

# NOTICE OF PRIVACY PRACTICES OF INGHAM REGIONAL MEDICAL CENTER

THIS PRIVACY NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

*(In accordance with the Health Insurance Portability & Accountability Act – HIPAA)*

At Ingham Regional Medical Center (“IRMC”), we respect the privacy and confidentiality of your health information (this includes both medical and/or billing information). This Notice of Privacy Practices (“Notice”) describes how we may use and disclose your health information and how you can get access to this information. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

This Notice applies to the Hospital, including its employees and volunteers, its affiliates, members of its Medical Staff and other health care practitioners practicing at the Hospital. These entities are an Organized Health Care Arrangement for purposes of information sharing only. These entities are independent of one another and nothing in this Notice should be construed to create or imply any agency, partnership, or joint venture between the entities.

This Notice is being given to you because federal law gives you the right to be told ahead of time about:

- How IRMC will handle your health information.
- What IRMC’s legal duties are related to your health information.
- What your rights are with regard to your health information.

## OUR RESPONSIBILITIES TO YOU

We are required by law to:

1. Maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices.
2. Comply with the terms of our Notice currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain, including both health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Notice available to you by posting it on the Hospital website [www.irmc.org](http://www.irmc.org). The revised Notice will also be available at the locations patients are registered and will be provided to all patients at their next encounter after the revision with the Hospital.

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## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The hospital, independent contractors of its Medical Staff and other health care providers affiliated with the hospital have agreed, as permitted by law, to designate as an Organized Health Care Arrangement (OHCA) and to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs. The following categories describe different ways that we use and disclose health information. For each category of use or disclosure we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the sections.

### For treatment

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share health information about you in order to coordinate the different things you need, such as prescriptions, medical equipment, lab work, x-rays, etc. These might include family members, clergy or others we use to provide services that are part of your care. We may disclose health information about you to people outside the hospital who may be involved in your medical care during or after you leave the hospital. These services may include such things as physicians, home health agencies, home medical equipment providers and extended care facilities. Health information obtained during your outpatient visit/inpatient stay at IRMC sites may be used to notify you of additional services that could benefit your health. For instance, we may contact you about smoking cessation, weight loss programs or cancer screening services if they are applicable to you. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified of your condition, status and location.

### For payment

We may use and disclose health information about you so that the treatment and services you receive at the hospital/facility may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so that your health plan will pay us or reimburse you for the services rendered. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We are allowed to obtain insurance/payment information from other providers that you have seen. Accountants are retained to perform audits to routinely monitor our payment and billing practices.

### For health care operations

We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to the daily operation of the hospital and to make sure that all of our patients receive quality care. Examples of activities that make up health care operations include:

- Monitoring the performance of our staff in caring for you.
- Assessing the quality of care and outcomes in your case(s) and similar case(s) compared against other providers in the area, state or nation.
- Determining how to continually improve the quality and effectiveness of the health care we provide.
- Teaching of health care professionals.
- Meeting standards set by regulatory agencies such as the Centers for Medicare and Medicaid Services, the Joint Commission on Accreditation of Healthcare Organizations, Healthcare Facility Accreditation Program (AOA), Michigan Department of Community Health, Michigan Peer Review Organization, and other authorized state or federal agencies as required to maintain licensure and/or accreditation.
- Reviewing of medical records for completeness and accuracy.
- Storing of your health information on computers.
- Placing your name on a "white board" for use by the Hospital to track patient location within a department.
- Utilizing your name when locating various family members who may be waiting in family lounges or other areas of the hospital.

### Appointment reminders and follow-up, treatment alternatives and health-related benefits and services

We may use and disclose health information to contact you in, but not limited to, the following situations:

- About scheduled appointments for treatment or medical care.
- With information about patient care issues such as FDA implant recalls.
- With treatment choices such as Electron Beam Tomography and Mobile Lithotripsy.
- With other health-related benefits and services that may be of interest to you, such as our Flu Vaccine Clinics, Free Skin Cancer Screening, wellness classes and disease management groups such as the Stroker's Club and the Brain Injury Association.

### Fundraising activities

We may use and disclose demographic information to contact you to raise funds to support the IRMC system and its mission to be the best value in healthcare as defined by quality outcomes and cost. The demographic information that will be used will include name, address, other contact information, age, gender, insurance status and the dates you received treatment or services. An example of such activities includes our Ingham Regional Healthcare Foundation Jack Breslin Golf Classic benefiting oncology services at IRMC.

In the event fundraising with another entity is considered, no health information will be released without your written authorization. IRMC will not use dates of service if the location where the services were provided would infer the diagnosis or procedure.

**If you do not want to be contacted for fundraising efforts, you must notify the Ingham Regional Medical Center, 401 West Greenlawn Avenue, Lansing, Michigan 48910, Attention: Healthcare Foundation.**

### Marketing activities

We may use your health information to notify you of hospital-related services, products or events. We will not disclose your health information to an outside party without your prior authorization. We would only release contact information such as your name, address and telephone number and the dates you received service at the hospital. For example, we may contact you if it was felt you might benefit from a new cardiac rehab program.

### Hospital directory

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not restrict your information, we will make every effort to get telephone calls directly to you. Otherwise, our operators will report a one-word description of your condition. You may ask to have your name taken off the directory list. You may also ask to restrict the information that is given out about you. If you are in an emergency situation and are not able to make your wishes known, we will put this information in the directory if we think it is in your best interest. If you wish to be excluded from the directory, please note that no one will have your information, which may prevent visitors finding you, telephone calls and/or flower deliveries reaching you.

You will be asked during the admission process whether or not you wish to participate in the facility directory.

### Individuals involved in your care or payment of your care

We may use and disclose medical information about you to your health insurance plan or a third party. We may release health information about you to a caregiver that may be a friend or family member. We may also give information to someone who helps pay for your care. However, you may request to restrict the information we share with others, such as particular health information that may not be necessary for a current condition. If you are present and are able to make health care decisions, we will try to find out if you want us to share this information with your family members or others. If you are in an emergency situation and are not able to make your wishes known, we will use our best judgment to decide whether to share information. If it is thought to be in your best interest, we will only share information that is necessary for your care or treatment. If you do not want a caregiver discussing your health information in front of family members or visitors, it is **your** responsibility to inform your nurse(s) and your physician(s).

### Research

Under certain circumstances, we may use and disclose health information about you for research purposes when written permission is not required by federal or state law. This may also include preparing for research or telling you about research studies in which you might be interested. 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. All research projects, however, are subject to a special approval process through our Institutional Review Board. We will ask for your specific permission if the researcher wishes to commence the project, will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital. You must request a restriction of your health information if you do not wish any of your medical information to be used for research purposes in any way.

### Special situations – organ and tissue donation

We are required by the Conditions of Participation for the Center for Medicare and Medicaid Services to approach family members/next of kin when there is a death. There is an organ procurement organization, The Gift of Life, which handles organ procurement or organ, eye or tissue transplantation, if you are an organ donor. We may also release information to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

### Teaching health care professionals

It is an important mission of IRMC to participate as a training/teaching hospital. IRMC has entered into contractual agreements with local colleges and universities to provide education and training for health care professionals.

### Military

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority. For example, Patient Billing may call a military health plan to determine medical necessity and obtain authorization for treatment. This would include any form of treatment such as outpatient testing, maternity care and all other admissions.

### Workers' compensation

We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.

### Public health purposes (health and safety to you and/or others)

We may disclose health information about you for public health activities. We may use and disclose health information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths.
- To report child/elder abuse and/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 child/adult has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.
- To avert a serious threat to health or safety. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

### Health oversight activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. 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 health information about you in response to a court or administrative order. We may, once we have your written authorization, disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute. An example would be, if persons are involved in an automobile accident, a subpoena may be obtained to release information to the court regarding blood alcohol levels. IRMC will use and disclose health information, making a reasonable attempt to de-identify information whenever possible, when appealing survey and billing matters.

### Law enforcement

We may release health information if asked to do so by a law enforcement official for the following:

- In response to a court order, subpoena, warrant, summons or similar process.
- 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.
- About criminal conduct in the hospital.
- 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, as required by law.

### Coroner, medical examiners and funeral directors

We may release 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 health information about patients of the hospital to funeral directors as necessary to carry out their duties such as the completion of a death certificate.

### National security and intelligence activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. For example, if the President of the United States were to visit Lansing, we would be required to give the Secret Service agents full access to all patient records for purposes of ensuring the President's safety.

### Third parties

We may disclose your health information to third parties with which we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement signed by them to safeguard your information.

### Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or the law enforcement official. This release would 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.

### Business associates

There are some services provided in our organization through contracts with business associates. Examples include the professional corporations that provide services in the emergency department, radiology, and the laboratory. Other examples would include providing necessary information for companies that IRMC has contracted with to perform a service on our behalf such as insurance companies, accountants, lawyers and health care professionals.

When these services are contracted, we may disclose your health information to our business associate 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 associate to appropriately safeguard your information.

### 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.

### As required by law

We will disclose health information about you when required to do so by federal, state or local law. For example, we are required to report any cases of hepatitis, meningitis, chicken pox or AIDS (and many other conditions) to the Ingham County Health Department, which then sends this information on to the Michigan Department of Consumer & Industry Services and the Michigan Department of Community Health.

### Other uses and disclosures of health information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission and may be revoked at any time, unless we have already acted in reliance upon it. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

## PATIENT'S RIGHTS

### You have the right to inspect and copy your health information

Unless your access is restricted for clear and documented treatment reasons, you have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care, as long as we maintain that information. If you request a copy of the information, we will charge a fee for the cost of copying, mailing or other supplies associated with your request. If you ask for information that we do not have, but we know where it is, we must tell you where to direct your request. This right is limited by the practice of the IRMC Medical Records Department. An example of the limits are the requirement that a valid authorization is completed and in the time necessary to complete the request.

Under federal law however, you may not inspect or copy the following records: certain psychotherapy information and protected health information that is subject to law that prohibits access to your health information. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Please contact the Medical Records Department if you have any questions about access to your medical record.

### You have the right to request an amendment to your health information

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend this information. This means that you may request a change for as long as we maintain this information. Your request must be in writing and submitted to the Privacy Officer at Ingham Regional Medical Center, 401 West Greenlawn Avenue, Lansing, Michigan 48910. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support your request. In addition, we may deny your request if you ask us to change information that:

- Was not created by IRMC, unless the person/organization who created the information is no longer available to make the change.
- Is not part of the health information kept by or for IRMC.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate or complete.

Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, added to your health information. You may contact our Privacy Officer if you have any questions about amending your health information.

### You have the right to ask for limits on the use and disclosure of your health information

You may request that any part of your health information not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice. Your request must state what restriction is requested and to whom you want the restriction to apply. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had, or you might want to tell us that you do not want to be considered for any research project.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your health information, your health information will not be restricted. If we do agree to the requested restriction, we will comply with your request unless the information is needed for emergency treatment.

With this in mind, please discuss any restriction you wish to request with your health care provider and your next of kin.

You may request a restriction by writing to the Director of Medical Records. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

#### You have the right to receive an accounting of disclosures we have made of your health information

An accounting is a record of when your health information was shared without your written permission. This right applies to disclosures made of health information about you to others for purposes other than treatment, payment or health care operations. Any accounting provided will not include:

- Disclosures made to the patient.
- Disclosures made prior to April 14, 2003.
- Disclosures made pursuant to an authorization signed by the patient.

An example of what would be included in an accounting would be a disclosure of domestic violence made to law enforcement, as required by law.

To request the accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period that may not be longer than 6 years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, for example on paper or electronically. The listing you get will include the date, name and address (if known) of the organization/entity receiving it. The first list you request within a 12-month period will be provided at no cost to the requestor. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred.

#### You have the right to request to receive confidential communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work rather than at home or by mailing health information to an alternate address. We will not request an explanation from you for the basis of your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Please make this request in writing to the Privacy Officer, Ingham Regional Medical Center, 401 West Greenlawn Avenue, Lansing, Michigan 48910.

#### You have the right to obtain a paper copy of this Notice

You have the right to receive a paper copy of the Notice at any time, even if you have agreed to accept this Notice electronically. You may ask us to give you a copy of this Notice by requesting a copy from our Privacy Officer. A copy of the Notice is also available at our website at [www.irmc.org](http://www.irmc.org).

### **HOW TO COMPLAIN IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED**

If you believe that we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you, your family or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. We will not retaliate against you for filing a complaint. It is the goal of IRMC to give you the best care while respecting your privacy. Written complaints may be directed to Complaints, Quality Improvement Department, Ingham Regional Medical Center, 401 West Greenlawn Avenue, Lansing, Michigan 48910, telephone (517) 334-2833. You may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601, telephone (312) 886-2359, facsimile (312) 886-1807, TDD (312) 353-5693.