

Changes in Privacy Practices

We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the admissions area. The new Notice will be effective for health information that we maintain. You may also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

Contact Person

If you have any questions, requests, or complaints, please contact:

Privacy Officer
321 E Harris Street
Charlotte, MI 48813
517-543-1050, ext. 1316

INDEPENDENT CONTRACTORS

The hospital and staff-privileged physicians have entered into this joint notice of privacy practices in order to inform you of your rights under HIPAA in a manner that will not interfere with your care while you are in the hospital. This Notice does not create any type of agency relationship between the hospital and the physicians who practice at the hospital. The physicians are independent contractors who have full control and responsibility over decisions related to the practice of medicine and the uses and disclosures of your protected health information.

Effective Date: The effective date of this Notice is March 1, 2003.



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.

This Notice describes the privacy practices of Hayes Green Beach Memorial Hospital and the physicians who provide services to patients at this hospital.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your consent.

Examples of Treatment, Payment and Health Care Operations

Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions and to family members or friends who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan. We may also disclose health information to billing companies who are employed by our physicians.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment and to assess the care and outcomes of your case and others like it.

Special Uses

We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

You have the right to obtain a paper copy of this Notice upon request.

Other Uses and Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your permission for the following purposes:

- | Required by Law: We may be required by law to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.
- | Public Health Activities: As required or authorized by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.
- | Health oversight: We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities.
- | Judicial and administrative proceedings: We may disclose information in response to an appropriate subpoena or court order that is accompanied by a court-approved authorization.
- | Law enforcement purposes: Subject to certain restrictions, we may disclose information required by law enforcement officials.
- | Deaths: We may report information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies.

- | Serious threat to health or safety: We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- | Military and Special Government Functions: If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.
- | Research: We may use or disclose information for approved medical research.
- | Workers Compensation: We may release information about you as permitted or required by laws related to workers compensation or similar programs providing benefits for work-related injuries or illness.
- | Clergy and Hospital Directory: We may include your name, room number, religious affiliation and general medical condition in our hospital directory. Your room number and general medical condition may be disclosed to visitors or individuals who call the hospital and ask for you by name. We may also disclose your religious affiliation to clergy members who inquire. You may ask that you not be included in our facility directory in which case we will not be able to tell visitors or callers, including friends, family, clergy members and flower delivery people that you are a patient here.

- | Friends/Family members: We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death. Disclosures may also be made to disaster relief agencies who are trying to notify or locate your relatives. You will be given an opportunity to object to these disclosures unless we can infer from the circumstances that you do not object or you are unavailable to object and we determine that it is in your best interest to make the disclosure.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate forms for exercising these rights.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions.

Confidential Communications: You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using postcards to remind you of appointments.

Inspect and Obtain Copies: In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

Accounting of Disclosures: You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment or health care operations.

Our Legal Duty

We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information and to abide by the terms of the Notice currently in effect.