

NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE OR PRIVACY POLICIES, YOU MAY CONTACT THE PRIVACY OFFICER for SCHOOLCRAFT MEMORIAL HOSPITAL SYSTEM ("SMH") AT (906)341-3200.

Who Will Follow This Notice

SMH is part of an organized health care arrangement with its medical staff, and various other Upper Peninsula health care providers it owns and operates. This notice will be followed by employees, medical staff and other personnel of SMH. SMH may also use business associates to carry out some of the activities described. When services are contracted and we must disclose information about you to our business associates, we will require our business associates to safeguard your information. This notice applies to all of the records of your care generated and maintained by SMH whether made by SMH personnel or your personal doctor. This notice does not apply to records of your care maintained or generated by other health care providers as they may have different policies or notices regarding their use and disclosure of your medical information.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protect medical information about you. We create a record of the care and services you receive at SMH. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to make sure that medical information that identifies you is kept private, to make available to you this notice of our legal duties and privacy practices with respect to medical information about you, and to follow the terms of the notice that is currently in effect.

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 doctors, nurses, technicians, medical students, hospital chaplain, or other personnel who are involved in taking care of you at or on behalf of SMH; and to other health care providers that may provide you with treatment or services in their facilities. 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. Different departments of SMH also may share medical information about you in order to coordinate the different things needed for your treatment, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside SMH such as family members, clergy, or others we use to provide services that are part of your care. Psychotherapy notes will only be disclosed without your authorization to the person creating those notes, to those involved in training and quality assurance operations, and to defend SMH in an action you might initiate.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at SMH or another health care provider may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at SMH in order to be paid by your health plan or to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for SMH operations and for operations of other health care providers. These uses and disclosures are necessary to run SMH and make sure that all of our patients receive quality care. For example, we may use medical information to contact you as a reminder that you have an appointment, to register you for any inpatient or outpatient procedures, to tell you about or recommend possible treatment options, alternative care, or health-related benefits or services, to review our treatment and services, and to evaluate the performance of our staff or the staff of other providers in caring for you. We may also combine medical information about many patients using various health care services to decide what additional services various health care providers 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 SMH personnel for review and learning purposes, and to accreditation agencies to certify the quality and safety of SMH. We also may combine the medical information we have with medical information from other providers 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 medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Facility Directory. Unless you specifically request otherwise, we may include certain limited information about you in the SMH directory while you are a patient at SMH. This information may include your name, location in SMH, and your general condition (e.g., fair, stable, etc.). The directory information may be released to people who ask for

you by name, so your family and friends can visit you in the hospital, find out about your general condition, and to deliver flowers or gifts that may be sent to you during your stay.

Notice to Support Groups. If you are listed in the SMH Directory, we may provide such information to community or hospital support groups that provide emotional support to patients with serious illness or surgeries while you are in the hospital.

Notice to Clergy. If you are listed in the SMH Directory, we may provide information to a member of the clergy, such as a priest or minister. We may notify clergy about your religious affiliation and admission to SMH even if they don't ask about you by name.

You have a right to request that your information not be included in the SMH directory or restricted to family members, and such request can be made during the registration process or anytime during your stay in the hospital, we are required to conform to your request. If you make a request to restrict such information after the registration process, we are unable to take back any directory information disclosures that may have already been made prior to such request.

Individual Involved in Your Care or Payment for Your Care. We may release medical 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 SMH. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort to notify your family of your condition, status and location.

Research. Under certain circumstances, we may use and disclose medical 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 through the Institutional Review Board (IRB). The IRB evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through the IRB, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave SMH. Unless the IRB as permitted by law has approved a waiver, we will ask for your specific permission to use and disclose your information for research purposes.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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 disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To avert a serious threat to health or safety; and
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

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.

Law Enforcement. We will disclose medical information about you where required to do so by federal, state or local law. Some possible situations are:

- If we receive a court order, subpoena, warrant, summons or similar process;
- If we must help identify or locate a suspect, fugitive, material witness, or missing person;
- If we must provide information about the victim of a crime;
- If we believe a death may be the result of a crime;
- If there is a crime at SMH; and
- If we must report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical 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 may also release medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials if required for 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.

Your Rights Regarding Medical Information About You.

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

Right to Inspect and Copy. You have the right to inspect and obtain copies of your 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. If you wish to inspect and obtain copies of your medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records department at SMH. 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 obtain copies 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 SMH 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 SMH. If you wish to request an amendment, your request must be made in writing to the Medical Records department at SMH. 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 medical information kept by or for SMH;
- Is not part of the information 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 medical information about you for purposes other than treatment, payment, and health care operations, and disclosures made to you or requested by you or an authorized representative in a written authorization. Your request must be submitted in writing to the Medical Records department at SMH and state a time period that 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, electronically). The first list you request within a 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 cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We may suspend your right to receive this list of disclosures if required to do so by a health oversight agency or law enforcement official for the period of time specified by such agency or official.

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 a surgery that you had. We are not required to agree to your request but will make reasonable efforts to comply with your request as long as the request does not hinder our ability to provide you with quality care or prevents us from obtaining payment for services provided to you by SMH. 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 Medical Records department at SMH. 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 Admitting department or the Business Office department for communications regarding your bill at SMH. We will not ask you your reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. A copy will not be issued unless you request one.

You may obtain a copy of this notice. To obtain a paper copy of this notice, please ask at the registration desk or call 341-3200.

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 at Schoolcraft Memorial Hospital. The notice will contain on the first page, in the bottom right-hand corner, the revision date. In addition, each time you register at or are admitted to any SMH service for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect if the notice has been revised or changed since the last time you reviewed or received a copy of this notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with SMH or with Secretary of the Department of Health and Human Services. To file a complaint with SMH, contact the Privacy Officer at 341-3200. **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 written authorization from you or an authorized representative. If you provide us permission to use or disclose medical 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 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.