

# Notice of Privacy Practice

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The physicians and staff of Alcona Health Centers, Inc., have always held any medical or personal information gathered during the course of your care in the strictest of confidence. However, the federal government now mandates health care entities give notice of their privacy practices in writing, to all patients. The information contained here fulfills that requirement and contains a few changes from our previously applied policies and procedures.

This Notice describes how information about you may be used and disclosed and how you can get access to this information. Please read it carefully. You may contact our Privacy Officer at (989) 736-8157 for further information about this Privacy Notice and the complaint process. This notice was first published in December of 2002 and was reviewed and revised in 2014. **This policy was last revised on August 31, 2018.**

## **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 this office. We need this record to provide you with quality care and to comply with certain legal requirements. **This Privacy Notice applies to all the records of your care generated by this practice,** whether made by office personnel; or your personal doctor, physician assistants, nurse practitioner, dentist, hygienist, dental assistant or behavioural health therapist. Physicians, physical assistants, nurse practitioners, dentist, hygienist and behavioural health therapist are referred to as providers in this Notice.

## **Understanding Your Health Information**

**This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes permitted or required by law.** It also describes your rights to access and control your protected health information. “Protected health information”

is information about you, including demographic information and images that may identify you and that relate to your past, present or future physical or mental health or condition and related healthcare services. We are required to abide by the terms of this Notice of Privacy Practices. A current Notice will remain permanently posted in the patient lobby and paper copies will be available upon request. We may change the terms of our Notice, at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

### **Uses and Disclosures of Protected Health Information**

Uses and Disclosures of Protected Health Information Based upon Your Written Acknowledgement:

You will be asked to sign a one-time acknowledgement form. Alcona Citizens for Health Inc, hereafter referred to as AHC, will use or disclose your protected health information as described in this Section. 1. Your protected health information may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you. Your protected health information may also be used and disclosed to receive payment for your healthcare series to support the operations of the Alcona Citizens for Health, Inc.

Following are examples of the types of uses and disclosures of your protected healthcare information that AHC is permitted to make once you have been provided with the Notice of Privacy Practice brochure.

**Treatment:** We will use and disclose your protected health information to provide coordination, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that has already obtained your permission to have access to your protected health information. For example, we will disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose your protected health

information to medical equipment suppliers and third party payors (for example, insurance companies and Medicare) for treatment or payment purposes. We will also disclose protected health information to other providers who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be faxed to a physician or healthcare provider to which you have been referred to ensure they have the necessary information to diagnose or treat you. We may use a sign-in sheet at the reception desk where you will be asked to sign your name and indicate the reason for your visit. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you or remind you of your appointment.

In addition, we may disclose your protected health information from time-to-time to another physician or healthcare provider (e.g., a specialist or laboratory) that, at the request of the provider, becomes involved in your care by providing assistance with our healthcare diagnosis or treatment to our provider.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health care plan may undertake before it approves or pays for the healthcare services we recommend for you such as; making a determination of eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We will only use or disclose your protected health information to the extent necessary for AHC to operate. The uses and disclosure are necessary to run AHC and make sure that all of our patients receive quality care. 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 combine medical information about many AHC patients to decide what additional services AHC should offer, what services are not needed, and whether certain new treatments are not

effective. We may also disclose information to doctors, nurses, technicians, students and other AHC personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it study health care and health care delivery without learning who the specific patients are.

We will share your protected health information with the third party “billing associates” that perform various activities (e.g., billing, transcription services) for AHC. We will have a written agreement that will protect the privacy of your protected health information whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information.

We may use or disclose your protected health information as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information about products or services that we believe may be beneficial to you. You may notify our PRIVACY OFFICER, the individual at AHC who is responsible for healthcare privacy matters, to request that these materials not be sent to you.

## **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your provider or AHC has taken an action in reliance on the use or disclosure indicated in the authorization.

## **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object.**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed.

**Registries:** Unless you object, we may disclose protected health information to registries such as the (PECS) Patient Electronic Care System; or Michigan Childhood Immunization Registry (MCIR). If you do not wish to participate in a registry, send a written letter to our Health Information Supervisor

**Health Information Exchange (HIE):** Unless you object, the HIE records and transmits health information, including prescription information, electronically. Health information is shared and protected electronically through local, state and national health information exchanges. This organization participates in the Great Lakes Health Connect (GLHC) information network. GLHC has rules regarding how health information can be accessed through GLHC, and limits on use or disclosures of that information. For more information about GLHC, and your rights associated with transmission of your information through this and other health information exchanges, please contact our Privacy Officer. If you do not wish to participate in an HIE, send a written letter to our Health Information Supervisor.

**Appointment Reminders and Messages:** Unless you object, we may leave appointment reminders and messages on the answering machine at the home telephone number that you have provided. If you do not want reminders or messages left on your home recorder send a written letter to the Health Information Supervisor.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable or object to such a disclosure, we may disclose such information as necessary if we determine that is in your best interest based on our professional judgment. We may use or disclose protected health information to notify

or assist in notifying a family member, legal representative or any other person that is responsible for your care of your location or general condition. Finally, we may use or disclose your protected health information to an authorized public entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens your provider shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if your provider or another provider in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that your intent is to consent to use or disclosure under the circumstances.

## **Other Permitted and Required Uses and Disclosures That May Be Made**

### **Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling

disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency that is authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose our protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been the victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to make sure repairs or replacements, or conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose health information in the course of any judicial or administrative proceedings, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), We may, in certain conditions, disclose protected health information in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on premises of AHC, and (6) medical emergency (not on AHC premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the corner or medical examiner to perform other duties authorized by law.