also share PHI about you with the other health care providers, health care clearinghouses and health plans that participate with us in "organized health care arrangements" (OHCAs) for any of the OHCAs' health care operations. OHCAs include hospitals, physician organizations, health plans, and other entities which collectively provide health care services. A listing of the OHCAs we participate in is available from the Privacy Official.

- D. Other Uses and Disclosures:** As part of treatment, payment and health care operations, we may also use your PHI for the following purposes:

Medical Research: We may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such as disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers. Researchers will be required to safeguard the PHI they receive.

Information and Health Promotion Activities: We may use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you newsletters or general communications. We will also send you information based on your own health concerns. We may send you this information if it has determined that a product or service may help you. The communication will explain how the product or service relates to your well-being and can improve your health.

- E. More Stringent State and Federal Laws:** The State law of Michigan is more stringent than HIPAA in several areas. State law is more stringent when the individual is entitled to greater access to records than under HIPAA and when under state law the records are more protected from disclosure than under HIPAA. Certain federal laws also are more stringent than HIPAA. We will continue to abide by these more stringent state and federal laws. The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment. In Michigan patients have more rights of access to behavioral health information than under HIPAA and the state law defines a minimum necessary standard for release of mental health information. Disclosure is permitted with consent and for treatment without consent but only in an emergency. Minors in Michigan have more rights to confidentiality and protection of certain information (reproductive health, behavioral health, and substance abuse) than under HIPAA. State law requires facilities to adopt policies regarding release of information outside the facility. Our policy requires consent for release. State law genetic and HIV testing and disclosure consents remain in place.

II. **Permitted Use or Disclosure with an Opportunity for You to Agree or Object**

- A. Notification and Communication with Family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed otherwise, in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are unable to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
- B. Promotional Communications:** Northern Pines Health Center does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies. Northern Pines Health Center does maintain a database of individuals for promotional communications, disease management, and health promotion purposes. We send information to the individuals in this database about the programs and services of Northern Pines Health Center. If you wish to be deleted from this database, you may notify the Privacy Officer.
- C. Proof of Immunization:** We will disclose proof of immunization to a school that is required to have it before admitting a student where you have agreed to the disclosure on behalf of yourself or dependent.

III. **Use of Disclosure Requiring Your Authorization**

- A. Marketing:** Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care providers or settings of care that may be of interest to you. We may similarly describe products or services provided by this practice and tell you which health plans this practice participates in. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your PHI for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.
- B. Fundraising:** We will not disclose your information for fundraising purposes.

- C. **Research:** We may use or disclose your PHI as part of research that includes providing you with treatment. For example, if you are part of a research study that includes treatment, Northern Pines Health Center may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.
- D. **Psychotherapy Notes:** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to your health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.
- E. **Other Uses:** Any uses or disclosures that are not for treatment, payment, or operations and that are not permitted or required for public policy purposes or by law will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time, except to the extent that we have taken action in reliance on the authorization.

IV. **Use of Disclosure Permitted by Public Policy or Law without your Authorization**

As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities. We will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

- A. **Law Enforcement Purposes:** We may and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.
- B. **Public Health & Safety:** We may and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require information from a personal representative we believe is responsible for the abuse or harm. In compliance with the requirements of the Michigan Department of Commerce, we will use and disclose PHI to avert a serious threat to health and safety of a person or the public. We will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. We will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post marketing surveillance. Any patient receiving a medical device subject to FDA tracking requirements may refuse to disclose, or refuse permission to disclose, their name, address, telephone number and social security number, or other identifying information for the purpose of tracking. We may and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- C. **Health Oversight Activities:** We may and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by law.
- D. **Judicial and Administrative Proceedings:** We may and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.
- E. **Coroners, Medical Examiner, Funeral Directors:** We will disclose your information to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. We will also disclose your PHI to funeral directors as necessary to carry out their duties.
- F. **Organ Procurement:** We will disclose your information to an organ procurement organization or entity for organ, eye or tissue donation purposes when donation has been authorized or to verify that appropriate organ procurement procedures were followed.
- G. **Specialized Government Functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
- H. **Workers' Compensation:** We may disclose your health information as necessary to comply with workers' compensation laws. For example, to the extent your care is covered by workers' compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

V. **Your Health Information Rights**

Although we at Northern Pines Health Center must maintain all records concerning your treatment by Northern Pines Health Center, you have the following rights concerning your PHI:

- A. **Right to Inspect and Copy:** You have the right inspect and copy your health information except for: psychotherapy notes (those notes kept in a personal file by a therapist or physician and not part of the formal medical record),

information that may be used in anticipation of, or that will be used in a civil, criminal or administrative action or proceeding, and where prohibited or protected by law. We will deny your request for access to your PHI without giving you the opportunity to review that decision if: you don't have the right to inspect the information; or it is otherwise prohibited or protected by law; you are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates; the disclosure of the information would threaten the safety of any officer, employee or other person at the correctional institution or who is responsible for transporting you; you are involved in a clinical research project and Northern Pines Health Center created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress; we obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or under other limited circumstances. In these instances, however, Northern Pines Health Center will allow the review of its decision by a health care professional that Northern Pines Health Center has chosen. This person will not have been involved in the original decision to deny your request. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional. To access your PHI, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of a readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance, the cost of preparing an explanation or summary. We will respond to your request within 30 days of its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 60 days.

- B. Right to Amend or Supplement:** You have the right to request that we amend your PHI that you believe is incorrect or incomplete. However, we will deny your request for amendment if: Northern Pines Health Center did not create the information (unless the person or entity that created the information is no longer available to make the amendment); the information is not part of the designated record set; the information would not be available for your inspection (due to its condition or nature); the information is accurate and complete; we do not have the information; or if you would not be permitted to inspect or copy the information at issue. You must make your request for amendment of your PHI in writing to Northern Pines Health Center, including your reason(s) you believe the information is incorrect or incomplete. We will respond to your request within 60 days of its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 90 days of its receipt. We are not required to change your health information. If we deny your request for changes in your PHI, we will notify you in writing with the reason for the denial. We will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that we include your request for amendment and the denial any time that Northern Pines Health Center discloses the information that you wanted changed. We may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.
- C. Right to an Accounting:** You have a right to receive an accounting of the disclosures of your PHI that Northern Pines Health Center made, except for the following disclosures: to carry out treatment, payment or health care operations; to you; to persons involved in your care; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or that occurred prior to April 14, 2003. For each disclosure, you will receive: the date of the disclosure, the name of the receiving organization and address (if known), a brief description of the PHI disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for the information, if there was one. You must make your request for an accounting of disclosures of your PHI in writing to Northern Pines Health Center. You must include the time period of the accounting, which may not be longer than 6 years. We will respond to your request within 60 days from its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event we will act on your request within 90 days of its receipt. In any given 12 month period, we will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.
- D. Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI: to carry out treatment, payment or health care operations functions; or restricting specific information to only specified family members, relatives, close personal friends or other individuals involved in your care. For example, you may ask that your name not be used in the waiting room or that information about your condition not be shared with your family. We will consider your request but are not required to agree to the requested restrictions.
- E. Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that we only contact you at work or by mail. We will make every attempt to honor your request, but we reserve the right to deny unreasonable requests. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

- F. Right to a Paper or Electronic Copy of this Notice:** You have a right to notice of our legal duties and privacy practices with respect to your health information, including a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by email.
- G. Right to Request Special Privacy Protections:** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any other request, and will notify you of our decision.
- H. Breach Notifications:** In the case of a breach of unsecured protected health information, we will notify you as required by law.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer at (231) 269-4185.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Northern Pines Health Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Northern Pines Health Center, please contact Northern Pines Health Center's Privacy Officer at:

11293 N M-37 Suite A
Buckley, MI 49620
(231) 269-4185

All complaints must be submitted in writing to the Privacy Officer. Northern Pines Health Center assures you there will be no retaliation for filing a complaint.

VII. Sharing and joint use of your Health Information

In the course of providing care to you and in furtherance of our mission to improve the health of the community, we will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

- A. Medical Staff:** The medical staff and Northern Pines Health Center participate together in an organized health care arrangement to deliver health care to you. Northern Pines Health Center and its medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of the delivery of health care services to you at Northern Pines Health Center. Physicians and allied health care providers are members of Northern Pines Health Center's medical staff and will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Northern Pines Health Center. Northern Pines Health Center will disclose your PHI to the medical staff for payment, treatment and health care operations.
- B. Business Associates:** We will use and disclose your PHI to business associates contracted to perform business functions or its affiliate, Munson Healthcare. Whenever an arrangement between Northern Pines Health Center and another company involves the use or disclosure of your PHI, that business associate will be required to keep your information confidential.

VIII. Additional Information

For further information regarding the subjects covered in this Notice of Privacy Practice, please contact Northern Pines Health Center's Privacy Official at (231) 269-4185.

IX. Changes to this Notice

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our lobby and reception area, and a copy will be available at each appointment.

X. Change of Ownership

In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.