

BOTSFORD CONTINUING HEALTH CENTER

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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 Medical Records Department

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at BOTSFORD CONTINUING HEALTH CENTER (BCHC), any divisions, departments, or affiliated services. We need 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 BCHC, whether made by BCHC personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This notice describes privacy practices at BCHC. It will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of 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.

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HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health 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 health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, nursing students, or other Botsford Health Care Continuum personnel who are involved in taking care of you. For example, a therapist treating you for a broken bone may need to know if you have a disease that may slow the healing process. Different departments of BCHC also may share health information about you in order to coordinate the different things you need such as discharge planning. We also may disclose health information about you to people outside BCHC who may be involved in your medical care after you leave BCHC, such as family members, clergy or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at BCHC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to coordinate benefits with your provider. A copy of your insurance cards is beneficial so we can provide you with accurate answers concerning your coverage. 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.
- **For Health Care Operations.** We may use and disclose health information about you for BCHC operations. These uses and disclosures are necessary to run BCHC 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. We may also combine health information about many BCHC patients to decide what additional services BCHC should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other BCHC personnel for review and learning purposes. We may also combine the health information we have with health information from other skilled nursing facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

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- **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.
- **Scheduling Appointments for Off-Site Care.** We may use and disclose health information to contact another health care provider and arrange treatment and/or a consultation as recommended by your primary care physician.
- **Annual Survey.** We may use and disclose health information about you to the Michigan Department of Consumer & Industry Services for annual surveys. This is a normal occurrence for Medicare/Medicaid long-term care facilities around the nation. Notably, Botsford Continuing Health Center (BCHC) and other Medicare/Medicaid facilities should expect to be surveyed every 12-15 months. During the time of BCHC's annual survey, certain resident health information, including individually identifiable health information, may be disclosed to the Michigan Department of Consumer & Industry Services, which conducts the annual survey. BCHC's disclosure of such information is required by law to the extent necessary for the Michigan Department of Consumer & Industry Services to do its job. During the time of the annual survey, it is possible that certain health information and records about you may be disclosed for purposes of permitting these government officials to carry out their survey, certification and enforcement activities. Please note that Michigan Department of Consumer & Industry Services officials, themselves, are subject certain confidentiality and other requirements, to ensure that resident health information is properly handled and protected from unauthorized disclosure.
- **Complaint/Incident Surveys.** We may use and disclose health information about you to the Michigan Department of Consumer & Industry Services for Complaint/Incident Surveys. During the survey, certain resident health information, including individually identifiable health information, may be disclosed to the Michigan Department of Consumer & Industry Services. BCHC is required by law to provide access to the Michigan Department of Consumer & Industry Services and to provide it with access to resident records and information to the extent necessary for them to carry out their functions under the law. During the time of the survey, it is possible that certain health information and records about you may be disclosed for purposes of permitting the Michigan Department of Consumer & Industry Services to carry out their survey, certification and enforcement activities. Please note that the Michigan Department of Consumer & Industry Services officials, themselves, are subject certain confidentiality and other requirements, to ensure that resident health information is properly handled and protected from unauthorized disclosure.

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- **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money for BCHC and its operations. We may disclose health information to a foundation related to BCHC so that the foundation may contact you in raising money for BCHC. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at BCHC.
- **BCHC Directory.** We include your name and room number in the BCHC directory while you are a resident at BCHC. The directory information may be released to people who ask for you by name. This is so your family, friends and clergy can visit you at BCHC.
- **Wayfinding.** We post your name and photograph outside your room to assist you, staff, clergy and visitors with locating your room during your stay with us.
- **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. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in BCHC. 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.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process to balance the research needs with patients' need for privacy of their health information. Under the control and oversight of Botsford Continuing Health Center, a researcher may have access to your name, address or other information that reveals who you are, or will be involved in your care at BCHC.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health 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.

SPECIAL SITUATIONS

DISCLOSURES AS REQUIRED BY LAW OR REGULATION OR TO ASSIST IN LAW ENFORCEMENT OR NATIONAL SECURITY

We may disclose health information, including individually identifiable health information about you as required by State or Federal laws and regulations relating to any or all of the following, as such may apply to you:

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1. **Community/ Public Health activities and reports** such as disease control, abuse or neglect, and health and vital statistics.
2. **Administrative oversight** for such things as audits, investigations, licensure, or determining cause of death.
3. **Court Order or other legal processes** related to law enforcement activities including custody of inmates, legal actions, or national security activities.
4. **Military and Veteran reporting** on members of the armed forces of U.S. or foreign military as required by military command authorities.
5. **Organ and Tissue Donation and Transplant reports** as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
6. **Workers' Compensation or other rehabilitative activities** reporting as required by law or insurers in order to provide benefits for work-related or victim injuries or illnesses.
7. **Law Enforcement**. We may release health information if asked to do so by a law enforcement official:
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at BCHC; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
8. **Coroners, Medical Examiners and Funeral Directors**. We may release health information to a coroner or medical examiner. This may be necessary, for example, to prepare the death certificate. We may also release health information about patients of BCHC to funeral directors as necessary to carry out their duties.
9. **National Security and Intelligence Activities**. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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10. **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.

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. Usually, this includes medical and billing records, but does not include psychotherapy notes

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Coordinator of Medical Records. 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, as allowed by law or regulation.

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

- **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 request an amendment, your request must be made in writing and submitted to the Coordinator 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 health information kept by or for BCHC;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

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- **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 or accounting of disclosures, you must submit your request in writing to The Coordinator 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. 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 for treatment, payment or health care operations. 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 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 a surgery you had or a medical condition, such as cancer, that you wish to keep private.

We are not required by federal regulation to agree to your request. Due to the great cost of additional resources necessary to comply with such requests BCHC is unable to grant requests for restrictions on the health information we use or disclose about you for treatment, payment, health care operations, or to someone who is involved in your care or the payment for your care. We will, however, consider requests for a limit on the health information we disclose about you to someone who is involved in your care, like a family member or friend. 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 make your request in writing to the Coordinator of Medical Records. 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, disclosures to your spouse.

- **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 Coordinator of Medical Records. 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 -- for example, disclosures to your spouse.

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- **Right to Paper Copy of this Notice.** You have the right to 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.

You may obtain a copy of this notice at our website, www.botsfordsystem.org.

You will be given a copy of this notice and asked to sign an acknowledgement that you received it.

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 in BCHC. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to BCHC for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Botsford Health Care Continuum Compliance and Privacy Office or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with BCHC, you must submit your complaint in writing to: Corporate Compliance and Privacy Office, 28050 Grand River Avenue, Farmington Hills, MI 48336. If you wish to discuss your complaint, you may call the Compliance Line/Patient Advocate Line at 1-877-471-2422 Monday through Friday, between 8:00am and 4:30pm.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health 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 all health information about you, 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. 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.

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***DEFINITION OF HEALTH INFORMATION**

Health (patient) Information, which is defined at 45 C.F.R. 160.103, 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 for the provision of health care for an individual.”

In addition, HIPAA Regulations define “individually identifiable health (patient) information” (IIHI), which is defined at 45 C.F.R. 164.501, as “information that is a subset of health (patient) information, including demographic information collected from an individual (patient).” IIHI includes the definition at 45 C.F.R. 160.13 and, in addition information: “(i) That identifies the individual; or (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.