

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.

Allegan General Hospital (referred to herein as "AGH") understands that your health information is highly personal, and we are committed to safeguarding your privacy. We are required by law to maintain the privacy of your protected health information (referred to herein as "PHI"). Please read this Notice of Privacy Practices thoroughly as it describes how AGH will use and disclosure your PHI.

We are required to provide patients with a Notice of Privacy Practices regarding PHI. We are required to post this Notice in a prominent place within our facility as well as on our website at www.aghosp.org. We will only use or disclose your PHI as permitted or required by applicable federal and state law. This Notice applies to your PHI in our possession including the medical records generated by us.

Your Health Information Rights

Although AGH must maintain all records concerning your care and treatment by us, you have the following rights concerning your PHI:

- A. **Right to Inspect and Copy:** You have the right to inspect and have copies of your PHI made for you as long as we maintain it except for information that will be used in a civil, criminal or administrative action or proceeding and where prohibited or protected by law. To inspect and copy your medical information, you must submit your written request to the Health Information Management Department. AGH uses or maintains an electronic health record for your medical information. You have the right to obtain an electronic copy of the information if you so choose. You may also direct AGH to transmit a copy of your PHI to another entity or person that you designate provided the choice is clear, conspicuous and specific. We may charge you a reasonable fee for the costs of providing an electronic copy, copying, mailing or other supplies associated with your request. We will respond to your request within 30 days of its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 60 days of its receipt.
 - a. AGH has the right to deny your request for inspection or copy if:
 - i. You do not have the right to inspect the information or it is otherwise prohibited or protected by law;
 - ii. You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates;
 - iii. The disclosure of the information would threaten the safety of any officer, employee, or other person at the correctional institution or who is responsible for transporting you;
 - iv. You are involved in a clinical research project and AGH created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress;
 - v. AGH obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or
 - vi. Under other limited circumstances, we will allow the review of our decision to deny access by a health care professional that we have chosen. This person will not have been involved in the original decision to deny your request.
- B. **Right to Amend:** You have the right to request that we amend your PHI for as long as AGH maintains it. To request an amendment, you must submit a written request to the Health Information Management Department including your reason to support the requested amendment. We will respond to your request within 60 days of its

receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 90 days of its receipt.

- a. AGH may deny your request for amendment if:
 - i. AGH did not create the information;
 - ii. The information is not part of the designated record set kept;
 - iii. The information would not be available for your inspection; or
 - iv. The information is accurate and complete.
- b. If AGH denies your request for amendment, we will notify you in writing with the reason for the denial. We will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that we include your request for amendment and the denial any time that we disclose the information that you wanted amended. We may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

C. Right to an Accounting of Disclosures: You have the right to receive an accounting of the disclosures of your PHI that AGH made. To request this list, you must submit your request in writing to the Health Information Management Department. Your request must state a time period of the accounting, which will not be longer than 6 years. AGH will respond to your request within 60 days from its receipt. If we cannot, we will notify you in writing to explain the delay and the date by which we will act on your request. In any event, we will act on your request within 90 days of its receipt. In a 12-month period, AGH will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting will be subject to a reasonable fee in preparing the accounting.

- a. The accounting does not include the following disclosures:
 - i. To carry out treatment, payment or healthcare operations;
 - ii. To you or authorized by you;
 - iii. To persons involved in your care;
 - iv. For national security or intelligence purposes;
 - v. To correctional institutions or law enforcement officials; or
 - vi. That occurred prior to April 14, 2003.
- b. For each accounting requested, you will receive the following information:
 - i. The date of the disclosure;
 - ii. The name of the receiving organization and address, if known;
 - iii. A brief description of the PHI disclosed; and
 - iv. A brief statement of the purpose of the disclosure or a copy of the written request for the information, if there was one.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI. We are not required to agree to your request. If we do agree to your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

- a. To request restrictions, you must make your written request to the Health Information Management Department. 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. Examples of such restrictions are:
 - i. To carry out treatment, payment or healthcare operations functions (you may ask that your name not be used in the waiting room);
 - ii. Restricting specific information to only specific family members, relatives, friends, or other individuals involved in your care (you may ask that your discharge date not be shared with your family); or
 - iii. Limited information in the facility directory.

- b. You also have the right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request only if the health care item or service is paid in full at the time of the restriction request. This restriction does not apply to use or disclosure of your health information related to your medical treatment.
 - i. Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.
- E. Right to Receive a Copy of this Notice. You have the right to obtain a paper copy of our Notice of Privacy Practices, upon request. 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 website, www.aghosp.org or you may also, you may also make your written request to the Privacy Officer at 555 Linn Street, Allegan, MI 49010.
- F. Right to Confidential Communications. You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must submit your written request to the Health Information Management Department. All reasonable requests will be accommodated.
- G. Right to Revoke any Authorizations. You have the right to revoke your authorization which you have given to use or disclose information except to the extent that action has already been taken. Your written request for revocation must be submitted to the Health Information Management Department.
- H. We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our Notice change, we will post the revisions and/or provide a revised notice to you at your request.

For More Information or to Report a Problem/Complaint

If you have questions about our privacy policies or would like additional information, you may contact:

Allegan General Hospital, 555 Linn Street, Allegan, MI 49010

Health Information Management Department - Telephone: (269) 686-4191 or (269) 686-5846

Privacy Officer – Telephone: (269) 686-4201

If you believe anyone's privacy rights have been violated by AGH, you can file a complaint with the Privacy Officer at the above phone number or with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of a breach.

How We Will Use or Disclose Your Health Information

- A. Permitted Uses or Disclosures. For the following purposes, AGH may use or disclose your PHI without your prior authorization:
 - a. Treatment: AGH will use or disclosure your PHI in the provision and coordination of healthcare to carry out any treatment function.
 - i. We may disclose all or any portion of your medical record information to your attending physician, consulting physician(s), nurses, technicians, students, interns or residents, and other

- health care professionals who have a legitimate need for such information in your care and continued treatment.
- ii. Different departments of AGH may share medical information about you in order to coordinate specific services such as lab work, x-rays or prescriptions.
 - iii. We may also disclose your medical information to people or entities outside AGH who will be involved in your medical care after you leave our facility. These individuals may include your family members, clergy and others providing services to you that are part of your care.
 - iv. We may also share certain information in an effort to coordinate your treatment with us and other health care providers.
 - v. We may use and disclose your PHI to inform you of, or recommend, possible treatment options or alternatives that may be of interest to you.
 - vi. We may use and disclose your PHI to tell you about health related benefits or services that may be of interest to you.
 - vii. We may use or disclosure PHI to contact you as a reminder that you have an appointment for treatment or medical care with AGH.
 - viii. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement officials.
- b. Payment: AGH may release PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss/reinsurance or reimbursement.
- i. PHI may be disclosed to an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) involved in the payment for medical services rendered to you. This disclosure may include copies or excerpts of your medical records which may be necessary for payment on your account. It may also include sharing the necessary information to obtain pre-approval for treatment from your health plan.
 - ii. We may also disclose PHI to emergency responders to allow them to obtain payment or reimbursement for services provided to you.
 - iii. We may disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care rendered.
- c. Healthcare Operations: AGH may use or disclose your PHI during routine health care operations purposes such as medical review, internal auditing, reporting data for aggregation and national benchmarking on quality, accreditation or licensing activities, credentialing activities, quality assurance, risk management, utilization review, customer satisfaction surveys, certification, and also for educational purposes.
- i. Business Associates: Some services provided at AGH are done using outside agencies through contracts with these agencies. They are also known as business associates. Examples include (but are not limited to): physician services in the emergency department and radiology, certain laboratory tests, data aggregation firms or registries, or satisfaction surveys. We may disclose your PHI to the business associate to perform the required service and bill you or your third-party payer for services rendered. To protect your health information, however, HIPAA requires the business associate to appropriately safeguard your information.
- d. Other Uses and Disclosures: AGH may also use your PHI for the following purposes:
- i. Fundraising Activities: We may use or disclose your PHI in connection with limited fund-raising communications permitted under the Federal Privacy Rules including for the Allegan General

Hospital Foundation. Any such communication addressed to you will contain instructions describing how you may “opt out” of receiving future communications.

- ii. 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 PHI or provided in the aggregate and de-identified.
- iii. Marketing Information and Health Promotion Activities: We may use and disclose some of your PHI for certain health promotion activities. For example, your name and address may be used to send you communications, newsletters, or information based on your own health concerns if a service, product, or support group that may help you. Any such communications addressed to you will contain instructions describing how you may “opt out” of receiving future communications.
- iv. More Stringent State and Federal Laws: The State of Michigan has laws that are more protective of PHI in some areas than HIPAA. In Michigan, patients have more rights of access to behavioral health information under release of mental health information with some exceptions for psychotherapy notes. Disclosure is permitted with consent and for treatment without consent but only in an emergency. Minor patients in Michigan have more rights to confidentiality and protection of certain information than under HIPAA in areas such as behavioral health, reproductive health, and substance abuse. We will continue to abide by the more protective state and federal laws where appropriate to safeguard our patient’s PHI.
- v. Health Care Exchanges and Patient Portals: We may make your PHI available electronically through a state, regional, or national information exchange service to other healthcare providers, health plans, or healthcare clearinghouses that request your information for treatment or payment for that treatment. We may also make your PHI available electronically to you or a legal representative using a third party service as a patient portal. Participation in health information exchange services also provides that we may see information about you from other participants. We currently participate with Michigan Health Connect in an effort to provide coordinated and efficient care for our patients. If you wish to opt out of participation for the healthcare exchange, you must sign a non-participation form available at the Patient Access Department for Allegan General Hospital.

B. Use or Disclosure Permitted by Public Policy or Law Without Authorization

- a. Law Enforcement Purposes: AGH may disclose your PHI for law enforcement purposes as required by law or in response to a valid court issued subpoena or order for other lawful purposes. Information may also be used or disclosed in other limited circumstances for purposes of identifying or locating suspects, missing persons or crime victims, or providing information about criminal conduct.
- b. Coroners, Medical Examiners, or Funeral Directors: AGH may disclose PHI to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release PHI to funeral directors as necessary to carry out their duties.
- c. Organ Procurement: AGH may release PHI to an organ procurement organizations or other entities engaged in the procurement, banking, donation, or transplantation of organs, eye, or tissue.
- d. Food and Drug Administration (FDA): AGH may disclose to the FDA PHI 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. Any patient receiving a medical device subject to FDA tracking requirements may refuse to disclose, or refuse permission to disclose, their name, address, telephone number, and social security number, or other identifying information for the purposes of the tracking.

- e. Worker's Compensation: AGH may disclose PHI 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.
- f. Public Health: As required by law, AGH may disclose PHI to public health or legal authorities charged with Public Health activities. These activities generally include the following: Tracking, preventing or controlling disease, injury or disability, reporting births and deaths; immunizations; communicable diseases; reporting child abuse or neglect; report reactions to medications or problems with products; to notify persons 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; and to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence.
- g. Correctional Institution: AGH may disclose to the correctional institution or agents thereof, PHI necessary for your health and the health and safety of other individuals and for the safety and security of the correctional facility.
- h. To Avert Serious Threat to Health or Safety: AGH may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- i. National Security and Intelligence Activities: AGH may release PHI to authorized federal or state officials for intelligence, counterintelligence, and other national security activities authorized by law.
- j. Military/Veterans: AGH may release PHI of patient's' who are members of the military or veterans as required by military command authorities or applicable law.

C. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

- a. Family or Friends: Unless you notify us in writing that you object, AGH may disclose PHI about you to a friend or family member who is involved in your care. We will also give information to someone who is helping to pay for the care you received. We may also disclose PHI about you to an agency assisting in disaster relief efforts to allow for notification of your condition, status, and location. You have the right to request that your PHI not be shared with some or all of your family or friends.
- b. Directory: Unless you notify us in writing, that you object, we will use your name, location in the facility, general condition 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. You have the right to request that your name not be included in the directory; however, if you opt out, we cannot inform visitors of your presence, location, or general condition. In the event of your death, we may disclose the death and contact information about funeral arrangements in response to a directory inquiry after your next of kin has been notified.
- c. Notification: We may use or disclose PHI to notify or assist in notifying a family member, legal representative, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or legal representative, then we may leave a message for them at the phone number that they may have provided us, i.e. on an answering machine.
- d. Media: We may release information for an update to the media if the media requests information about you using your full name and after we have given you an opportunity to object. Only general information may be disclosed such as the types of information we may also list in our facility directory.

D. Use or Disclosure Requiring Your Authorization

- a. Marketing Outside our Facility: AGH is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than for AGH products or services unless you have signed an authorization.

- b. Uses and disclosures for psychotherapy notes and disclosures that constitute a sale of PHI can only be made with your written authorization.
- c. Other Uses: Any uses or disclosures that are not for treatment, payment, or health care operations and that are not permitted or required for public policy purposes or by law will be made only with your written authorization. Written authorizations will let you know why we are using your PHI and you have the right to revoke the authorization at any time by submitting in writing to our Privacy Officer and we will no longer disclose PHI under the authorization. Disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Effective Date: April 14, 2003