

Munising Memorial Hospital, BayCare Rural Health Clinic and Urgent Care

Overview of Privacy Practices

This is an overview of how medical information about you may be used and disclosed by us and your rights with regard to your medical information. For a more adequate and complete description of these matters, you should review carefully the full Munising Memorial Hospital and Baycare Rural Health Clinic and Urgent Care Notice of Privacy Practices (NPP) that follows this overview.

Munising Memorial Hospital is committed to protecting the privacy of your medical information, both as our professional obligation to you as our patient as well as our legal obligation.

Under applicable law, you have certain rights with regard to your medical information, such as the right of access to that information and the right to request that we provide your information to others. These rights are subject to some limitations and, as a general matter; they must be exercised in written form and submitted to us.

In order to exercise some of these rights, you must provide us with written consent or permission, referred to as an "Authorization." Authorizations play an important role in this process and must contain certain required statements. While you are not required to use one of our forms of Authorization, Munising Memorial Hospital and Baycare Rural Health Clinic and Urgent Care both have Authorization forms available for you to use.

We also are allowed to use and disclose your medical information in certain specified situations without your permission. For example, we may use and disclose your medical information to provide you care, to seek payment for services and to conduct our health care operations. We also are permitted to disclose your medical information to others in certain situations such as where required by law, for research purposes under certain circumstances, in connection with government oversight of our operations and other identified activities.

For further information about the privacy practices at Munising Memorial Hospital, you may contact the Privacy Office using the contact information listed at the end of the NPP.

Munising Memorial Hospital 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.

Our pledge regarding your medical information

Munising Memorial Hospital and Baycare Rural Health Clinic and Urgent Care is committed to protecting the privacy of medical information about you. We create a record of the medical care and services you receive at Munising Memorial Hospital for use in your care and treatment. We will safeguard the privacy of your medical information we have created or received. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes 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 your medical information is protected;
- give you this Notice describing our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the Notice that is currently in effect.

Definition of terms

When we say “you” in this Notice, we refer to the patient who is the subject of the medical information. When we say “we,” “our,” “us,” or “Munising Memorial Hospital,” we refer to Munising Memorial Hospital, Baycare Rural Health Clinic and Urgent Care. When we say “medical information,” we include information that identifies you and tells about your past, present or

future physical or mental health or condition and the provision of health care to you. This also includes information about payment for health care services, such as your billing records.

Who will follow this Notice?

The privacy practices described in this Notice will be followed by all healthcare professionals, employees, medical staff, trainees, students, volunteers and business associates of the Munising Memorial Hospital.

How we may use and disclose medical information about you

The following sections describe different ways that we may use and disclose your medical information. Some information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information, is entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed. All of the ways we are permitted to use and disclose information, however, will fall within one of the following categories. Any other uses or disclosure not described below will only be made with authorization from the patient or patient's representative.

Treatment. We may use or disclose medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students or other personnel involved in taking care of you. We may also share medical information about you with other Munising Memorial Hospital personnel or non-Munising Memorial Hospital health care providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside Munising Memorial Hospital who may be involved in your continuing medical care after you leave Munising Memorial Hospital, such as other health care providers, transport companies, community agencies and family members.

Payment. We may use and disclose medical information about you so that the treatment and services you receive at Munising Memorial Hospital or from others, such as an ambulance company, may be billed to you and payment collected from you, an insurance company or another third party. We may tell your health plan about a proposed treatment to determine whether your plan will cover the treatment. It is within your right to restrict information to your insurance company if you make payment in full out of pocket. If you have asked for this restrictions and not paid in full within 5 business days, Munising Memorial Hospital reserves the right to then disclose the information for payment.

Health care operations. We may use and disclose medical information about you for Munising Memorial Hospital operations. These uses and disclosures are made for quality of care and medical staff activities,

Your medical information may be used or disclosed to comply with law and regulation, accreditation purposes, patients' claims, grievances or lawsuits, healthcare contracting relating to our operations, legal services, business planning and development, business management and administration, the sale of all or part of to another organization, underwriting and other

insurance activities and to operate the Munising Memorial Hospital organizations We also may disclose information to doctors, nurses, technicians, medical and other students, and other Munising Memorial Hospital personnel for performance improvement and educational purposes or we may share information with Munising Memorial Hospital security to maintain the safety of our facilities.

Health Information Exchange: We may share information that we obtain or create about you with other health care providers or other healthcare entities for treatment, payment and health care operations purposes, as permitted by law.

Appointment reminders. We may contact you to remind you that you have an appointment with a provider.

Treatment alternatives. We may contact you 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 contact you about benefits or services that we provide.

Fundraising or Marketing activities. We may contact you to provide information about Munising Memorial Hospital -sponsored activities, including fund-raising or marketing programs and events. We would use only contact information, such as your name, address, phone number and the dates you received treatment or services at Munising Memorial Hospital. It is your right to opt out of any of these uses, by contacting the privacy officer at 906-387-4110 ext 123. Your written authorization (permission) is required if we want to use your medical information, such as the department where you were seen or the name of the physician you saw, in order to contact you to ask you to make a charitable contribution to support research, teaching or patient care at Munising Memorial Hospital related to your specific treatment.

News-gathering activities. We may contact you or one of your family members to discuss whether or not you want to participate in a story for Munising Memorial Hospital publications or external news media. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. Your written authorization (permission) is required if we want to use any of your medical information for these kinds of news-gathering purposes.

Hospital directory (Hospitals Only).

If you are hospitalized, we may include certain limited information about you in the hospital directory—the list of patients currently hospitalized. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. This information may include your name, location in the hospital, your general condition (e.g., fair, serious, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by full name. Your religious affiliation may be given to

members of the clergy, such as ministers or rabbis, even if they don't ask for you by name. If you object to this information being included in the hospital directory, you must tell your caregivers or contact the Privacy Office as explained at the end of this Notice and complete a request to opt-out of the hospital directory.

Individuals involved in your care or payment for your care. Unless you say no, we may release medical information to anyone involved in your medical care, such as a friend, family member, or any individual you identify. We may also give information to someone who helps pay for your care. Unless you say no, we may also tell your family or friends about your general condition and that you are in the hospital. Additionally, we may disclose information to a patient representative. If a person has the authority under law to make healthcare decisions for you, Munising Memorial Hospital will treat that patient representative the same way we would treat you with respect to your medical information. Parents and legal guardians are generally patient representatives of minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions in certain circumstances.

Disaster-relief efforts. We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status and location. If you do not want us to disclose your medical information for this purpose, we will not make the disclosure unless we must to respond to the emergency.

As required by law. We will disclose medical information about you when required to do so by federal or state law.

To avert a serious threat to health or safety. We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to help stop or reduce the threat.

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

Military. If you are a member of the armed forces, we may release medical information about you to military authorities as authorized or required by law. We may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

Workers' compensation. We may disclose medical information about you for workers' compensation or similar programs as authorized or required by law. These programs provide benefits for work-related injuries or illness.

Public-health disclosures. We may disclose medical information about you for public-health purposes. These purposes generally include the following:

- preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting child abuse or neglect;
- reporting adverse events or surveillance related to food, medications or defects or problems with products;
- notifying persons of recalls, repairs or replacements of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
- reporting to the employer findings concerning a work-related illness or injury or workplace-related medical surveillance; and
- notifying the appropriate government authority as authorized or required by law if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health-oversight activities. We may disclose medical information to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

Legal proceedings, lawsuits and other legal actions. We may disclose medical information to courts, attorneys and court employees when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions from those courts or public bodies and in the course of certain other lawful, judicial or administrative proceedings or to defend ourselves against a lawsuit brought against us.

Law enforcement. If asked to do so by law enforcement, and as authorized or required by law, we may release medical information:

- to identify or locate a suspect, fugitive, material witness or missing person;
- about a suspected victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death suspected to be the result of criminal conduct;
- about criminal conduct at Munising Memorial Hospital; and
- in case of a medical emergency, to 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. In most circumstances, we may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

National-security and intelligence activities. As authorized or required by law, we may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national-security activities.

Protective services for the U.S. President and others. As authorized or required by law, we may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the U.S. President, other authorized persons or foreign heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution as authorized or required by law.

Business Associates. We may share your medical information with third-parties referred to as “business associates” that provide various services to or for us, or on our behalf, such as billing, transcription, software maintenance and legal services.

Incidental Disclosures. While we take reasonable measures to ensure the privacy of your medical information, certain disclosures of your medical information may occur incidentally. For example, other patients may see your name on a sign-in sheet or a hospital visitor may overhear a physician’s confidential conversation with another provider or patient.

Other uses of medical information

Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization (permission).

If you provide us authorization (permission) to use or disclose medical information about you, you may revoke (withdraw) that authorization (permission), in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made with your authorization (permission). If your withdrawal relates to research, researchers are allowed to continue to use the medical information they have gathered before your withdrawal if they need it in connection with the research study or follow-up to the study. Parents or guardians may authorize disclosure of proof of immunization of minor to a school system, either in writing or orally.

Your rights regarding medical information about you

The records of your medical information are the property of Munising Memorial Hospital. You have the following rights, however, regarding medical information we maintain about you:

Right to inspect and copy. With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and medical information restricted by law), you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about you.

You are required to submit your request in writing to your caregiver or the appropriate medical records department. We may charge you a reasonable fee for copying your records. We may deny access, under certain circumstances, such as if we believe it may endanger you or someone else. You may request that we designate a licensed health care professional to review the denial. We will comply with the outcome of the review.

Right to request an amendment. 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 Munising Memorial Hospital in your medical and billing records or any other of our records that are used by us to make decisions about you.

You are required to submit your request in writing as explained at the end of this Notice, with an explanation as to why the amendment is needed. If we accept your request, we will tell you we agree and we will amend your records. We cannot take out what is in the record. We add the supplemental information by an addendum. With your assistance, we will notify others who have the incorrect or incomplete medical information. If we deny your request, we will give you a written explanation of why we did not make the amendment and explain your rights.

We may deny your request if the medical information:

- was not created by Munising Memorial Hospital (unless the person or entity that created the medical information is no longer available to respond to your request);
 - is not part of the medical and billing records kept by or for Munising Memorial Hospital;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is determined by us to be accurate and complete.

Right to an accounting of disclosures. You have the right to receive a list of the disclosures we have made of your medical information in the six years prior to your request.

This list will **not** include disclosures made:

- to carry out treatment, payment and health care operations;
- to you or your personal representative;
- incident to a permitted use or disclosure;
- to parties you authorize to receive your medical information;
- to those who request your information through the hospital directory;
- to your family members, other relatives or friends who are involved in your care, or who otherwise need to be notified of your location, general condition or death;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials; or
- as part of a "limited data set" (as explained above).

You are required to submit your request in writing, as explained at the end of this Notice. You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. You may receive the list in paper or electronic form. The first accounting you request in a 12-month period will be free. We may charge you for responding to any additional requests in that same period. We will inform you of any costs before you will be charged anything.

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, such as a family member or friend. For example, you could ask that we not disclose information to a family member about a surgery you had.

To request a restriction, you must tell your caregivers or contact the Munising Memorial Hospital Privacy Office as explained at the end of this Notice. In some cases, you may be asked to submit a written request. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment or we are required or permitted by law to disclose it. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect medical information that was created or received after we notify you. If you pay for your service, in full, out of pocket, you may request that we do not submit any information to your health plan. If you do not pay in full within 5 business days, Munising Memorial Hospital reserves the right to release your information for payment.

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 may ask that we contact you only at home or only by mail. If you want us to communicate with you in a special way, you will need to give us details about how to contact you, including a valid alternative address. You also will need to give us information as to how billing will be handled. We will honor reasonable requests. However, if we are unable to contact you using the requested ways or locations, we may contact you using any information we have.

Right to request a disclosure. You have the right to request that we disclose your medical information for reasons not provided in this Notice. For example, you may want your lawyer to have a copy of your medical records. These requests must be provided to us in writing and must be on a HIPAA compliant authorization (permission) form. You have the right to withdraw this authorization (permission) at any time. Disclosures made based on your authorization (permission) cannot be taken back once they have been made.

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 copy of this Notice at any time. Copies of this Notice will be available at the admitting desk, or by contacting the Privacy Office as explained at the end of this Notice, or you may obtain an electronic copy on the hospital website.

Future changes to Munising Memorial Hospital's privacy practices and this Notice

We reserve the right to change Munising Memorial Hospital privacy practices and 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 on the website or in admitting office. In addition, at any time you may request a copy of the Notice currently in effect.

Our right to check your identity

For your protection, we may check your identity whenever you have questions about your treatment or billing activities. We will check your identity whenever we get requests to look at, copy or amend your records or to obtain a list of disclosures of your medical information.

Questions or complaints

If you believe that your privacy rights have not been followed as directed by federal regulations and state law or as explained in this Notice, you may file a written complaint with us. Please send it to the appropriate office at the address provided below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. ***You will not be penalized for filing a complaint.***

If you would like to exercise any of the rights discussed in this Notice regarding services received at Munising Memorial Hospital or have any questions about this Notice, please contact:

Privacy Officer Chief Compliance Officer

Sara Wilson Christi Salo

Munising Memorial Hospital

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