



MPHI 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.***

Introduction to Our Health Plan Component

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

The Michigan Public Health Institute (MPHI) is a non-profit organization that participates in a wide variety of health research projects and public health activities. Since MPHI's primary function is not to provide healthcare, MPHI is permitted to designate itself as a "hybrid entity", which allows it to apply the HIPAA Privacy Rule to those components at MPHI that, if standing alone, would be considered to be operating as a covered entity. The Covered component of MPHI is required by law to maintain the privacy of your protected health information, to provide you with a notice of privacy practices, and to notify you following a breach of your unsecured protected health information.

Our Duty to Protect Your Privacy

"Protected health information" is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. We are required to abide by the terms of the notice currently in effect. Protected health information (PHI) is any information that identifies you and relates to your health condition, the health care services you have received, or payment for those services. We protect your privacy by limiting who can see your PHI to the people who actually need it. We will not use or disclose your PHI, except as described in this notice, unless we receive your permission or the law otherwise permits or requires us to do so.

MPHI is required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We May Use and Disclose PHI for Treatment, Payment, and Health Care Operations

The federal privacy regulations do not require us to obtain your permission each time we use or disclose your PHI for treatment payment, and health care operations purposes because doing so would be very burdensome and might reduce access to quality and timely medical care. Below are some examples of these routine uses for health information.

- **Treatment.** We may use or disclose PHI to provide treatment to the residents of nursing homes that are in our care during a nursing home closure, For example, we may share health information with a physician who is treating you for a health problem.

- **Payment.** We may use your PHI to obtain payment or to reimburse health care providers for the services you receive. For example, we may send a bill to an insurer, such as Medicare or to a third party to collect payment for services.
- **Health Care Operations.** We may use and disclose your PHI for our business operations. For example, we may disclose information to arrange continuing care for a resident we need to re-locate to a new facility. These disclosures involve asking the new facility if they can provide care and services appropriate to the resident's health condition. As another example, we may use information to provide training to our staff that will enable them to provide high-quality care for nursing home residents we are serving.
- **Certain Other Uses.** We may use and disclose your PHI to provide you with appointment reminders, information about treatment alternatives, or other information about other health related benefits and services that may be of interest to you.

We May Use and Disclose PHI without Your Permission in Special Situations

The federal privacy regulations allow us to use and disclose your PHI in a variety of special situations without obtaining your permission. Below, we provide brief examples of these special situations.

- **Required by Law.** We may use or disclose information about you as required by law. For example, in Michigan there is a law that requires reporting cases of communicable diseases such as influenza to the local public health department.
- **Business Associates.** We may use or disclose information about you to our business associates, such as our attorneys or persons we hire to provide services to us. However, we will only do this after those business associates have signed a written agreement to protect the privacy of the data and to only use that information for specific purposes.
- **Public Health.** We may use or disclose information about you to public health authorities for uses in public health activities such as programs intended to prevent or control diseases, injuries, or disability.
- **Reporting Suspected Abuse, Neglect, or Domestic Violence.** We may use or disclose information about you to report suspected cases of abuse, neglect, or domestic violence to the appropriate governmental authorities.
- **Health Oversight.** We may use or disclose information about you to the governmental authorities that provide oversight for the health care system. For example, certain types of health care facilities are required to participate in Medicare compliance surveys that involve reviewing patient records, as authorized by the government.
- **Judicial and Administrative Proceedings.** We may use or disclose information about you in the course of a judicial or administrative proceeding, such as in response to a court order, subpoena, or other lawful process.
- **Law Enforcement.** We may use or disclose information about you to law enforcement officials. For example, we might need to report a crime that occurred on our premises.

- **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 to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** We may use or disclose information about you to a coroner, medical examiner or funeral director if doing so is necessary for them to perform their legal duties.
- **To Avert a Serious Threat to Health or Safety.** We may use or disclose information about you in order to avert a serious threat to health or safety.
- **Specialized Government Functions.** We may use or disclose information about you for certain specialized government functions, such as national security, and intelligence activism, or for military and veterans activities.
- **Workers' Compensation.** We may use or disclose information about you in order to comply with workers' compensation laws.

We May Use and Disclose Your PHI for Other Purposes with Your Authorization

For all other uses and disclosures of medical information not covered by this notice or the laws that apply to us, we will give you a description of the information we want to use or disclose what we want to use it for, who we want to disclose it to, and then ask for your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Your Privacy Rights

- **Right to Revoke Permission.** You have the right to revoke any permission you have given us at any time by sending a written notice to our Privacy Officer. We will honor your revocation after we receive and process it.
- **Right to Request Restrictions.** You have the right to request restrictions on how we use and disclose your PHI, as described in 45 CFR § 164.522. Although we are not required to agree to a requested restriction, if we do agree, we will honor that agreement.
- **Right to Confidential Communications.** You have the right to receive confidential communications by alternative means or at alternative locations. So, if you want us to use an alternate phone number or postal address to communicate with you, please file a written request with our Privacy Officer. You do not need to explain why you are making the request.
- **Right to Inspect and Copy.** You have the right to inspect and receive a copy of PHI about yourself (or a summary or explanation of that information) to the extent permitted by law. To do so, please file a written request with our Privacy Officer. Your right to access these records applies to PHI that is contained in your medical and billing records for as long as we maintain the PHI. We do not retain residents' medical records after a nursing home closure is complete: the owner of the closed facility retains those records. We only have access to them during the actual nursing home closure process. We will charge a fee for providing you with

records you have requested. You will have the opportunity to cancel the request after we tell you what fees apply.

- **Right to Amend.** You have the right to amend the PHI about yourself that we hold by filing a written request with our Privacy Officer. Please describe what you want us to change and why you want us to change it.
- **Right to an Accounting of Disclosures.** You have the right to receive a list of certain types of disclosures that we have made about you within the last 6 years. We are not required to include disclosures made prior to April 14, 2004. To request an accounting of disclosures, file a written request with our Privacy Officer. We will provide the list to you free the first time you make such a request in any 12-month period. For additional requests in that 12-month period, we will charge a fee. You will have the opportunity to cancel the request after we tell you what fees will apply.
- **Right to Notice.** You have the right to obtain a paper copy of this notice upon request. You may ask a member of our staff to provide you with a copy.

Changes to this Notice

We reserve the right to change the terms of this notice. All provisions of any new notice will be effective for all PHI that we maintain, including PHI collected prior to the effective date of the new notice. We will post revised notices on our intranet and/or web site (www.mphi.org) and will provide individuals with a copy of the current notice upon request.

For More Information or to File a Complaint with MPHI

If you would like more information about the federal medical privacy regulations, or would like to exercise any of the rights described in this notice, please contact our Privacy Officer at the address listed below. If you believe your privacy rights have been violated, you may file a complaint by contacting either our Privacy Officer or by contacting the Office for Civil Rights (OCR), which is the federal agency responsible for enforcing the medical privacy regulations. We will provide you with contact information for OCR upon request.

MPHI Privacy Officer
2436 Woodlake Circle Dr.
Okemos, MI 48864

Phone: (517) 324-6042
Fax: (517) 324-8370

We will not retaliate against you in any way for filing a complaint