

Notice of Privacy Practices for Family Health Center

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.

This Notice describes the privacy practices of Family Health Center including:

- All departments and areas of Family Health Center;
- All members of the Family Health Center workforce including physicians, staff, trainees, medical students, volunteers, contractors and agents, and;
- Any health care professional authorized to enter information into records maintained by Family Health Center.
- All of the above persons, entities, sites and locations are required to follow the terms of this Notice. In addition, these persons, entities, sites and locations may share Protected Health Information (PHI) with each other for treatment, payment and health care operations purposes described in this notice.

If you have questions about this notice or any of our privacy practices you may contact the Family Health Center Compliance Officer at (269) 349-2641 ext. 240.

Privacy and Confidentiality of Your Protected Health Information

This Notice will tell you about the ways in which we may use internally, and disclose to others outside Family Health Center, your Protected Health Information. Your Protected Health Information is personal, medical and billing information that we collect about you in the course of providing treatment services, and seeking payment for those services. This Notice describes your rights and certain obligations we have regarding the use and disclosure of your Protected Health Information.

When you first come to one of our facilities we will ask you to sign a consent to disclose your Protected Health Information. This consent permits us to make any of the disclosures of your protected health information that we have described below. If, due to emergency circumstances, you are unable to provide that consent, we will disclose your protected health information in any way that, in our professional judgment, is in your best interest, until we are able to ask for your consent. Even if you do not sign the consent, we are permitted by law to disclose any protected health information required for your treatment, to obtain payment for your treatment and for any disclosures required by law.

Our use and disclosure of your Protected Health Information must comply with applicable federal regulations and Michigan laws. We are required or permitted to disclose sensitive health information in certain circumstances.

Sensitive health information may include information relating to mental health treatment, genetic testing, substance abuse treatment, and diagnosis or treatment of serious communicable diseases or infections such as HIV or AIDS. We will disclose such information only in accordance with the applicable laws and regulations. We will create a record of the care and services you receive at Family Health Center. This record may contain information created at Family Health Center or obtained from other medical professionals. These records are necessary to provide you with quality care and to comply with legal requirements.

This Notice of Privacy Practices applies to all records of your care maintained by Family Health Center, whether created by our personnel or other medical professionals. Other medical professionals not associated with Family Health Center may have different policies or notices regarding their use and disclosure of your Protected Health Information. You should consult their notices of privacy practices for information about how they may use and disclose your records.

We are required by law to:

- Ensure that protected health information that identifies you is kept confidential and private;
- Provide you with a notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the notice that is currently in effect.

The Use and Disclosure of Your Protected Health Information

The following categories describe different ways that we use and disclose Protected Health Information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

We may use and disclose your Protected Health Information for the following purposes:

Treatment

Treatment is the provision of health care services by physicians, dentists, nurses, physician assistants, nurse practitioners, dental hygienists, therapists and other medical and health care professionals. Treatment also includes the coordination of health care among health care providers; for example, the referral of a patient from one provider to another; case management by an employee of a health insurance company, scheduling and coordinating health care services by a social worker, etc.

We may use Protected Health Information about you to provide you with treatment. We may disclose Protected Health Information about you to providers, nurses, technicians, students, or other personnel

who are involved in taking care of you at Family Health Center. We also may disclose Protected Health Information about you to people outside Family Health Center who may be involved in your care after you leave, such as your personal physician, a pharmacist, home health care professionals, family members, clergy or others who may be involved in your care.

Payment

Payment means the activities we engage in to obtain payment for the cost of your treatment and other related expenses. We may use and disclose Protected Health Information about you so that the treatment and services you receive at Family Health Center may be billed and payment collected from you, an insurance company or a third party. We may need to give your health plan or insurance company information about treatment you received so the plan or company will pay us or reimburse you for the treatment. We may also tell your health plan or insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations

We may use and disclose Protected Health Information about you for health care procedures. These uses and disclosures are necessary to run Family Health Center and make sure that all of our patients receive quality care. For example, we may use Protected Health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine Protected Health Information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to providers, residents, nurses, technicians, students, and other personnel for professional reviews and learning purposes. We may combine the Protected Health Information we have with Protected Health Information from other health care provider organizations 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 your Protected Health Information so others may use it to study your case without learning who you are.

Appointment Reminders

We may use and disclose Protected Health Information to enable us to contact you to remind you that you have an appointment for treatment or care.

Treatment Alternatives

We may use and disclose Protected Health Information to contact you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose Protected Health Information to contact you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may disclose Protected Health 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 about your general condition. In addition, we may disclose Protected Health Information about you to an organization such as the Red Cross when that organization is assisting in disaster relief operations. This may be done to assist such organizations in locating your family or relatives to notify them of your whereabouts and condition. You may object to any of the disclosures described in this section by writing to Compliance Officer, Family Health Center, 117 W. Paterson Road, Kalamazoo, MI 49007.

Research

We may use and disclose Protected Health Information about you for research purposes. In most cases, before we do this, we will provide you with detailed information about the research and ask for your specific written authorization to use and disclose your information. The use and disclosure of Protected Health Information for research projects is subject to a special approval process. In this process a committee of medical experts, health care administrators, researchers, and other health care professionals who are not involved in the research proposal in question, evaluate the proposed research project.

Before we use or disclose Protected Health Information for research, the project must be approved by this committee. In some cases, where the research does not involve any treatment, affect the care of the individual, or present significant privacy risks, the requirement for obtaining written authorization from the patient may be waived. In all cases where Protected Health Information may be used for research purposes, researchers will be required to use strict measures to protect the privacy of the information. These measures may include: removing key identifiers from the information so that the identity of the individual is known only to those who need to know the individual's identity, keeping Protected Health Information in secure locations, using and disclosing only the minimum information necessary to conduct the research, and destroying copies of the information at the earliest possible time when the research has been completed.

As Required By Law

We will disclose Protected Health Information about you when required by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may, consistent with applicable law and standards of ethical conduct, use and disclose Protected Health 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 another person, or the health and safety of the public in general. Any such disclosure, however, would only be to someone able to help prevent the threat and would contain the minimum information necessary.

We may use and disclose your Protected Health Information, without obtaining your authorization, in the following special situations:

Members and Veterans of the Armed Forces

If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

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

Public Health Activities

We may disclose Protected Health Information about you for public health activities. These activities may 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;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree to the disclosure, or if we are legally required to make the disclosure without your consent.

Health Oversight Activities

We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court order or administrative order. We may also disclose Protected Health Information

about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, if we are required to do so by State or Federal Law.

Law Enforcement

We may release Protected Health Information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, or summons issued by a judicial officer or similar authority;
- 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;
- As evidence of criminal conduct at our location; 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.

Coroners, Medical Examiners and Funeral Directors

We may release Protected Health 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 Protected Health Information about patients to funeral directors as necessary for them to carry out their duties.

National Security and Intelligence Activities

We may release Protected Health Information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose Protected Health Information about you to authorized federal officials so they may provide protection to the President, foreign heads of state, other authorized persons, or to conduct special investigations.

Inmates

If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official. This release may be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Other Uses of Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize a use or disclosure of your Protected Health Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your Protected Health Information as described in the revoked authorization. However, we are unable to take back any disclosures we have already made prior to revocation of the authorization, and we are required by law to retain records of the care that we provided to you.

7/15/16 CJH