

Mid-Michigan District Health Department

Notice of Privacy Practices

Effective Date: April 14th, 2003

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information

Each time you visit a clinic, physician, or other healthcare provider, a record of your visit is made. Typically, in addition to your name, address and phone number, this record contains your 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, among other things, 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 a third-party payor can verify that services billed were actually provided.
- A source of information for public health officials charged with improving the health of the nation
- 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 health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of Mid-Michigan District Health Department, or the facility that compiled it, the information belongs to you. You have a right to:

- Request, in writing, a restriction on certain uses and disclosures of your protected health information used or disclosed for treatment, payment, and health care operations. 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.
- Obtain a paper copy of this Notice upon request
- Inspect and obtain a copy of your health record. There may be a cost for obtaining a copy of your medical records. We may deny your request to inspect and copy your record in some instances. If you are denied access, you may request that the denial be reviewed.

- Request, in writing, to amend your health record if you feel that the information is incorrect or incomplete. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that was not created by us, or is included in information that cannot be inspected or copied, or if the information we have is accurate and complete.
- Obtain an accounting of disclosures of your health information. This is a list of disclosures we made that are not for treatment, payment, or healthcare operations. There are certain exceptions to this right. Your request, in writing, must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. We will respond to your request no later than sixty (60) days after the receipt of your request, unless we utilize the thirty- (30) day extension.
- 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 the clerical staff of each service/program affected.
- Revoke your permission to use or disclose health information. You understand that we are unable to take back any disclosures that we made previously with your permission.

Our Responsibility

Mid-Michigan Health Department is required to:

- Maintain the privacy of your 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

We reserve the right to change this Notice and to make the new provisions effective for all protected health information we maintain. Should our Notice change, we will make the revised Notice available in all our facilities.

HOW WE MAY USE OR DISCLOSE YOUR INFORMATION

We will not use or disclose your health information without your authorization, except as described in this Notice.

1. Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by the healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Personnel involved in providing healthcare services to you at MMDHD will have access to this information. We will also provide your current or subsequent healthcare provider with information that should assist him or her in treating you. We may share this information with other healthcare providers when you are referred for additional treatment/services.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payor. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical 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 may remove information that identifies you, so that others may use it to study health care without learning who you are.

2. Disclosures to Business Associates

There are some services provided in our organization through contacts with business associates. Examples include certain laboratory tests or billing services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payor for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

3. Communication with you

We may contact you by telephone or mail to provide things such as appointment reminders, notification of product recalls, or to discuss test results, unless you request otherwise in writing.

4. Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

5. Communication with family

Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

6. Communication with school

If necessary, we may disclose to school staff health information relevant to your child(ren).

7. Research

We may disclose information to researchers when their research has been approved by an institutional review board, which has reviewed the research proposal and established protocols to ensure the privacy of your health information.

8. Medical Examiners and Funeral Directors

We may disclose health information to medical examiners and funeral directors consistent with applicable law to carry out their duties.

9. Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

10. Marketing

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

11. Worker's Disability Compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's disability compensation or other similar programs established by law.

12. Public Health

As required by law, we may disclose your health information to other public health or legal authorities charged with preventing or controlling disease, injury, or disability, or when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public. We may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

13. Correction Institution

Should you be an inmate of a correctional institution, we may disclose to the institution, or its agents, health information necessary for your health and the health and safety of other individuals.

14. Law Enforcement

We may disclose health information for law enforcement purposes as required by law in such situations as identifying or locating a suspect, reporting criminal conduct or responding to a valid subpoena.

15. Health Oversight Activities

Your health information may be released to an appropriate health oversight agency, public health authority or attorney, for activities such as, audits, investigations, inspections and compliance with civil rights laws.

17. National Security and members of the military.

We may release your health information to authorized federal officials for national security activities as authorized by law. If you are a member of the armed forces, we may release your health information as required by military command authorities.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe that your privacy rights have been violated, you can file a complaint with the Privacy Official or with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint. We request that you put your complaint in writing. The Privacy Official can be reached at 989-875-1027, or you can contact the Office of Civil Rights at 1-800-368-1019. If you have questions, would like additional information, or would like to request an amendment, an accounting, or another right set forth in this Notice, you may contact the Privacy Official at:

**Mid-Michigan District Health Department
HIPAA Privacy Official
151 Commerce Drive
Ithaca, MI 48847
989-875-1027**