

MERCY MEMORIAL HOSPITAL SYSTEM

NOTICE OF PRIVACY PRACTICES

**MERCY MEMORIAL
HOSPITAL**
718 N. Macomb St.
Monroe, MI. 48162

**MERCY MEMORIAL
NURSING CENTER**
700 Stewart Road
Monroe, MI 48162

**MERCY MEMORIAL
OUTPATIENT SURGERY CENTER**
750 Stewart Road
Monroe, MI 48162

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. WE ARE REQUIRED BY LAW TO PROVIDE YOU WITH THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In accordance with the Health Insurance Portability and Accountability Act, the following Organized Health Care Arrangements (OHCA) have been documented. The OHCA designation makes it easier for members to exchange protected health information for treatment, payment or health care operations. The OHCA also allows members to use a common Notice of Privacy Practices. The OHCA does not establish any joint venture or other business arrangement between a Foundation entity and the Medical Staff or individual physicians. The OHCA's are:

- Mercy Memorial Hospital, Mercy Memorial Nursing Center, Mercy Memorial Outpatient Surgery Center and Mercy Memorial Macomb Pharmacy
- Mercy Memorial Hospital System and the Medical Staff
- Mercy Memorial Nursing Center and Medical Staff
- Mercy Memorial Outpatient Surgery Center and Medical Staff

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. Each time you visit Mercy Memorial Hospital, Mercy Memorial Nursing Center, Mercy Memorial Outpatient Surgery Center, or Macomb Pharmacy, or a Mercy Memorial Hospital employee visits you, we make a record of the information gathered during the visit. This information is used for a number of purposes, which are explained below. You have certain rights regarding this information, which are explained below. Finally, we have certain responsibilities regarding our use of your information, which are explained below.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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 categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, or other personnel involved in taking care of you within the Mercy Memorial Hospital System Organization. In addition, we may share your information with other health care entities, physicians, and agencies that you may be receiving treatment from. For example, we will provide your physician with the information we obtain to assist him/her in providing proper care

to you. Also, if you are to receive home care services once you're discharged from the hospital or nursing center, we will share pertinent information with the home care personnel so that they can provide the best possible care to you.

- **For Payment.** We are permitted by law to use your health information to obtain payment for our services. In addition, we may share your health information with other health care entities so that they can receive payment for their services. For example, we may contact your insurance company or other payor and provide them with your health information to pre-certify/verify that your insurance company will pay for your care. We may also send a billing company, your insurance company, or other payor a bill that may include your health information. In addition, we may share your information with physicians who cared for you in the hospital, or we may share your information with an ambulance company that brought you to the hospital so that they can obtain payment for their services, or with a business associate that provides pharmaceutical services to one of our facilities.
- **For Health Care Operations.** We are permitted by law to use your health information to perform our regular health care operations and to share certain information with other health care entities to evaluate the care or activities of our, and other, health care entities. For example, we may use your health information to evaluate the quality of care we provide. We may also share a patient's health information with a medical device company that supplied a pacemaker that was inserted surgically for a heart ailment.
- **Appointment Reminders.** We may use and disclose medical information to contact you to provide appointment reminders. For example, we may call to remind you that you have a mammogram scheduled on a particular day.
- **Treatment Alternatives & Health-Related Benefits and Services.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to tell you about health-related benefits or services that may be of interest to you.
- **Marketing.** We may use and disclose medical information about you to contact you regarding services that we offer, disease management programs, wellness programs, or to give promotional gifts of nominal value. If we want to use your information for any other marketing purpose, we must ask you for authorization to use your information.
- **Fundraising Activities.** We may use demographic information and the dates that we provided health care to you for fundraising activities. For example, we may use your information to invite you to a fundraising event. If you receive fundraising materials and don't want further materials, please follow the instructions on the materials that describe how you can stop receiving fundraising materials.
- **Hospital Directory.** We may include certain limited information about you in the directory while you are a patient at the hospital or residing at Mercy Memorial Nursing Center. This information may include your name, location in the facility, your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. In addition, your religious affiliation may be given to a member of the clergy of your particular religion, such as a priest or

minister, even if they don't ask for you by name. You may ask the registration staff for a special designation if you want to opt out of the patient directory.

- **As Required By Law**. We are permitted, and in some cases required, by federal, state, or local law to make certain other disclosures of health information without your consent. We may disclose your health information, if appropriate, to the following entities under the following circumstances:
 - To public health agencies to satisfy certain reporting requirements, such as births and deaths, certain communicable diseases, child abuse, and other public health issues;
 - To health oversight agencies, such as governmental auditors, the Michigan Department of Community Health, and other agencies when required;
 - To any individual when ordered by a court or other legal process to do so;
 - To law enforcement officials when necessary for law enforcement purposes and required by law, such as criminal conduct, a victim of a crime, a victim of abuse or neglect, or to identify or locate a suspect;
 - To a coroner or medical examiner to identify a deceased person or determine the cause of death;
 - To funeral directors to carry out their duties;
 - To organ procurement organizations, to facilitate organ or tissue donation and transplantation;
 - In cases of emergency; and
 - To trauma registry and tumor registry personnel.

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

- **Individuals Involved in Your Care or Payment for Your Care**. We may release medical information about you to a family member, relative, or friend or other caregiver who is involved in your medical care, or to someone who helps pay for your care. 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. For example, we may use or disclose your protected health information to notify or assist in notifying a family member, relative, or friend of your location, general condition, or death.

- **Research**. Under certain circumstances, we may use and disclose information about you to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. For example, we may give a limited amount of information to a researcher to determine if you are eligible to participate in a research study.

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

- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses. For example, if you were injured while working, and were sent to Mercy Memorial Hospital by your employer, we would share your injury information with your employer.
- **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. For example, Medicare or the state of Michigan may visit the Mercy Memorial Hospital System facilities and request patient charts for review.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical 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 release medical information about you to the correctional institution or law enforcement official. This release 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. For example, if the correctional facility sent you to the hospital to be treated for an illness or injury we would release information to the facility regarding your illness/injury.

WE ARE REQUIRED BY LAW TO:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you, and;
- follow the terms of the notice that is currently in effect.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

- **Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Registration Department. The notice is also available electronically through our web site, www.mercymemorial.org.
- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Medical Records. 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. Another licensed health care professional chosen by the hospital 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 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 Mercy Memorial Hospital, Mercy Memorial Nursing Center or Mercy Memorial Outpatient Surgery Center.

To request an amendment, you must complete a specific request form and submit it to the Director of Medical Records. 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;
- is not part of the designated record set;
- 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 non-routine uses and disclosures of medical information that we made about you. We must respond to your request within a reasonable time.

To request a list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records. 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 or electronically). Certain disclosures will not be listed in the accounting. For example, you will not see a disclosure listed for information released to another party in which you signed a release to provide that information, nor will you see a disclosure listed for information shared with another entity for treatment, payment or health care operations.

The first accounting list you request within a 12-month period will be free. A fee may be charged for subsequent requests. We will notify you if a cost is 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 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 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 your advance directive, or about a surgery that you had. ***We are not legally required to honor your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must complete a Request for Restrictions form which will be submitted to the Director of Medical Records. This form is available from Registration, Medical Records, or Patient Relations.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters by alternative means or at alternative locations. 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 Director of Health Information Management. 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.

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. The notice will contain on the last page, in the bottom right-hand corner, the effective date. In addition, each time you register at or are admitted to one of our services for care or treatment, you may request a copy of the current notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Mercy Memorial Hospital Foundation or with the Secretary of the Department of Health and Human Services. To file a complaint with Mercy Memorial Hospital System, contact Patient Relations at (734)-240-4504. To contact the Secretary of the Department of Health and Human Services call (202)-690-7000. You will not be penalized for filing 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, at any time. However, you cannot revoke an authorization to the extent that we have acted in reliance upon it. (If the permission was obtained as a condition of obtaining health insurance, you may not revoke that permission). If you revoke any other type of 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.

FOR FURTHER INFORMATION regarding this notice, please contact the Patient Relations Department at (734) 240-4504.