

HARBOR BEACH COMMUNITY HOSPITAL  
HARBOR BEACH MI 48441

# NOTICE OF PRIVACY PRACTICES

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Effective date: 6/1/2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ADDRESSES THE CHANGES TO HIPAA INDIVIDUAL RIGHTS MADE IN THE FINAL RULE PUBLISHED JANUARY 25, 2013. PLEASE REVIEW IT CAREFULLY.

If you have any questions please contact the **Harbor Beach Community Hospital (HBCH) HIPAA Privacy Officer at 989-479-5011.**

This notice describes HBCH's practices and those of any healthcare professional authorized to enter information into your HBCH record including, but not limited to:

- all departments, units, and services of HBCH;
- any member of a volunteer group we allow to help you while you are at HBCH;
- all employees, staff, and other HBCH personnel;
- Harbor Beach Medical Clinic, Port Hope Medical Clinic;

All these affiliates, sites, and locations shall abide by the terms of this notice collectively "HBCH." In addition, these affiliates, sites, and locations may share medical information with each other for treatment, payment, or HBCH operations purposes described in 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 HBCH. This record is used by us 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 HBCH, whether made by HBCH personnel or your personal doctor. If your personal doctor does not practice in one of our clinics listed above, they may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe 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; information about you either by paper, electronically, or facsimile;
- follow the terms of the notice that is currently in effect; and

- notify affected individuals following a breach of unsecured protected health information.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

Disclosures of medical information about you may be made by using a facsimile (fax) machine, encrypted electronic medias, or other software where appropriate.

## **FOR PAYMENT**

We may use and disclose medical information about you so that the treatment and services you receive at HBCH may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan/insurance company information about surgery you received at HBCH so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment or medication you are going to receive to obtain prior approval, or to determine whether your plan will cover it.

## **FOR TREATMENT**

We may use medical information about treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other individuals who are involved in taking care of you at HBCH. 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 HBCH affiliates also may share medical information about you in order to coordinate the different things you need, such as medicines, lab work, and x-rays. We also may disclose medical information about you to people outside HBCH who may be involved in your medical care and/or payment for your medical care after you leave HBCH, such as family members, clergy, home healthcare personnel, or others to whom you have been referred to insure that these individuals have the necessary information to care for, diagnose, or treat you.

## **FOR HEALTH CARE OPERATIONS**

We may use and disclose medical information about you for HBCH operations. These uses and disclosures are necessary to run HBCH and make sure that all of our patients receive quality care. These activities may include, but are not limited to: quality improvement, patient safety, case review, service evaluation training, licensing, fundraising, and conducting or arranging for other business activities. 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 disclose information to doctors, nurses, technicians, medical students, and other HBCH personnel for review and learning purposes. We may also combine the medical information we have with medical information from other HBCH affiliates to compare how we are doing and see where we can make improvements in the care 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. Information may be shared with business associates that perform a service for HBCH.

## **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Any disclosure would only be to someone able to help prevent the threat.

## **FUNDRAISING ACTIVITIES**

We may use or disclose medical information about you to contact you in an effort to raise money for HBCH and its operations. We may disclose information to a business associate or foundation related to HBCH so that the foundation may contact you in raising money for HBCH. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at HBCH. If you do not want HBCH to contact you for fundraising efforts, you may opt-out by notifying **the HBCH HIPAA Privacy Officer, 989-479-5011**.

## **HBCH DIRECTORY**

We may include certain limited information about you in the HBCH directory while you are a patient here. This information may include your name, location within HBCH, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, pastor, or rabbi, even if they do not ask for you by name. This is so your family, friends, and clergy can visit you at HBCH and generally know how you are doing. You may restrict or prohibit the use or disclosure of this information by contacting **the HBCH HIPAA Privacy Officer, 989-479-5011**.

## **AS REQUIRED BY LAW**

We will disclose medical information about you when required to do so by federal, state, or local law.

## **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

We may release medical information about you to a friend or family member who is involved in your medical care or payment of your medical care. We may also tell your family or friends your general condition and that you are at HBCH. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

## **SPECIAL SITUATIONS**

### **IMMUNIZATIONS AND SCHOOLS**

HBCH may disclose proof of immunization to a school without written authorization of the patient (or his/her parent/legal guardian); however, the parent/legal guardian must still give at least a verbal approval.

## **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 an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

## **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.

## **WORKER'S COMPENSATION**

We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **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 at HBCH to funeral directors as necessary to carry out their duties.

## **DECEASED PATIENTS**

Your health information is protected by HIPAA for 50 years after your death. The final Omnibus Rule allows HBCH to continue to provide, after your death, protected health information about you, to those family and friends you have designated.

## **PUBLIC HEALTH ACTIVITIES**

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.

## **ABUSE, NEGLECT, DOMESTIC VIOLENCE**

We may disclose medical information about you for public health activities to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

## **LAWSUITS AND DISPUTES**

If you are involved in a lawsuit or a dispute, 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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## **LAW ENFORCEMENT**

We may release medical information if asked to do so by a law enforcement official:

- to comply with the requirement of the reporting of certain types of wounds or other physical injuries;
- to respond 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, it is about a death we believe may be the result of criminal conduct;
- about criminal conduct at HBCH; 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.

## **SPECIALIZED GOVERNMENT FUNCTIONS**

We may use and disclose the medical information of armed forces personnel, veterans, and foreign military personnel for authorized activities under the appropriate circumstances. Further, your medical information may be disclosed to authorized federal officials for the conduction of lawful intelligence, counter-intelligence, and other national security activities and special investigation including the provision of protective services to the President, other authorized persons and foreign heads of state, as authorized by law.

## **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. This release would be 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.

## **RIGHT TO INSPECT AND COPY**

You have the right to inspect and copy medical information that is in a designated record set for as long as we maintain the record. A “designated record set” is a specific set of documents. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Health Information Management Services. You may request an electronic or paper copy. 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 inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. HBCH’s Corporate Compliance Committee will investigate and review your request and the denial. We will comply with the outcome of the review.

## RIGHT TO AMEND

If you feel that medical information we have about you in a designated record set 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 HBCH. To request an amendment, your request must be made in writing and submitted to Health Information Management Services. 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. Other reasons for a denial of a request include, but are not limited to, 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 HBCH;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If your request is denied, you may request a review of the denial.

## RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management Services. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronic). The first list you request within a 12- month period will be free. For additional lists, we may charge you for the cost 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.

## REQUIRED WRITTEN AUTHORIZATIONS FOR USE AND DISCLOSURES

Uses and disclosures of protected health information for marketing purposes, disclosures that constitute a sale of protected health information, and disclosures of psychotherapy notes all require you to sign an authorization in order for the release of that information.

## RIGHT TO RESTRICTION

You have the right to request a restriction or limitation on certain parts of the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you for notification purposes to individuals involved in your care or the payment of 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. If you choose to restrict any information under this circumstance, you must submit your request in writing to Health Information Management Services. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Under certain circumstances we may terminate our

agreement to a restriction. You may also terminate a restriction request at a later date. To request restriction, you must make your request in writing to Health Information Management Services. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, for example, disclosures to your spouse. You may contact Health Information Management Services to terminate a restriction.

### **RIGHT TO REQUEST RESTRICTIONS AS A SELF-PAY PATIENT**

You have the right to restrict certain disclosures of protected health information to a health plan if you pay for a service in full and out of pocket. If you choose to restrict any information under this circumstance, you must submit your request in writing to Health Information Management Services.

### **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 Health Information Management Services. 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.

### **USES OR DISCLOSURES FOR UNDERWRITING INSURANCE POLICIES**

HBCH will not disclose genetic information to insurance companies when requested for underwriting purposes.

### **RIGHT TO AN ELECTRONIC OR PAPER COPY OF THIS NOTICE**

You have the right to an electronic or paper copy of this notice. You may ask us to give you a copy of this notice at any time. If you have elected to receive an electronic copy, you must either sign a document we provide agreeing to the receipt of the electronic copy, or send us your own written statement agreeing to the receipt of the electronic copy of the notice. If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice at your request. You may obtain a copy of this notice at our web site: [www.hbch.org](http://www.hbch.org) or you may obtain a copy of this notice, electronically or on paper by contacting **Health Information Management Services, 989-479-3201**.

### **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 on the HBCH website. The notice will contain the effective date on the first page. In addition, each time you register at, or are admitted to, HBCH or its affiliates for treatment or healthcare services, you may request a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may submit a written complaint with HBCH or with the Secretary of the Department of Health and Human Services. If you choose to submit an oral complaint with HBCH, contact **the HBCH HIPAA Privacy Officer, 989-479-5011. You will not be penalized nor retaliated against for submitting a complaint.**

## OTHER USES 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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, or 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. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## BREACH NOTIFICATION RESPONSIBILITIES

HBCH must notify you following the discovery of a breach of unsecured protected health information. HBCH will provide this notice in written form by first-class mail, or alternatively by email if you have agreed to receive such notices electronically. If HBCH has insufficient or out-of-date contact information for 10 or more individuals involved in the breach, HBCH must provide substitute notice by either posting the notice on the home page of our website or by providing the notice in major print or broadcast media where you likely reside. If HBCH has insufficient or out-of-date contact information for fewer than 10 individuals, HBCH may provide substitute notice by an alternative form of written, telephone, or other means. HBCH will provide these notifications without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps you should take to protect yourself from potential harm, a brief description of what HBCH is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for HBCH. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification will include a phone number for you to contact HBCH to determine if your protected health information was involved in the breach.



**HARBOR BEACH COMMUNITY HOSPITAL  
ACKNOWLEDGEMENT OF RECEIPT  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received the Notice of Privacy Practices issued by Harbor Beach Community Hospital, which was effective April 14, 2003, and revised as of June 1, 2013.

\_\_\_\_\_  
Patient or Personal Representative  
Signature

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Patient or Personal Representative  
(Please provide a copy of proof of Personal Representative status)

Please note that protected health information (PHI), i.e., test results may be forwarded to you via regular mail delivery, i.e., reminders of appointments may be left on your voice mail. If you do not wish to receive information via regular mail or on your voice mail, please indicate your wishes below.

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\_\_\_\_\_  
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Patient refused to accept Notice. \_\_\_\_\_ (Initials of Employee providing Notice.)