

CENTRAL MICHIGAN COMMUNITY HOSPITAL 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.

APPLICATION:

This notice applies to Central Michigan Community Hospital and its independent medical staff members who are not agents or employees of Central Michigan Community Hospital but who use the Hospital to provide treatment to their patients.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:

Treatment, Payment and Health Care Operations

The Central Michigan Community Hospital staff and the independent physicians who care for you at Central Michigan Community Hospital will share your medical information as necessary to carry out treatment, payment, and health care operations.

We will use and disclose your medical information to provide, coordinate, and manage your health care and related services at the Hospital. For example, your medical information will be shared as necessary among the physicians, nurses, pharmacists, technicians and others involved in your care at the Hospital in order to provide you the health care you need.

We may also disclose your medical information to the appropriate individuals who will be involved with your healthcare and related services after you leave the hospital. For example, your medical information will be shared as necessary with your physician for follow-up care after an Emergency Room or ReadyCare Visit or your medical information will be shared as necessary to a Home Care Agency who will be responsible for your care when you return home after a hospital stay.

We may also contact you to remind you of appointments or to give you information about treatment alternatives or other services that may be of interest to you.

We will also use and disclose medical information about you to obtain payment for the health care we provide to you. For example, we will disclose your medical information to your health plan as necessary to determine if the health plan will pay for the care you need and to obtain payment for the care we provide to you. We may also disclose some of your medical information to a collection agency if we are unable to obtain reimbursement from you or someone else who is responsible for paying for your care.

We may also use and disclose your medical information to carry out the health care operations of the Hospital. The Hospital's health care operations include such things as conducting quality assessment and improvement activities, conducting training programs, conducting or arranging for medical review, legal services, auditing, and business planning and development. For example, Hospital administrators, physicians,

nurses, and others who are not directly involved in your care may use or disclose your medical information:

- to review treatments and services provided to you and to evaluate our performance.
- to decide what additional services we should offer, what services are not needed, and whether new treatments are effective.
- to conduct training programs in which students, trainees, or practitioners in the area of health care learn under supervision to practice or improve their skills as health care providers or to train non-health care professionals, such as billing personnel, volunteers, and others involved in hospital operations.

We may also use limited information about you, such as your name, address, telephone number, and the dates you received treatment from us, in order to notify you about the Hospital's fundraising activities.

We contract with other companies or individuals to perform some of our payment activities and health care operations. For example, we contract with outside billing agencies to process our payment claims and a copy service to make copies of Hospital records. We disclose only the necessary information that these companies need to provide these services for us, and we require that they keep your information confidential and safeguard it while it is in their custody.

We will obtain your consent before we use or disclose your medical information for treatment, payment or health care operations, except in an emergency, when you are prohibited from withholding your consent, or in other situations when we are permitted by law to use or disclose it for such purposes without your consent. In some circumstances, we will assume you consent if you do not object. For example, we may disclose health information about you to your family members, friends, and others involved in your care or payment for your care unless you indicate otherwise.

Other Purposes Permitted or Required by Law

Federal and state laws either permit or require us to use or disclose medical information about our patients without their consent for several other reasons. We may disclose your medical information for one or more of these purposes.

Public Health Disclosures

We make certain reports to the state or local public health authority for the purpose of preventing or controlling disease, injury or disability, including reports of births and deaths and certain types of injuries and diseases.

We report patients that we suspect are victims of abuse or neglect to the appropriate governmental authorities.

We report problems with the drugs and medical products we use to their manufacturers so they can assess the quality, safety or effectiveness of their products.

We notify certain persons, such as ambulance personnel, other emergency responders, and hospital personnel, who may be exposed to a patient's infectious agents (such as

HIV) of the results of any test we perform to find out the patient's infectious status. We also notify funeral directors of the infectious status of decedents.

Health Oversight Activities

We disclose patient information to governmental regulatory agencies so that they can determine that the Hospital complies with state and federal licensing standards and other regulatory requirements.

Legal Mandates

We disclose patient information any time we are required to by a state or federal statute. For example, we are required to report to any person who comes to the Hospital with a wound inflicted by deadly weapon or violent means (such as a knife or gunshot wound) to the police.

We disclose other patient information to law enforcement officials only when required by law, such as to comply with warrants, subpoenas, or summonses that are issued by a judicial officer or other properly authorized investigative demand.

We disclose patient information in the course of any judicial or administrative proceeding, but only when ordered to by the court or administrative tribunal (such as a Workers Compensation Magistrate).

Research

We may allow a researcher to review our patient information to prepare a research project, such as to learn how many people may have a specific health problem. In such case, the information the researcher reviews will not leave the Hospital.

We may also use or disclose our patient information for a research project if the project has been subjected to a careful review process by a specially trained committee and received the committee's approval. The review process evaluates the project and its use of medical information, and balances the potential benefit of the research against our patients' need for privacy of their medical information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. In that situation, the patients would not be identified, but their medical information may be used as long as the researcher keeps it confidential.

Other Purposes You May Authorize

In other situations, we will ask for your specific authorization before using or disclosing any identifiable medical information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures, except to the extent we have taken action in reliance on your authorization.

INDIVIDUAL RIGHTS:

In most cases, you have the right to look at or get a copy of medical information about you that we use to make decisions about you. You also have the right to receive an accounting of the disclosures of your medical information that we have made without

your written authorization for reasons other than treatment, payment, or health care operations. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You have the right to request that your medical information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

You may request in writing that we not use or disclose your information for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

COMPLAINTS:

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The individual listed below can provide you with the appropriate address upon request. Under no circumstance, will you be retaliated against for filing a complaint.

Quality Improvement Analyst
Central Michigan Community Hospital
1221 South Drive
Mt. Pleasant, Michigan 48858-3234
Telephone (989) 772-6802

OUR LEGAL DUTY:

We are required by law to protect the privacy of your medical information, provide this notice about our medical information practices, and follow the practices that are described in this notice.

We may change our medical information practices at any time. Before we make a significant change in our practices, we will change our notice and post the new notice at all admitting, registration, and other check-in points at the Hospital and on our website, www.cmch.org. The new practice will then apply to any of your medical information that we already have and any additional information we receive in the future.

You can request a copy of our notice at any time. If you have any questions or want more information about our information practices, please contact the individual listed below.

Privacy Officer
Central Michigan Community Hospital
1221 South Drive
Mt. Pleasant, Michigan 48858-3234
Telephone (989) 772-6753

Effective date: April 14, 2003