

SCHOURER HEALTHCARE  
NETWORK  
PIGEON, MI 48755

**SCHOURER HEALTHCARE NETWORK  
NOTICE OF PRIVACY PRACTICES  
APRIL, 2003**

Effective date: 4/14/03

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. If you have any questions please contact the **Scheurer Healthcare Network (SHN) Privacy Officer at 989-453-5205.**

This notice describes SHN's practices and those of any healthcare professional authorized to enter information into your SHN record including, but not limited to:

- all departments, units, and services of SHN;
- any member of a volunteer group we allow to help you while you are in the SHN;
- all employees, staff, and other SHN personnel;
- Caseville Family Medicine, Country Gardens, Elkton Family Medicine, Sandy Shores Fitness Center, Scheurer Family Medical Center, Scheurer Family Pharmacies, Scheurer Family Professional Center, Scheurer Family Vision Center, Sebewaing Family Medicine, and Sebewaing Health Center.

All these affiliates, sites and locations will follow the terms of this notice collectively "SHN". In addition, these affiliates, sites and locations may share medical information with each other for treatment, payment or SHN operations purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this SHN. This record is used by us to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the SHN, whether made by SHN personnel or your personal doctor. If your personal doctor does not practice in one of our clinics listed above, they may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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 medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

Disclosures of medical information about you may be made by using a facsimile (FAX) machine or software where appropriate.

### **FOR PAYMENT**

We may use and disclose medical information about you so that the treatment and services you receive at SHN 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/insurance company information about surgery you received at the SHN so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment or medication you are going to receive obtain prior approval or to determine whether your plan will cover it.

### **FOR TREATMENT**

We may use medical information about treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other individuals who are involved in taking care of you in the SHN. 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 dietician if you have diabetes so that we can arrange for appropriate meals. Different SHN affiliates also may share medical information about you in order to coordinate the different things you need, such as medicines, lab work and x-rays. We also may disclose medical information about you to people outside the SHN who may be involved in your medical care after you leave the SHN, such as family members, clergy, home healthcare personnel, or others to whom you have been referred to insure that these individuals have the necessary info to care for, diagnose or treat you.

### **FOR HEALTH CARE OPERATIONS**

We may use and disclose medical information about you for SHN operations. These uses and disclosures are necessary to run the SHN and make sure that all of our patients receive quality care. These activities may include, but are not limited to,

quality assessment, case review, service evaluation, training, licensing, marketing, fundraising, and conducting or arranging for other business activities. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many SHN patients to decide what additional services the SHN 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 SHN personnel for review and learning purposes. We may also combine the medical information we have with medical information from other SHN affiliates 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. Information may be shared with business associates that perform a service to SHN.

#### APPOINTMENT/PRESCRIPTION REMINDERS

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment, medical care or prescription to pick up.

#### TREATMENT/MEDICATION ALTERNATIVES

We may use and disclose medical information to tell you about or recommend possible treatment or medication options or alternatives that may be of interest to you.

#### HEALTH RELATED BENEFITS AND SERVICES

We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

#### 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 the health and safety of a person or the public. Any disclosure would only be to someone able to help prevent the threat.

#### FUNDRAISING ACTIVITIES

We may use or disclose medical information about you to contact you in an effort to raise money for the SHN and its operations. We may disclose medical information to a business associate or foundation related to the SHN so that the foundation may contact you in raising money for SHN. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the SHN. If you do not want the SHN to contact you for fundraising efforts, you must notify **the SHN, Privacy Officer, 989-453-5205**.

#### SHN DIRECTORY

We may include certain limited information about you in the SHN directory while you

are a patient at the SHN. This information may include your name, location in the SHN, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, pastor or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the SHN and generally know how you are doing. You may restrict or prohibit the use or disclosure of this information by contacting **the SHN, Privacy Officer, 989-453-5205**.

#### AS REQUIRED BY LAW

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

#### INDIVIDUALS 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 general condition and that you are in SHN. In addition, we may disclose medical 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.

#### SPECIAL SITUATIONS

##### 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 an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

##### 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.

##### WORKERS' COMPENSATION

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

##### 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 about patients of the SHN to funeral

directors as necessary to carry out their duties.

## PUBLIC HEALTH ACTIVITIES

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

## ABUSE, NEGLECT, DOMESTIC VIOLENCE

We may disclose medical information about you for public health activities to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

## 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.

## LAW ENFORCEMENT

We may release medical information if asked to do so by a law enforcement official:

- to comply with that require the reporting of certain types of wounds or other physical injuries
- to respond to a court order, subpoena, warrant, summons or similar process;
- 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 the SHN; 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.

## SPECIALIZED GOVERNMENT FUNCTIONS

We may use and disclose the medical information of armed forces personnel, veterans and foreign military personnel for authorized activities under the appropriate

circumstances. Further your medical information may be disclosed to authorized federal officials for the conduction of lawful intelligence, counter-intelligence, and other national security activities and special investigation including the provision of protective services to the President, other authorized persons and foreign heads of state, as authorized by law.

## 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 for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or 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 copy medical information that is in a designated record set for as long as we maintain the record. A “designated record set” includes medical and billing records and other records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Health Information Management Services. 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 copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The SHN’s Ethics Committee will investigate and review your request and the denial. We will comply with the outcome of the review.

### RIGHT TO AMEND

If you feel that medical information we have about you in a designated record set 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 the SHN. To request an amendment, your request must be made in writing and submitted to Health Information Management Services. 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. Other reasons for a denial of a request include, but not limited to, 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 the SHN;
- is not part of the information which you would be permitted to inspect and copy or
- is accurate and complete.

If your request is denied, you may request a review of the denial.

#### RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management Services. Your request must state a time period which 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.

#### RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on certain parts of 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 for notification purposes to individuals involved in your care or the payment of 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.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Under certain circumstances we may terminate our agreement to a restriction. You may also terminate a restriction request at a later date. To request restriction, you must make your request in writing to Health Information Management Services. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse. You may contact Health Information Management Services to terminate a restriction.

#### 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 Health Information Management Services. 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.

#### **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. 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 web site: **www.scheurer.org**. To obtain a paper copy of this notice, contact: **Health Information Management Services**.

#### **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 on the SHN website. The notice will contain on the first page the effective date. In addition, each time you register at or are admitted, to SHN or its affiliates for treatment or healthcare services , we will offer you a copy of the current notice in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a written complaint with the SHN or with the Secretary of the Department of Health and Human Services. If you choose to submit an oral complaint with the SHN, contact **the Scheurer Healthcare Network Privacy Officer, 989-453-5205**. **You will not be penalized for submitting 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 your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, or 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.