

NOTICE OF PRIVACY PRACTICES

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **231-935-6632**.

Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **231-935-6632**.

العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **6632-935-231**

繁體中文

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **231-935-6632**。

हिन्दी

6632-935-231 से सहायता प्राप्त करें। यदि आप हिन्दी बोलते हैं, तो आपको मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। फोन करें **231-935-6632**।

Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **231-935-6632**.

Shqip

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **231-935-6632**.

한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **231-935-6632** 번으로 전화해 주십시오.

বাংলা

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **231-935-6632**।

Polski

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **231-935-6632**.

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **231-935-6632**.

Italiano

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **231-935-6632**.

日本語

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **231-935-6632** まで、お電話にてご連絡ください。

Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **231-935-6632**.

Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **231-935-6632**.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **231-935-6632**.

Original Date: 4/9/2003

HIPAA OMNIBUS Final Rule Effective 9/23/2013

Revised Date: 11/07/2016

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS. PLEASE REVIEW IT CAREFULLY.

You are receiving health care at a facility that is part of Munson Healthcare. Munson Healthcare includes: Kalkaska Memorial Health Center, Mackinac Straits Health System, Munson Healthcare Cadillac Hospital, Munson Healthcare Charlevoix Hospital, Munson Healthcare Grayling Hospital, Munson Healthcare Paul Oliver Memorial Hospital, Munson Home Health, Munson Medical Center (including Munson Community Health Center), Ostego Memorial Hospital and Munson Healthcare Manistee Hospital. Munson Healthcare is hereafter named in this document as “Munson.”

We are 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 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 your medical records.

Munson 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 Munson will use and disclose your PHI, and your rights under HIPAA.

This Notice applies to the delivery of health care by Munson and its medical staff in the hospital, outpatient departments and clinics.

I. Permitted Use or Disclosure

A. Treatment: Munson will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions.

Munson will disclose all or any minimally necessary portion of your patient medical record information to your attending physician, consulting physician(s), nurses, pharmacists, technicians, medical students, dieticians, and other health care providers who have a legitimate need for PHI 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.

Munson also will disclose PHI to people or entities outside Munson Healthcare who will be involved in your medical care after you leave Munson Healthcare such as other care providers and family who will provide services that are part of your care to coordinate treatment.

Munson records and transmits health information, including prescription information, electronically. Health information is shared and protected electronically through local, state and national health information exchanges. Munson participates in the Great Lakes Health Connect (GLHC) health information exchange. GLHC is subject to HIPAA compliance and has rules regarding how health information can be accessed, and limits on use and disclosure of that information.

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

Munson will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at Munson. With respect to a group health plan, Munson may also disclose PHI to a health plan sponsor.

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

B. Payment: Munson will disclose PHI about you for the purposes of determining insurance coverage and eligibility, billing, claims management, medical data processing, and reimbursement.

The medical information will be disclosed to any 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.

The medical information may also be released to independent health care providers who were involved in your treatment (for example, Emergency Room physicians and Radiologists who are not employed by Munson) or emergency delivery (via ambulance service) to Munson so that they may seek payment for caring for you.

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

C. Health Care Operations: Munson 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 Munson, and for educational purposes.

For instance, we 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.

Munson may also use and disclose your PHI to support the sale, transfer, or other corporate restructuring of Munson's assets.

D. Other Uses and Disclosures: PHI may also be used for the following purposes:
Fundraising Activities: with the exception of mental health and substance abuse PHI, Munson will use some of your PHI for certain fund raising activities. Munson may contact you to raise funds for Munson. You have a right to "opt-out" of receiving fundraising communications. Any communication sent to you will let you know how you may opt out of receiving similar communications in the future. The department name or service where you received treatment may be used in fundraising. You may opt out of the use of this department or service for fundraising, or you may opt out of all fundraising contacts.

Medical Research: Munson 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.

Health Promotion Activities: with the exception of mental health and substance abuse PHI, Munson 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. We may send you this information if we have 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. Munson will continue to abide by these more stringent state and federal laws.

II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

A. Family/Friends: Munson may 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. Facility Directory: Munson will list certain limited information about you in its Facility Directory if you are a hospital patient. This information will include your name and location in the hospital. This directory information will also be disclosed to people who ask for you by name, including your family members, friends, or other visitors. You have the right to request that your name not be included in Facility Directory, by “opting out.” If you request to opt out of the Directory, we cannot inform any callers or visitors of your presence, location, or general condition.

C. Spiritual Care: With your permission, Directory information including your name, location in Munson, general condition, and religious affiliation will be given to a member of the community clergy from your denomination, such as a priest or rabbi, even if they don’t ask for you by name. You have a right to request that your name not be given to any community member of the clergy.

D. Promotional Communications: Munson will not share or sell your information to companies that sell health care products or services for use by those companies to contact you.

E. Media Conditions Reports: If you have not opted out of the Facility Directory, Munson may release very limited information to the media if the media requests information about you using your full name. Your condition will be described in general terms that do not communicate specific medical information, such as “good,” “fair,” “serious,” or “critical.”

III. Use or Disclosure Requiring Your Authorization

A. Marketing: Munson will not provide your information to any other person or company for marketing any products or services other than Munson products or services unless you have signed an authorization. Munson will not sell your information without your authorization. Munson will not send treatment communications to you concerning treatment alternatives (where Munson receives financial remunerations from a third party in exchange for making the communication) unless you have signed an authorization. You have a right to opt out of receiving such communications.

- B. **Research:** With your prior authorization to participate in research, Munson may use or disclose your information as part of research. For example, if you are part of a research study that includes treatment, Munson may require that you sign an authorization to allow the researchers to use or disclose your information for this research.
- C. **Psychotherapy Notes:** Munson must obtain your authorization for any use or disclosure of psychotherapy notes, except as permitted by policy or law.
- D. **Other Uses:** Any uses or disclosures that are not for treatment, payment or operations and that are not required for public policy purposes or by law, and other uses and disclosures not described in this Notice will be made only with your written authorization.
- E. **Revocation:** You have the right to revoke an authorization at any time, by putting your request in writing and submitting the request to the appropriate Medical Records /Health Information Management department.
- F. **Breach Notification:** Munson will notify you if a breach of your unsecured protected health information occurs, if the information is shown to have been compromised.

IV. Use or Disclosure Permitted by Public Policy or Law without Your Authorization

- A. **Law Enforcement Purposes:** Munson will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena, and may disclose information for purposes of 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:** Munson will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. Munson also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. Munson will disclose your medical information to government agencies when required by law, such as reporting a dog bite to public health. Munson 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 your health information. These government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. Munson will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

C. Coroners, Medical Examiners, Funeral Directors: Munson will disclose your information to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. We will also disclose your medical information to funeral directors as necessary to carry out their duties.

D. Organ Procurement: Munson will disclose your information 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.

E. Health or Safety: Munson will use and disclose your information to avert a serious threat to health and safety of a person or the public. Munson will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. Munson 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. You may opt out of the opportunity to receive information about a medical device subject to FDA tracking requirements; i.e. you may decline to disclose, or refuse permission to disclose, your name, address, telephone number and social security number, or other identifying information for the purpose of tracking the FDA device.

V. Your Health Information Rights

Although Munson maintains all paper and electronic records concerning your hospitalization and treatment 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 paper or electronic copy made of your PHI as long as we maintain it except for: psychotherapy notes (those notes kept in a personal file by a therapist or physician and not part of the formal medical record), 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. Munson 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 Munson 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;
- Munson 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; or
- Under other limited circumstances. In these instances, however, Munson will allow the review of its decision by a health care professional that Munson has chosen. This person will not have been involved in the original decision to deny your request.

Munson may charge a reasonable copying charge. You must make your requests to access and copy your PHI in writing to the Medical Records/Health Information Management department at the hospital/home service agency where you were treated. Munson 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.

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

- Munson 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 Munson 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 Munson discloses the information that you wanted changed. Munson 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 Munson, including your reason to support the requested amendment. Munson 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 Munson made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials in custodial situations; 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 the Medical Records/Health Information Management department at the hospital/home service agency where you were treated. You must include the time period of the accounting, which may not be longer than six 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.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI:

- To a health plan with respect to health care for which you have paid out of pocket in full prior to service being initiated. The request must be in writing.
- Limited information in the Facility Directory.

F. 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.

G. Right to Opt Out of the Facility Directory: You have the right to ask that your name not be included in the Facility Directory. If you request to opt out of the Facility Directory, Munson cannot inform visitors and callers of your presence, location, or general condition.

H. 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.

VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Munson and/or with the Secretary of the Department of Health and Human Services, Office of Civil Rights.

For more information, or to voice a privacy complaint for an incident, please contact the **Privacy Officer** at the location at which you were treated:

Kalkaska Memorial Health Center

ATTN: Privacy Officer
419 South Coral St.
Kalkaska, MI 49646
231-258-7500

Mackinac Straits Health System

ATTN: Privacy Officer
1140 North State St.
St. Ignace, MI 49781
906-643-8585

Munson Healthcare Cadillac Hospital

ATTN: Privacy Officer
400 Hobart St.
Cadillac, MI 49601
231-876-7200

Munson Healthcare Charlevoix Hospital

ATTN: Privacy Officer
14700 Lake Shore Dr.
Charlevoix, MI 49720
231-547-4024

Munson Healthcare Grayling Hospital

ATTN: Privacy Officer
1100 Michigan Ave.
Grayling, MI 49738
989-348-5461

Munson Healthcare

Paul Oliver Memorial Hospital

ATTN: Privacy Officer
224 Park Ave.
Frankfort, MI 49635
231-352-2200

Munson Home Health

ATTN: Privacy Officer
1105 Sixth St.
Traverse City, MI 49684
231-935-5000

Munson Medical Center

(Including Munson Community Health Center)
ATTN: Privacy Officer
1105 Sixth St.
Traverse City, MI 49684
231-935-5000

Otsego Memorial Hospital

ATTN: Privacy Officer
825 N. Center Ave.
Gaylord, MI 49735
989-731-2100

Munson Healthcare Manistee Hospital

ATTN: Privacy Officer
1465 E. Parkdale Ave.
Manistee, MI 49660
231-398-1000

Munson assures 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 Munson's mission to improve the health of the community, Munson will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical Staff: The medical staff and Munson participate together in an organized health care arrangement to deliver health care to you. Munson and its affiliated medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care services to you in Munson. Physicians and allied health care providers are members of Munson medical staff and will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Munson. Munson will disclose your PHI to the medical staff for payment, treatment and health care operations.

B. Business Associates: Munson will use and disclose your PHI to business associates contracted to perform business functions on its behalf including Munson, who performs certain business functions for Munson.

Whenever an arrangement between Munson and another company involves the use or disclosure of your PHI, that business associate is required by HIPAA law to keep your information confidential.

Munson participates in an organized health care arrangement for utilization review and quality assessment activities involving PHI. Munson abides by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of Munson and its members.

C. Changes to this Notice: Munson will abide by the terms of the Notice currently in effect. Munson reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. Munson will provide you with the revised Notice at your first visit following the revision of the Notice.

VIII. Review of the Notice of Privacy Practice

This Notice of Privacy Practices was reviewed and updated in November 2016, and is reviewed every two years. The most current version of the Notice of Privacy Practices is posted on Munson's internet site at www.munsonhealthcare.org/mhc-privacypractices.