



Notice of Privacy Practices

Dear Patient:

The Staff and Physicians of Thunder Bay Community Health Service, Inc. has always held any health or personal information gathered during the course of your care in strict confidence. However, the federal government mandates healthcare entities to give this notice in writing to all patients. The information contained here fulfills that requirement.

This notice describes how health information about you may be used or disclosed and how you can get access to your health information. Please review it carefully. We will ask you to sign a form that says you received this notice.

We will abide by the terms of this *Notice of Privacy Practices*. A paper copy of this *Notice of Privacy Practices* will be posted in the health center, and you may retrieve an electronic copy on our website. We may change the terms of our *Notice of Privacy Practices* at any time, and you may request a copy at any time.

OUR HEALTH INFORMATION PLEDGE TO YOU

We will protect medical information about you. We make a record of the care you receive here. We use this record to give you quality care and to comply with legal requirements. This *Notice of Privacy Practices* covers all the records of your care, whether billing, dental, pharmacy, or medical information written by your doctor, nurse, or other healthcare professional. Your doctor, physicians, physician assistants and nurse practitioners are referred to as providers in this *Notice of Privacy Practices*. To make this *Notice* easier to read, certain words are defined in parentheses ().

UNDERSTANDING YOUR HEALTH INFORMATION

This *Notice of Privacy Practices* tells you your rights to access and control your Protected Health Information (PHI). “Protected health information” is information about you; it includes your demographics (name, address, birth date, etc.) information or images that may identify you, and information about your past, present, or future physical or mental condition related to your healthcare service.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

Your PHI may be used and disclosed (to make known, share, or reveal) by your provider, our office staff, and others outside of our office that are involved in your care and treatment. 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. Following are some examples, not a complete list, of the types of uses and disclosures that TBCHS may make with your PHI.

Treatment: We will use and disclose your PHI to give you quality care. We may share your information with others for this purpose. For example, we may disclose your PHI to a home health agency that may give care to you. We may disclose your PHI to other providers for your continuation of care. For example, we may disclose your PHI to a doctor that you have been referred so that they may have information to help diagnose or treat you. We also may share your PHI to coordinate services you need such as prescriptions, lab work, and x-rays.

Payment: We will use your PHI to obtain payment for your healthcare services. We will share your information with your health insurance plan. This may include activities such as determining eligibility for coverage, reviewing services we provided to you for medical necessity, and other review activities before they pay for your visit. For example, we may tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover your care.

Healthcare Operations: We will use or disclose your PHI to the extent we need to operate. For example, we may leave appointment reminders and messages on the answering machine at the telephone number that you have given us or with someone who answers that telephone. We may use your PHI to review our treatments and services or to evaluate the performance of our staff caring for you. We may also contact you to tell you about possible treatment options or alternatives or health related benefits that may be of interest to you, as long as we are not receiving financial compensation in exchange for these communications. We may combine medical information about many of our patients to decide what additional services we should offer, what services are not needed, and whether new treatments are effective. We may use this information to compare to other places to see where we can improve.

USES AND DISCLOSURES WITH YOUR CONSENT

Uses and disclosures for marketing purposes, most disclosures of psychotherapy notes, and disclosures that constitute the sale of PH can be made only with the expressed authorization from the individual. We may use or disclose your PHI with your consent as part of a participation agreement, with a health information exchange (HIE), acting on behalf of TBCHS. Disclosures may be made for the purposes of treatment, quality measurement and/or increased efficiency and decreased cost of healthcare. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to you will be made only with your written permission. 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.

Immunizations: We may use or disclose your proof of immunization as a public health activity at the request of a school as required by law. We will obtain and document your agreement whether oral or written, or the agreement from the person responsible for the individual.

USES & DISCLOSURES GIVING YOU AN OPPORTUNITY TO OBJECT

Registries: Unless you object, we may disclose PHI to registries, such as the Michigan Care Improvement Registry (MCIR). We ensure the privacy of your health information with these registries before sending your information, unless required by law. We will disclose the minimum necessary information as requested by the public official. If you do not want to participate in a registry, send a written request to our Privacy Officer.

Others Involved in Your Healthcare: Unless you object, we may disclose your PHI to a member of your family, a relative, a close friend or other person you name that will be involved in your healthcare, as needed if we decide that it is in your best interest based on our professional judgment. We may share information such as the PHI directly relevant to the person's involvement for payment of your healthcare. We may use or disclose your PHI to notify or to assist in notifying a family member, legal representative or other person you named of your location or general condition. If you would like to request a restriction, please send a written request to our Privacy Officer.

Emergencies: We may use or disclose your PHI in an emergency circumstance, such as, due to incapacity, or substantial communication barriers we will exercise our professional judgment to determine whether disclosure is in your best interest without your consent. If we are required by law to treat you, and are unable to obtain your consent. We will try to obtain your consent as soon as reasonably practical after the delivery of treatment.

Access to Decedents Records: Unless you object, we may use or disclose your PHI in the instance of death to a family member, other relative, or a close personal friend, that you name, who is involved in your healthcare or payment for healthcare. Unless doing so is inconsistent with any prior expressed preferences that you have made, such as an advanced directive, or durable power of attorney. If you would like to request a restriction please send a request to our Privacy Officer.

Disaster Relief Efforts: Unless you object we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts or to coordinate uses and disclosures to family or other individuals involved in your healthcare.

USES AND DISCLOSURES WITHOUT YOUR CONSENT

Required By Law: We may use or disclose your PHI as required by law. The use or disclosure will be made in compliance with the law and will be limited to the requirements of the law. You will be notified, as required by law, of any such uses or disclosures. We will disclose the minimum necessary information as requested by the public official.

Public Health: We may use or disclose your PHI to public health organizations that we are permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These may include government agencies that oversee the healthcare system, government benefit programs, or other regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that receives reports of child abuse or neglect. We may disclose your information if we believe that you have been the victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made in accordance with applicable laws.

Food & Drug Administration: We may disclose your PHI to a person or company required by the Food & Drug Administration to report adverse events, product defects, or problems, as required by law.

Legal Proceedings: We may disclose your PHI in the course of any judicial proceedings, in response to an order of a court, subpoena, discovery request or other lawful process.

Workers Compensation: We may use or disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility or are under the custody of a law enforcement official. This release would be necessary for the correctional facility to provide you with healthcare, or to protect your health, and the health and safety of others.

Law Enforcement: We may disclose your PHI for law enforcement purposes. These may include: (1) legal processes required by law; (2) limited information requests for identification and location purposes; (3) requests pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) crime scene circumstances if such an occurrence happens on our premises; and (6) medical emergencies in which it is likely that a crime has occurred.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of another person or the public. We may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Coroners, Funeral Directors, and Organ Donation: We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose your information to a funeral director, in anticipation of death, as authorized by law, in order to permit them to carry out their duties. Your PHI may be used and disclosed for harvesting organs or eye or tissue donation purposes.

Research: We may disclose your PHI to researchers when their research proposal and established protocols have been approved by an institutional review board to ensure the privacy of your information.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military service. We may disclose your information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the right to inspect and copy your protected health information. You have the right to access, inspect, and receive an electronic copy of your E-PHI (electronic protected health information). We will provide you access to your e-PHI in electronic form and format requested if it is readily producible, or, if not, in a readable electronic form. We may charge a fee associated with labor and supplies for creating an electronic copy, including electronic portable media, if agreed to. Under federal law, in certain circumstances, such as psychological testing results, access to your information may be denied. To inspect or obtain a copy your PHI or e-PHI, contact our reception staff in the clinic you visit. They will assist you in submitting that request in writing.

You may have the right to have your provider amend your protected health information. You may request an amendment of your PHI as long as we maintain this information. To do this, submit your request with a reason in writing to our Privacy Officer, 15774 State Street, Hillman, MI 49746. If we deny your request for amendment, we will respond in writing. You have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement; if so, we will give you a copy of this. Please contact our Privacy Officer if you have any questions.

You have the right to request an accounting of certain disclosures we have made, if any, of your protected health information. Releases of your information for purposes other than treatment, payment or healthcare operations as described in this *Notice of Privacy Practices* will be made available to you. This excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive a description of these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. To request this list or accounting of disclosures, submit your request in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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.

You have the right to request a restriction of your protected health information. As provided by 45 CFR 164.522 and the HITECH Act, you may ask us not to use or disclose any part of your PHI for the purposes of payment, or healthcare operations. You may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. To request a restriction, submit your request in writing to our Privacy Officer. Your provider may not be required to agree to a restriction that you may request. If the provider believes it is in your best interest to permit use and disclosure of your PHI, your PHI may not be restricted. We will always notify you of our decisions regarding restriction requests in writing. We will not comply with any requests that restrict use or access of your health information for treatment purposes.

You have the right to request a restriction on the use and disclosure of your health information about a service or item billed to your health plan. If you choose to have a service or item restricted from billing to your health plan, it must be paid in full and out of pocket by you before the your request for restriction will be applied. It is your responsibility to notify other healthcare providers, such as pharmacies or specialist of this type of restriction, as are not required to do so.

Right to Receive Notice of a Breach. We are required to notify you of any breach of your unsecured PHI as defined by law.

You have the right to request to receive confidential communications from us by alternative means we will accommodate reasonable requests.

You have the right to obtain a paper copy of this *Notice of Privacy Practices* from us. Upon your request we will give you a copy at any time. You may also receive the most recent copy of this notice at our website www.tbchs.org

MORE INFORMATION OR REPORT A PROBLEM

You may complain to our Privacy Officer or to the Secretary of Health & Human Services if you believe we have violated your privacy rights. Please submit this complaint in writing to our Privacy Officer. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer at (989) 742-5006 for further information about this *Notice of Privacy Practices* and the complaint process.

This *Notice of Privacy Practices* became effective April 14, 2003.
It was revised February 10, 2014