

CMU HEALTH

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions or concerns regarding your privacy rights or the information in this Notice, please contact the Privacy Officer at CMU Health – Saginaw at (989) 746-7630 or 1000 Houghton Avenue, Saginaw, Michigan 48602, Attn.: Privacy Officer.

OUR COMMITMENT

CMU Health is committed to maintaining the privacy of health information that identifies you, called “protected health information.” We create records of the care and services you receive from CMU Health, which may include protected health information. We need this information to provide you with quality care and to comply with certain legal requirements. This Notice describes how we may use and disclose your health information, as well as your rights and certain obligations we have regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of protected health information;
- Give you this Notice of Privacy Practices that describes our legal duties and privacy practices concerning your health information;
- Follow the terms of our Notice of Privacy Practices that is currently in effect; and
- Notify you following a breach of unsecured protected health information.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the health information privacy practices of CMU Health, its employees, students, contractors, volunteers and physicians while caring for you at any CMU Health location, office, facility or clinic, including CMU College of Medicine’s clinical programs and sites. The words “we” or “our” used in this Notice refer to CMU Health and its employees, students, contractors, volunteers and physicians providing services at CMU Health facilities.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Below are some examples of different ways that we are permitted to use and disclose your health information. Michigan law may require that we obtain your specific permission to use and disclose certain information; for example, when behavioral health, substance abuse, or HIV/AIDS information is used or disclosed.

1. **Treatment.** We may use and disclose your health information to provide you with medical treatment, products or services. For example, we may disclose medical information about you to doctors, technicians, healthcare students, or other personnel who are involved in your care at CMU Health. We may also share health information about you to coordinate the services you need, such as prescriptions, lab work or x-rays. We may disclose information about you to people outside of CMU Health who are involved in your care. CMU Health is a teaching facility and Resident Physicians and Medical Students may be involved with my care under the supervision of a staff physician. **Health Information Exchange (HIE):** We may make your information available electronically through health information exchanges (HIEs) to other healthcare providers who attest to having a treatment relationship with you. Participation in an HIE also allows us obtain information about you from other organizations or providers that also participate in an HIE.

2. **Payment.** We may use and disclose medical information about you in order to bill and receive payment for the services you receive at a CMU Health facility. For example, in order to receive payment from your insurance company, we might need to provide specific health information to your health insurance plan about your diagnosis or health services you

received from CMU Health. We may tell your health insurance plan about a treatment or service you are going to receive and your diagnosis in order to obtain pre-authorization or to determine whether your plan covers the treatment or service.

3. **Health Care Operations.** We may use and disclose your health information for our health care operations purposes. These uses and disclosures are necessary to run CMU Health and help to assure that we provide quality services to all of our patients. For example, we may review your medical record to evaluate the performance of the staff in caring for you and to assist us in making improvements in the care and services we offer. We may also disclose information to doctors, nurses, technicians, medical students, other health care providers and personnel for educational purposes.

4. **Appointment Reminders/New Treatments.** Unless you request that we do not, we may use your health information to provide you with appointment reminders or other information about treatment alternatives or health-related benefits or services that we offer that might be of interest to you.

5. **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. Under Michigan law, however, we would only disclose health information related to a minor's treatment for venereal diseases and HIV testing, substance abuse, behavioral health and prenatal/pregnancy treatment for certain medical reasons.

SPECIAL SITUATIONS

1. **As Required or Permitted by Law.** Under certain circumstances, we are required to report specific health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may disclose your health information in relation to cases of abuse, neglect, domestic violence or certain physical injuries, or to respond to a subpoena or court order.

2. **For Public Health Activities.** We are, at times, required to report your health information to authorities for public health purposes. For example, we may be required to disclose information to help prevent or control disease, injury, or disability, report birth or death information to the Health Department, report information of concern to the Food and Drug Administration, or report information related to child or vulnerable adult abuse or neglect.

3. **For Health Oversight Activities.** We may disclose your health information to a health oversight agency for monitoring and oversight activities authorized by law. This might include release of information to the State agency that licenses the CMU Health facility for the purpose of monitoring or inspecting the facility related to that license. This will also include the release of information to organizations responsible for government benefit programs such as Medicare or Medicaid.

4. **For Research.** Under certain circumstances, we may use and disclose your health information for research purposes. This research generally is subject to oversight by an institutional review board to protect patient safety, welfare and confidentiality. The institutional review board evaluates a proposed research project and its use of health information to balance the benefits of research with the need for privacy of health information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any health information. Your health information may be used or disclosed for research as "limited or de-identified data sets" which do not include your name, address or other direct identifiers.

5. **To Avoid a Serious Threat to Health or Safety.** As required by law and standards of ethical conduct, we are permitted to release your health information, if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your, the public's, or another individual's health or safety.

6. **For Special Government Functions.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we are permitted to release your health information to the proper authorities so they may carry out their duties under the law. We are permitted to release medical information about you to authorized federal officials so that they may provide protection to the President of the United States of America, other authorized persons or foreign heads of state or conduct special investigations.

7. **For Workers' Compensation.** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs.

8. **Coroners, Medical Examiners and Funeral Directors.** We may release your health 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 also may release information to funeral directors as necessary for their duties.

9. **Law Enforcement.** We may release certain health information if asked by a law enforcement official if the information is (a) in response to a court order, subpoena, warrant, summons or similar process, (b) limited information to identify or locate a suspect, fugitive, material witness or missing person, (c) about the victim of a crime, (d) about a death resulting from criminal conduct, (e) about criminal conduct on the premises of a CMU facility or (f) in an emergency to report a crime.

10. **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official.

11. **Business Associates.** We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf.

12. **Organ or Tissue Donation.** If you are an organ donor, we may use or release health information to organizations as necessary to facilitate organ or tissue donation and transplant.

13. **Fundraising.** We may contact you to provide information about CMU Health activities, including fundraising. To do so, we may use your contact information, demographic information, dates of service, department of service, treating physician, health insurance status, and outcome information. You have the right to opt out of receiving fundraising communications.

14. **Marketing.** We may use and disclose your PHI without your prior written authorization for limited marketing communications, if the marketing is in the form of: i) face to face communications and/or ii) a promotional gift of nominal value. CMU Health will not use your PHI for any marketing activities other than those stated above without your written permission. In addition, we will not sell your PHI to third parties.

15. **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

OTHER USES AND DISCLOSURES

Except for the situations described in this notice, we must obtain your specific written authorization for any other release of your protected health information. For example, we must get your prior written authorization before marketing a product or service to you if we will receive payment for the marketing communication. Likewise, we must obtain your written authorization if we will receive payment or other remuneration in exchange for your health information. Additionally, most uses of psychotherapy notes require your written authorization. If you provide us with authorization to use or disclose health information about you, you may cancel that authorization, in writing, at any time. If you cancel your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. To exercise these rights, you must submit a request to writing to CMU Health's Compliance Privacy Officer, 1000 Houghton Avenue, Saginaw, Michigan 48602. Specifically, you have the right to:

1. **Right to Inspect and Copy Your Health Information.** With a few exceptions, you have the right to inspect and obtain an electronic or paper copy of your protected health information. This includes medical and billing records but, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. We may charge you a reasonable fee, as permitted by law for certain costs associated with producing the copy. We have 30 days to make your protected health information available to you and may deny your request in certain limited circumstances. If your request is denied, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request and we will comply with the outcome of the review.

2. **Right to Request an Amendment to Your Health Information.** If you believe the health information we have about you is incorrect, 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 CMU Health. We are not required to honor your request 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 (a) we did not create, unless the person or entity that created the information is no longer available to make the amendment, (b) is not part of the health information kept by us, (c) is not part of the information which you would be permitted to inspect and copy or (d) we determine that the information is accurate and complete.

3. **Right to Request Restrictions on Certain Uses and Disclosures.** You have the right to ask for restrictions or limitations on the health information about you that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose to someone 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 to a family member about a surgery you had. We are not required to agree to your request for a restriction if it involves treatment, payment or disclosures we are required to make by law, except that we must agree to a requested restriction on the disclosure of protected health information to a health plan for payment or health care operations not required by law if the information pertains to an item or service for which you or someone other than the health plan has paid in full. If we do agree to other requested restrictions, we will comply with your request unless the information is needed to provide you with emergency medical treatment.

4. **Right to Receive Confidential Communication of Health Information.** You have the right to ask that we communicate your health information to you in a certain way or at a certain location. For example, you may ask to receive information about your health status in a special, private room or through correspondence sent to a private address. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

5. **Right to Receive a Record of Disclosures of Your Health Information.** You have the right to ask for a list of certain disclosures we made of your protected health information in the last six years for purposes, other than treatment, payment and health care operations and for which you have provided written authorization or for which we only needed to give you an opportunity to object (e.g., facility directory and disclosures to family and friends during your care). Your request must state a time period that may not be longer than six (6) years from the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

6. **Right to Obtain a Paper Copy of this Notice.** Upon your request, you may at any time receive a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Copies of our Notice are available at the registration desk at any of our facilities.

7. **Right to Get Notice of a Breach.** You have the right to receive notice of any unauthorized disclosure of your unsecured PHI.

COMPLAINTS

If you believe your privacy rights related to services received at CMU Health have been violated by CMU Health, you may file a complaint with our Compliance Officer at the address and phone number listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. **Please note that you will not be penalized for filing a complaint.**

In Writing:

CMU Health, Saginaw
Att: Privacy Officer
1000 Houghton Avenue
Saginaw, Michigan 48602

By Phone:

(989) 746-7630

CHANGES

We reserve the right to change our privacy practices described in this Notice at any time, and to make these changes apply to protected health information we already have as well as any information we receive in the future. Changes to our privacy practices apply to all health information we maintain. We will post a copy of our current Notice at each CMU Health facility and online at CMUHealth.org. The Notice will contain the effective date.