



**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
EFFECTIVE DATE: 5/20/2013**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW CAREFULLY

Understanding your Protected Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains identifiable protected health information in oral, written, and/or electronic form. This information may include symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or other persons/agencies responsible for payment can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how Your Protected Health Information is used helps you to:

- ensure its accuracy

- better understand who, what, when, where, and why others may access your Protected Health Information
- make more informed decisions when authorizing disclosure to others

Your Protected Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. As required by federal law, you have the right to:

- **request a restriction on certain uses and disclosures of your Protected Health Information. The request must be in writing by completing the Request for Restriction of Uses and Disclosures of Protected Health Information form, and submitting that form to the facility's HIPAA Compliance Officer/designee.**
- **obtain a paper copy of the Notice of Privacy Practices for Protected Health Information upon request.**
- **inspect and copy your health record, excluding those exceptions stipulated by federal law.**
- **request that we change health information that you feel is incorrect or incomplete. The request must be in writing by completing the Request for Amendment of Protected Health Information form, and submitting that form to the facility's Privacy Officer/designee.**
- **request communications of your Protected Health Information by alternative means or at alternative locations. This request must be made in writing by**

completion of the Request for Alternative Means and/or Location of Communication of Protected Health Information form and submitting that form to the facility's HIPAA Compliance Officer/designee.

- **receive an accounting of disclosures of Protected Health Information. Request for an accounting must be made in writing by completion of the Request for Accounting of Disclosures of Protected Health Information form and submitting that form to the facility's HIPAA Compliance Officer/designee.**
- revoke your authorization to use or disclose Protected Health Information except to the extent that action has already been taken. Revocation must be in writing and submitted to the facility's HIPAA Compliance Officer/designee.

Our Responsibilities

This facility is required to:

- maintain the privacy of your Protected Health Information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Agrees to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if the individual paid in full for the service.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information we maintain. Should our information practices change, we will post the revised Notice in the facility and on our web site. You may also obtain a copy of the Notice from our HIPAA Compliance Officer/designee.

We will not use or disclose your Protected Health Information without your written authorization, except as described in this notice. You may revoke such authorization in writing, except to the extent that action has been taken.

Examples of Disclosures for Treatment, Payment and Health Operations

Without your authorization, we may use or disclose your Protected Health Information for treatment, payment, and healthcare operations, and to meet federal and state regulations.

We will use your Protected Health Information for treatment.

For example: Information obtained by a therapist, counselor, psychiatrist, etc. will be recorded in your record and used to determine the course of treatment that should work best for you. Your therapist, counselor, psychiatrist, etc will document in your record his or her expectations of the members of your mental healthcare team. Members of your mental healthcare team will then record the actions they took and their observations.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

We will use your Protected Health Information for payment.

For example: A bill may be sent to you or other persons/agencies responsible for payment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis.

We will use your Protected Health Information for regular healthcare operations.

For example: Members of the staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We will disclose your Protected Health Information in compliance with federal and state regulations.

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Business associates: There are some services provided in our organization through contracts with business associates. Examples include contracted clinicians, accreditation consultants, and some radiologists and laboratories.

When these services are contracted, we may disclose your Protected Health Information to our business associates so that they can perform the job we've asked them to do and bill for those services rendered. To protect your health information however, we require the business associate to appropriately safeguard your Protected Health Information.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information.

Workers compensation: We may disclose Protected Health Information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your Protected Health Information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose Protected Health Information for law enforcement purposes as required by law or in response to a valid court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

You may submit a written complaint or comment to The Center For Human Resources HIPAA Compliance Officer or to the Secretary of Health and Human Services if:

- you have a question;
- you want additional information
- you have a complaint about our health information practices; or you believe that we have violated your privacy rights.

We will never retaliate against you for filing a complaint.

**The Center For Human Resources
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Port Huron, MI
48060 810-985-5168**

**Secretary of
Health and Human Services
10 Independence Avenue,
SW Washington, DC 20201**