

BLAKE WOODS MEDICAL PARK SURGERY CENTER

2775 BLAKE ROAD
JACKSON, MI 49201

NOTICE OF PRIVACY PRACTICES

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information: Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment,
- means of communication among the many health professionals who contribute to your care,
- legal document describing the care you received,
- means by which you or a third-party payer can verify that services billed were actually provided,
- tool in educating health professionals,
- source of data for medical research,
- source of information for public health officials charged with improving the health of the nation,
- source of data for facility planning and marketing, and
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy,
- better understand who, what, when, where and why others may access your health information and

- make more informed decisions when authorizing disclosure to others.

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we do not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

(The Center is not required to agree to a restriction that you may request. We will notify you if we deny your request for a restriction. If the practice does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.)

You have a right to:

- obtain a paper copy of the Notice of Privacy Practices upon request,
- inspect and copy your health record,

- amend your health record if appropriate,
- obtain an accounting of disclosures of your health information,
- request communications of your health information by alternative means or at alternative locations and
- revoke your authorization to use or disclose information except to the extent that action has already been taken.

Our Responsibilities: This organization is required to:

- maintain the privacy of your health information,
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- abide by the terms of this notice,
- notify you if we are unable to agree to a requested restriction and
- accommodate any reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide a revised notice upon your next visit to the Center.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem: If you have questions and would like additional information, you may contact the Privacy Officer at (517) 787-2906. If you believe your

privacy rights have been violated, you can file a complaint with the Privacy Officer or the secretary of Health and Human Services. There will be no retaliation for filing a complaint. We will respond to you within seven days.

Example of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. **For Example:** Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

We will use your health information for payment. **For Example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations. **For Example:** Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service(s) we provide.

Business Associates. There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the

business associates to appropriately safeguard your information.

Directory. Unless you notify us that you object, we will use your name, location in the facility, general conditions and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with Family. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors. We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

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

Fund Raising. We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events

with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers' Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Effective April 1, 2003