

## NOTICE OF PRIVACY PRACTICES

Baldwin Family Health Care  
1615 Michigan Avenue  
Baldwin, MI 49304

Family Health Care – Cadillac  
520 Cobb Street  
Cadillac, MI 49601

Family Health Care  
Child & Adolescent Health Center  
525 W. Fourth Street  
Baldwin, MI 49304

Family Health Care – Grant  
11 North Maple Street  
Grant, MI 49327

Family Health Care – McBain  
117 North Roland Street  
McBain, MI 49657

Family Health Care  
Child & Adolescent Health Center  
96 East 120<sup>th</sup> Street  
Grant, MI 49327

Family Health Care – White Cloud  
1035 East Wilcox Street  
White Cloud, MI 49349

Family Health Care  
Child & Adolescent Health Center  
555 East Wilcox Street  
White Cloud, MI 49349

### **Effective Date: 9/23/2013**

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.

Family Health Care (FHC) is required by law to maintain the privacy of individually identifiable patient health information (this information is “protected health information” and is referred to herein as “PHI”). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We are required to post this Notice in a prominent place within our facility. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

FHC understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

This Notice applies to the delivery of health care by FHC.

### **Our Pledge:**

We understand that health information about you and the health care you receive is personal. We are committed to protecting your personal health information. When you receive treatment and other health care services from us, we create a record of the services that you received. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of our records about your care, whether made by our health care professionals or others working in this office, and tells you about the ways in which we may use and disclose your personal health information. This notice also describes your rights with respect to the health information that we keep about you and the obligations that we have when we use and disclose your health information.

### **I. Permitted Use or Disclosure**

**A. Treatment:** FHC will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions. FHC will 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 a legitimate need for such information in your care and continued treatment.

Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays and prescriptions.

FHC also will disclose your medical information to people or entities outside FHC who will be involved in your medical care after you leave FHC, such as other care providers who will provide services that are part of your care.

We will 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.

FHC will use and disclose your PHI to inform you of, or recommend possible treatment options or alternatives that will be of interest to you.

FHC will use and disclose PHI to contact you as a reminder that you have an appointment for medical care at FHC.

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, FHC will disclose your PHI to the correctional institution or law enforcement official.

**B. Payment:** FHC will disclose PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss / reinsurance and reimbursement.

The medical information will 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 for payment for treatment from your health plan.

We will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.

If requested, FHC will not disclose information about care you received and paid for out of pocket to your health plan unless for treatment purposes or in the rare event the disclosure is required by law.

**C. Health Care Operations:** FHC will use and disclose your PHI during routine health care operations including quality review, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of FHC, and for educational purposes.

For instance, FHC will need to share your demographic information, diagnosis, treatment plan and health status for population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, and contacting health care providers and patients with information about treatment alternatives, in order for us to operate our business in an efficient, safe and legal manner.

**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 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:** FHC will 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. FHC 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. FHC 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 Protection 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 under Michigan law 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. If the facility policy requires consent for release, then consent will be required. 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. Family/Friends:** With your permission, FHC will disclose PHI about you to a friend or family member who is involved in your medical care. We will also give information to someone who helps you pay for your care. In addition, we will disclose PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have a right to request that your PHI not be shared with some or all of your family or friends.

**B. Promotional Communications:** FHC 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. FHC 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 FHC. If you wish to be deleted from this database, you may notify the Privacy Official of Family Health Care.

## III. Use or Disclosure Requiring Your Authorization

**A. Marketing:** We are not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than FHC's products or services without a signed authorization from you.

**B. Research:** FHC will 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, FHC may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.

**C. Fundraising Activities:** FHC may use and disclose some of your PHI for certain fundraising activities. For example, FHC may disclose your demographic information and department of service for fundraising activities for requests from you for monetary donations. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future.

**D. 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 or Disclosure Permitted by Public Policy or Law without your Authorization

**A. Law Enforcement Purposes:** FHC will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena, identifying a criminal suspect or a missing person or providing information about a crime victim or possible criminal conduct as part of a criminal investigation.

**B. Required by Law:** FHC will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. FHC also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. We will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. FHC will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will warrant the use and disclosure of PHI. These government functions will include military and veteran's activities, national security and intelligence activities and protective services for the President and others. FHC will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

**C. Organ Procurement:** FHC will disclose PHI 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.

**D. Health or Safety:** Following the requirements of the Michigan Department of Commerce, FHC 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. FHC 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.

## **V. Your Health Information Rights**

Although we at FHC must maintain all records concerning your treatment by FHC, you have the following rights concerning your PHI:

**A. Right to Inspect and Copy:** You have the right to access your PHI and to inspect and have a copy made of your PHI as long as we maintain it except for: psychotherapy notes, 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 an 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 FHC 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;
- ◆ FHC 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.

You agree to pay a reasonable copying charge. You must make your requests to access and copy your PHI in writing to FHC. 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 of its receipt.

You will be provided access to your electronic health record and other electronic records in the electronic form and format requested if they are "readily reproducible" in that format. If not, they will be provided in a mutually agreed electronic format. Hard copies will be provided if you reject all readily reproducible formats.

**B. Right to Amend:** You have the right to amend your PHI for as long as we maintain it. However, we will deny your request for amendment if:

- ◆ FHC did not create the information;
- ◆ 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); or
- ◆ The information is accurate and complete.

If FHC denies 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 FHC 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.

You must make your request for amendment of your PHI in writing to FHC, including your reason to support the requested amendment. FHC 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.

**C. Right to an Accounting:** You have a right to receive an accounting of the disclosures of your PHI that FHC 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 FHC. 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. FHC will consider your request but is 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.

**F. Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

**G. Right to Notice of a Breach:** You will be notified of any breach of your PHI unless it is determined that there is a low probability of PHI compromise based on the analysis of the following four factors:

- ◆ The nature and extent of the PHI involved – issues to be considered include the sensitivity of the information from a financial or clinical perspective and the likelihood the information can be re-identified;
- ◆ The person who obtained the unauthorized access and whether that person has an independent obligation to protect the confidentiality of the information;
- ◆ Whether the PHI was actually acquired or accessed, determined after conducting a forensic analysis; and
- ◆ The extent to which the risk has been mitigated, such as by obtaining a signed confidentiality agreement from the recipient.

## **VI. Complaints**

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

1615 Michigan Avenue  
Baldwin, MI 49304  
(231) 745-2743

All complaints must be submitted in writing directly to FHC; we assure you that 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 FHC's mission to improve the health of the community, FHC will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

**A. Business Associates:** FHC will use and disclose your PHI to business associates contracted to perform business functions on its behalf. Whenever an arrangement between FHC 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 FHC's Privacy Official at (231) 590-6164.

### **Changes to this Notice**

FHC will abide by the terms of the Notice of Privacy Practices currently in effect. FHC reserves the right to change the terms of its Notice of Privacy Practices and to make the new Notice of Privacy Practices provisions effective for all PHI that it maintains. Revised notices will be prominently posted in all FHC locations and copies of the new agreement will be made available.