

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
Effective Date: April 14, 2003

WHO WILL FOLLOW THIS NOTICE:

All employees, students, and volunteers of Muskegon Family Care.

OUR PLEDGE REGARDING MEDICAL/DENTAL INFORMATION:

We understand that medical/dental information about you and your health is personal. We are committed to protecting medical/dental information about you. We create a record of the care and services you receive at Muskegon Family Care. 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 or otherwise maintained by Muskegon Family Care, whether made by hospital personnel, your personal doctor, a consulting or other treating doctor, a diagnostic facility or any Muskegon Family Care facility or support personnel.

This Notice will tell you about the ways in which we may use and disclose medical/dental information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical/dental information.

We are required by law to:

- maintain the privacy of your medical/dental information that identifies you;
 - give you this Notice of our legal duties and privacy practices with respect to medical/dental information about you; and
 - follow the terms of the Notice that is currently in effect.
- HOW WE MAY USE AND DISCLOSE MEDICAL/DENTAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical/dental information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

For Treatment. We may use medical/dental information about you to provide you with medical/dental treatment or services. We may disclose medical/dental information about you to other health care providers who are involved in taking care of you or with whom we may consult or refer you to as part of your care as a Muskegon Family Care patient. This includes, but not limited to: doctors, dentists, nurse practitioners, physician assistants, dental hygienists and assistants, nurses, technicians, medical and dental students, laboratory and diagnostic providers, pharmacies, and other health professionals, such as physical therapists or other personnel who provide treatment to you. 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 emergencies, we will use and disclose your protected health information to provide the treatment you require.

For Payment. We may use and disclose medical/dental information about you so that the treatment and services you receive at Muskegon Family Care may be billed to (and payment may be collected from) you, an insurance company or other third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. Another example of our use and disclosure of medical/dental information about you is attempting to contact you in writing or via telephone for purposes of verifying insurance coverage or gaining more information regarding insurance coverage.

For Health Care Operations. We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of medical/dental students, licensing, communications about a product or service, and conducting or arranging for other health care related activities. For example, we may disclose your protected health information to medical or dental school students seeing patients at the Muskegon Family Care. We may call you by name in the waiting room when your provider is ready to see you. We may inform individuals of your presence or non-presence at our clinic. We may use medical/dental information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical/dental information about many patients to decide what additional services Muskegon Family Care should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the medical/dental information we have with medical/dental information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. In these cases, we will remove information that identifies you from this set of medical/dental information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also use certain medical/dental and non-medical/dental information to contact you to solicit your opinions on the quality of services you received from Muskegon Family Care and how we may improve our services.

Incidental Uses and Disclosures. We may inadvertently use or disclose your medical/dental information when such use or disclosure is incidental to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses or other Muskegon Family Care personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid such situations as much as possible.

- Is not part of the medical/dental information kept by or for Muskegon Family Care;
- 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 made of medical/dental information about you. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right also excludes disclosures made to you, to family members or friends involved in your care.

To request this list or accounting of disclosures, you must submit your request in writing to Muskegon Family Care: Privacy Officer. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request will be free. For additional lists, 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 a restriction or limitation on the medical/dental information we use or disclose about you for treatment, payment or health care operations. It is your responsibility as the patient to notify Muskegon Family Care of specific restrictions to use or disclosure of your medical/dental information. You also have the right to request a limit on the medical/dental information we disclose about you to someone who is involved in your care or the payment for 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 to a certain person to whom disclosure would otherwise be permitted.

We are not required to agree to your request to restrict our USE of your health information. If we do agree, we will comply with your request, unless the information is needed to provide you emergency treatment. You are entitled, however, to restrict DISCLOSURE of your medical/dental record to a third party outside of the Muskegon Family Care except: (1) as required because of transfer of your health care to another health care facility; (2) as required by law; or (3) as required by a third party payment contract.

To request restrictions, you must make your request in writing to the Muskegon Family Care: Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate all reasonable requests, when possible. Your request must specify how or where you wish to be contacted. 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 Muskegon Family Care: Privacy Officer.

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 copy of this Notice at any time.

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/dental 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 our facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at Muskegon Family Care a copy of the current Notice in effect will be made available to you upon your request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Muskegon Family Care or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Muskegon Family Care
Attn: Privacy Officer
1700 Oak, Suite 010
Muskegon Hts., MI 49444
(231) 767-8621

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(866) 627-7748

OTHER USES OF MEDICAL/DENTAL INFORMATION.

Other uses and disclosures of medical/dental 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/dental information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical/dental information about you for the reasons covered by your written authorization. You understand that we are unable to reverse 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.

PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this Notice, please contact the Privacy Officer for Muskegon Family Care at 1700 Oak, Suite 010 Muskegon Heights, MI 49444, (231) 767-8621.

Muskegon Family Care

Appointment Reminders/“Did Not Show Notices”. We may use and disclose medical/dental information regarding test results or appointment reminders when you have an appointment at Muskegon Family Care or scheduled medical/dental services at another facility. We may also send you a notice informing you that you failed to show for an appointment or test.

Treatment Alternatives. We may use and disclose medical/dental information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Michigan Childhood Immunization Registry (MCIR). Personal health information may be entered.

Health-Related Benefits and Services. We may use and disclose medical/dental information to tell you about health-related services or benefits that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may disclose medical/dental information about you to a friend or family member who is involved in your medical/dental care. We may also give information to someone who is involved with payment or helps pay for your care. We may also tell your family or friends your general condition. In addition, we may disclose medical/dental 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.

Fund-raising Activities. We may use certain non-medical/dental information (including but not limited to name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for Muskegon Family Care affiliates through a foundation owned or controlled by Muskegon Family Care. The money raised will be used to expand and improve the services and programs we provide the community.

Research. Under certain circumstances, we may use and disclose medical/dental 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/dental information, trying to balance the research needs with patients' need for privacy of their medical/dental information. Before we use or disclose medical/dental information for research, the project will have been approved through this research approval process. We may, however, disclose medical/dental information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical/dental needs, so long as the medical/dental information they review does not leave the Muskegon Family Care facility where it resides. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

As Required By Law. We will disclose medical/dental information about you when required to do so by federal, state or local law or regulation.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical/dental 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.

Communications Regarding Muskegon Family Care’s Programs. We may use and disclose your health information to make a communication to you to describe a health-related product or service of Muskegon Family Care. In addition, we may use or disclose your health information to tell you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you. We may occasionally tell you about another company's products or services.

Military and Veterans. If you are a member of the armed forces, we may disclose medical/dental information about you as required by military command authorities. We may also disclose medical/dental information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may disclose medical/dental information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical/dental 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 and to participate in disease registries;
- 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.

Health Oversight Activities. We may disclose medical/dental 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. If you are involved in a lawsuit or a dispute, we may disclose medical/dental information about you in response to a court or administrative order. We may also disclose medical/dental information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, only if you have agreed to such a release. Your consent will not be required if the information disclosure has been ordered by a court of law. We may also disclose information to Muskegon Family Care’s legal representatives in response to a discovery request, Notice of Intent, or Summons and Complaint.

Law Enforcement. We may disclose medical/dental information if asked to do so by a law enforcement official in the following situations:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If the information is in regard to a victim of a crime, and if, under certain limited circumstances, we are unable to obtain the person's agreement to the disclosure;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at a Muskegon Family Care facility; 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 disclose medical/dental 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 disclose medical/dental information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may disclose medical/dental information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical/dental information about you to authorized federal officials so they may provide protection to the President, 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 disclose medical/dental information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Parental/Guardian Access: We will act consistently with the law of the state concerning disclosure of protected health information of minors.

To Third Parties. We may disclose your medical/dental information to certain third parties with whom we contract to perform services on behalf of a Muskegon Family Care entity. If we do so, we will have written assurances from the third party that the third party will safeguard your information.

Michigan Dental Patient Consent Law requires Muskegon Family Care to obtain your written consent prior to making certain disclosures of your dental information. Muskegon Family Care will follow all applicable state dental laws regarding use and disclosure of your information (Act 368 333.16648).

YOUR RIGHTS REGARDING MEDICAL/DENTAL INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. You have the right to inspect and obtain a copy of medical/dental information that may be used to make decisions about your care. During an inspection of your information, a health professional may be in attendance to assist you. The information available to you can include medical/dental and billing records, but will not include any psychotherapy notes.

To inspect or obtain a copy of medical/dental information that may be used to make decisions about you, you must submit your request in writing to Muskegon Family Care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other charges incurred or 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/dental information, you may request that the denial be reviewed. Another licensed health care professional chosen by Muskegon Family Care 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 the review.

Right to Amend. If you feel that medical/dental 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 Muskegon Family Care.

To request an amendment, your request must be made in writing and submitted to the Muskegon Family Care’s Privacy Officer. 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. In addition, 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;