



## PRIVACY NOTICE

Revised Notice Effective Date: September, 2009

**THIS NOTICE DESCRIBES HOW HEALTH 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 about this notice, please contact the Corporate Compliance and Privacy Officer on the Compliance and Privacy DIRECT line at (877) 471-2422.

### **OUR PLEDGE REGARDING HEALTH INFORMATION:**

We understand that health information about you is personal. We are committed to protecting your health information. We are required to create a record of the care and services you receive at Botsford Health Care, and at any divisions, departments, or affiliated services of Botsford Health Care. We use this record to provide you with care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Botsford Health Care. This Notice describes our privacy practices. This Notice applies to all employees and staff of Botsford Health Care and anyone else authorized to enter information into your Botsford Health Care medical record, as well as any volunteer who helps you while you are at Botsford Health Care. Your personal doctor may have different policies or notices regarding the use and disclosure of your health information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose health information about you. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

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

## BOTSFORD HEALTH CARE– PRIVACY NOTICE

### **DEFINITION OF HEALTH INFORMATION**

*Health Information* is any information, whether oral or recorded in any form or medium, that:

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; or the past, present, or future payment of the provision of health care in an individual. 45 C.F.R. 160.103.

In addition, federal regulations define “individually identifiable health information” (IIHI), as “information that is a subset of health information, including demographic information collected from an individual,” and

- (1) That identifies the individual; or
- (2) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.” 45 C.F.R. 160.103.

### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following information describes different ways that we may use and disclose your health information. For each category, we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the different ways we are permitted to use and disclose your health information will fall within one of the categories listed below.

- **Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other Botsford Health Care personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We may also need to share health information about you with physicians and other health care providers outside of the hospital, to help coordinate your care.
- **Payment.** We may use and disclose health information about you so that the treatment and services you receive at Botsford Health Care may be billed to and payment may be collected from you, and insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

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- **Health Care Operations.** We may use and disclose health information about you for Botsford Health Care operations. These uses and disclosures are necessary to run Botsford Health Care and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Botsford Health Care.
- **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money for Botsford Health Care and its operations. We may disclose health information to a foundation related to Botsford Health Care so that the foundation may contact you in raising money for Botsford Health Care. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at Botsford Health Care.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information may be given to a member of the clergy. Except for your religious affiliation, this information may also be released to other people who ask for you by name.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your medical care so long as you have not objected, or we believe the disclosure is in your best interest. We may also give information to someone who helps pay for your care. In addition, we may disclose health 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.
- **Special Purposes When Permitted or Required.** We may disclose medical information about you for special purposes when permitted or required by law, including the following:
  - To avert a serious threat to health or safety against you, the public or another person.
  - For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews.
  - For organ and tissue donation and transplantation to facilitate organ or tissue donation and transplant.

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- For research purposes limited information may be disclosed as permitted by law.
  - To workers' compensation or similar programs for the payment benefits for work-related injuries.
  - To coroners, medical examiners and funeral directors to identify a deceased person, determine cause of death, or to carry out their duties.
  - To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity.
  - For U.S. military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military.
  - For national security and intelligence activities such as protective services for the President and other authorized persons.
- **Disclosures Under State and Other Federal Laws.** We will comply with all applicable state and federal laws. *For example, under State law, there are more limits on the disclosure of HIV and AIDS information and, under other federal law, there are more limits on the disclosure of information related to treatment for drug or alcohol abuse.* We will continue to abide by all applicable state and federal laws.

### **OTHER USES OF HEALTH INFORMATION:**

Other uses and disclosures of health information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Please note that we are unable to take back any disclosures we have already made before you revoke your permission.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. This includes medical and billing records, but, as provided by law, does not include psychotherapy notes. To inspect and copy your health information, you must submit your request in writing to the Medical Records Department. If you request a copy of the information, we may charge a reasonable 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 health information, you may request that the denial be reviewed. A licensed health care professional chosen by Botsford Health Care 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.

## BOTSFORD HEALTH CARE– PRIVACY NOTICE

- **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 add a statement to your medical record. To request an amendment, your request must be made in writing and submitted to the Medical Records Department. 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 health information kept by or for Botsford Health Care;
  - 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 disclosures.” This is a list of the disclosures we made of health information about you. To request this list, you must submit your request in writing to the Medical Records Department. Your request must state a time period for disclosures. For most disclosures, we may limit the time period to six years and may not include disclosures made on or before April 14, 2003. For disclosures that we have made for the treatment, payment or healthcare operations purposes described above, we are only required to list disclosures involving your electronic health record, made during the three years prior to your request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost 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 health information we use or disclose about you. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You must make your request in writing to the Medical Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, your spouse). If you request that we limit disclosures of your health information to a health plan (for payment or health care operations purposes), and your request pertains to a health care item or service for which you paid out of pocket in full, we must comply with your request. For all other requests, we are not required by federal law or regulation to agree. If we do agree with your request, we will comply with your request unless the information is needed to provide you emergency treatment.

## **BOTSFORD HEALTH CARE– PRIVACY NOTICE**

- **Right to Request Confidential Communications.** You have the right to 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 Medical Records Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted (for example, at work by phone).
- **Right to Paper Copy of this Notice.** You have the right to 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. You may obtain a copy of this Notice at our website, [www.Botsford.org](http://www.Botsford.org).
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Compliance and Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, you must submit your complaint in writing to: Corporate Compliance and Privacy Officer, Botsford Health Care 28050 Grand River Avenue, Farmington Hills, MI 48336. If you wish to discuss your complaint, you may call the Compliance and Privacy DIRECT Line (877) 471-2422. **You will not be penalized for filing a complaint.**

### **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 health 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 on the hospital's website. The Notice will contain on the first page the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services, we will offer you a copy of the current Notice in effect.