

# Notice of Privacy Practices

Effective January 7, 2019

**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.**

**We are required by law to:**

- **Maintain the privacy of your protected health information (PHI)**
- **Give you this notice of our legal duties and privacy practices with respect to your PHI**
- **Follow the terms of this notice that is currently in effect**

**WHO WILL FOLLOW THIS NOTICE:**

This Notice describes our health system's practice and that of:

- All departments and units of Metro Health – University of Michigan Health (here hence forth, referred to as Metro Health).
- Any member of our workforce including: physicians while performing services at Metro Health, employees, students, volunteers, non-physician practitioners, medical and non-medical interns, temporary employees, nursing, other on-call resources, contractors, and vendors.

All these entities, sites and locations follow the terms of the Notice. For purposes of this Notice only, any references to "Metro Health" or "our" or "we" is meant to include all of the above sites, locations and entities. These entities, sites and locations may share PHI with each other for purposes of treatment, payment or healthcare operations as described in this Notice. For example: if you are seen and/or treated at any primary care location and then get admitted to Metro Health Hospital, these two entities will share health information about you for purposes of treatment, payment and operations.

**QUESTIONS OR CONCERNS:**

**Privacy Officer**

**Metro Health – University of Michigan Health**

**P.O. Box 916**

**Wyoming, MI 49509-0916**

**Phone: 888.222.0625**

**Email: [Patient.privacy@metrogr.org](mailto:Patient.privacy@metrogr.org) (do not include sensitive information)**

**I. OUR COMMITMENT TO YOU**

At Metro Health we are committed to providing you with health services of the highest quality. That commitment includes protecting personal health information we generate or obtain from you and others. We want to earn your trust by providing safeguards to protect your health information. We strive to provide appropriate safeguards, such as secure areas for records; electronic safeguards, such as passwords and encryption; and procedural safeguards such as policies and procedures, and ongoing staff training. It is our goal to restrict access to health information about you to only those who need to know that information in order to provide services to you or to manage and operate Metro Health. We train our entire workforce on confidentiality, our security policies, and procedures regarding health information when they are hired and annually thereafter.

This Notice covers the ways in which Metro Health may use and disclose medical information about you. It also describes your rights and certain requirements we have regarding the use and disclosure of your medical information.

**II. UNDERSTANDING YOUR HEALTH RECORD or HEALTH INFORMATION**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. We maintain all of your medical information in an electronic format referred to as an Electronic Medical Record (EMR). Usually, this record contains your name, address, payer information, symptoms, examination and test results, diagnoses, treatment, care plan, follow up treatment, and may contain information from other health care providers. This information is often referred to as your health record or medical record. When we create a record or collect this kind of health information about you, we use it for treating you, getting paid for the services we provided to you, for purposes of managing and operating Metro Health, and to evaluate the quality of care you have received.

**III. HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION**

- **Treatment:** Planning your care and treatment. The following are examples of uses we may make for treatment purposes, however, this is not a complete listing:
  - Communicating among health care professionals who take part in your care; such as doctors, nurses, technicians, medical students, dietitians, volunteers, and other healthcare personnel involved in your care;

- Contacting you for appointment reminders or follow-up calls to see how you are doing.
- Talking with family members, other relatives or friends you identify, related to your medical/surgical care or payment for that visit.
- 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 a dietitian if you have diabetes so that we can arrange appropriate meals. Different departments also may share medical information about you in order to coordinate the different service you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside Metro Health who may be involved in your medical care during your stay or after you leave, such as family members, clergy or others we use to provide services that are part of your care. Another way your PHI may be shared, securely, is through interoperability initiatives, such as, Epic Care Everywhere;
- **Payment:** Providing information to you, your insurance company, Medicare, Medicaid or HMO to verify that services billed were actually provided; providing information to healthcare professionals involved in your care for billing purposes, such as, Consultants, Emergency Department physicians, Anesthesiologists, Radiologists, and / or Pathologists.
  - For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. 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. However, if you do pay for your procedure in full, you may “opt out” of sending your information for that specific treatment to your insurance company; that is, you may request your treatment information not to be sent out. For example, if you have a physical examination and pay for it, you may request that procedure information not to be sent to your insurance company.
- **Healthcare Operations:** Information necessary to manage and operate Metro Health, such as to our office personnel, accountants, consultants, and attorneys.
  - For example, we may use medical information to review our treatment and services to evaluate the performance of our staff in caring for you. We may also combine medical information about many Metro Health patients to decide what additional services Metro Health should offer, what services are needed, and whether certain treatments are effective. Healthcare operations may also include the transfer of records during certain sale, merger or consolidation transactions with another entity, as well as due diligence activities in connection with such transaction.

**The following are additional purposes for which we are permitted or required to use or disclose your health information without your consent or written authorization:**

- **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include: attorneys, accountants, accreditation agencies and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information;
- **Health Information Exchange:** The Health Information Exchange is a “limited view” of your patient chart that may be accessed by different health care facilities for continuing and emergency care. If you would not like this information shared, you may “opt-out,” that is, you may request your information not to be shared. You may request an instruction sheet from our registration staff to explain the process to “opt-out” and contact Great Lakes Health Connect:
 

GLHC - Grand Rapids  
695 Kenmoor Ave SE, Ste B  
Grand Rapids, MI 49546  
844.454.2443  
<http://www.gl-hc.org/opt-out/>
- **Other Medical Offices:** Some physician practices share our Electronic Medical Records. They are required to maintain privacy and confidentiality of medical information the same as Metro Health.
- **Directory:** For hospital inpatients: Unless you notify us that you object, we will put your information into our facility directory to be used while you are a patient of ours, including your name, location in the facility, your condition in general terms (good, fair, serious, critical) and religious affiliation. This information may be given to people who ask for you by name, but your religious affiliation will only be disclosed to members of the clergy (even if they do not ask for you by name). If you elect not to have your name in the hospital directory, your friends, family, or members of the clergy will not be given information if they ask for or about you;
- **Legal:** As a legal record documenting the care you received; a source of data and information in connection with a legal dispute or lawsuit in which you are involved, in response to a court or administrative order, subpoena or other discovery request, as permitted by law;
- **Training:** For educating healthcare professionals;

- **Research:** As a source of data for medical research, when it has been approved by or has received an appropriate waiver from our Institutional Review Board (IRB). The IRB reviews research proposals and establishes protocols to ensure the privacy of your health information. We may reach out to you to ask if you would like to participate in a clinical trial and will have the opportunity to opt-in to the trial. We may disclose your PHI, internally, to workforce members preparing to start a research project. For example, Residents may request to review a certain patient population with a disease for a research project. Your PHI will not leave the Metro Health premises. If your PHI were to be used for research purposes it will either be fully de-identified or you will be contacted by the Clinical Research Department to sign an authorization of approval;
- **Limited Data Set:** Information that contains only limited patient identifiers may be used for research, public health and healthcare operations of another entity covered by the Privacy Rule. These identifiers are: a) admission, discharge and service dates; b) date of death, age; and c) five digit zip code;
- **Public Health:** As a source of data for public health officials to help improve the health of the community and/or nation, report vital statistics such as birth and death, conduct public health surveillance or prevent and control disease, injury or disability. Agencies which may receive such data, include but are not limited to: The Michigan Department of Community Health (MDCH), Michigan Cancer Registry, Michigan Children's Immunization Registry (MCIR), and the Center for Disease Control (CDC)
- **Food and Drug Administration (FDA) Monitoring:** As a source of information to the FDA for purposes including but not limited to the reporting of adverse drug or food events or product problem and enabling product recalls, repairs or replacement;
- **Marketing:** We may send you notification of possible treatment options or alternatives and other health related benefits or services that may be of interest to you. If you do not wish to be contacted, please notify Metro Health Marketing and Communications Department at 616.252.5030 or Marketing@metrogr.org. Disclosures made for marketing without your authorization will only be done when they involve: a) face to face communications; and b) promotional gifts of nominal value;
- **Fundraising:** We may use health information about you in an effort to raise money for our non-profit foundation. The Metro Health Hospital Foundation provides financial support to Metro Health in providing high quality health services to the community. If you do not wish to be contacted about fundraising efforts, please notify Metro Health Hospital Foundation at 616.252.5000 or Foundation@metrogr.org;
- **Quality Improvement:** As a tool in assessing and continually working to improve the quality of care we may give the outcomes we achieve. We may provide information to emergency responders for their quality improvement;
- **Required or Permitted by Law:** Information we are required or authorized to disclose by federal, state, or local law, such as births, deaths and communicable diseases;
- **Abuse, Neglect and Domestic Violence:** Michigan's Child Protection Law requires reporting by health care professionals who have reasonable cause to suspect child abuse and neglect immediately to the Department of Social Services. Further, the law also requires the release of medical records in the investigation of child abuse and neglect. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure;
- **Organ and Tissue donations:** A source of data for organizations that handle organ procurement, transplantation of organs or donations as necessary in the event you are an organ or tissue donor;
- **Governmental:** As a source of information to appropriate military command authorities to assure the proper execution of the military mission;
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person through the provision of limited identifying information;
  - About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement. For example, if you are unconscious when you present to the Emergency Department and/or we are required to report a crime such as child or elder abuse;
  - About a death we suspect may be the result of criminal conduct; About criminal conduct at the hospital or one of our facilities; and
  - In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.
- **Avert a Serious Threat to Health or Safety:** As a source of limited information to a person or persons, including law enforcement in a reasonable position to prevent or lessen a serious threat to the health or safety of a person or the public;
- **Federal Law, Health Oversight:** As a source of data for health oversight agencies in connection with legally authorized activities related to the investigation, inspection and licensure of the healthcare system, government benefit programs, and other entities subject to governmental regulation and compliance;
- **Notification:** Notifying or assisting in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition, or we may share information with an entity assisting in disaster relief;

- **Worker's Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law. These programs provide benefits for work-related injuries and illness;
- **Work Related Injuries to Employer:** We may disclose medical information to your employer if we evaluate you or provide care for a work related injury or if requested by your employer to conduct a medical evaluation relating to medical surveillance;
- **Preemption by Michigan Law:** We will follow Michigan State Law when it is more stringent than the Federal law. This generally means laws that
  - give individuals greater rights regarding their PHI;
  - prevent fraud and abuse in health care and payment for health care;
  - regulate controlled substances; required reporting by law; and/or
  - require health plans to report or give access to PHI; etc.;
- **Minors:** There are certain circumstances when Michigan State Law may not recognize the parent as the personal representative of a minor. Examples are: when the minor seeks medical treatment for alcohol or drug abuse, testing/treatment of sexually transmitted diseases, and psychological care. When a minor seeks medical care for pregnancy or related problems the medical care provider may release information to the parents but is not obliged to do so when considering the medical need and the best interest of the minor;
- **Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and safety or that of other individuals;
- **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;
- **Protective Services for the President and others:** We may disclose medical information about you to authorized federal officials so that they may provide protection to the President, and other authorized persons or foreign heads of state or conduct special investigations;
- **Deceased Patient:** Health information on a deceased patient remains confidential and in most cases can only be released by the personal representative of the descendant's estate; and/or
- **Funeral Directors and Medical Examiners:** We may disclose medical information to a coroner, medical examiner and funeral directors consistent with applicable laws to carry out their duties.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities.

#### IV. OTHER USES WE MAY MAKE OF YOUR HEALTH INFORMATION

- We may put your name on the door to your room in the hospital so friends and family can locate you more easily;
- We may send your primary care provider information about the healthcare we provided and the outcome so that he/she may continue your care;
- You may receive appointment reminders and/or a follow-up call before or after a procedure or visit;
- We may send you a referral card when you are to see another provider;
- We may use an interpreter if you speak a language other than English;
- We may call or send you a questionnaire so you can tell us if you did or did not like our services and give your opinion on how our services can be improved;
- We may ask you to put your name on a sign-in sheet with other patient names; and/or
- We may send you additional information about your treatment or other services we offer.

*All other uses and disclosures, other than those outlined above, will be made only with your written authorization and you may revoke your authorization as provided in the last paragraph of Section VI below.*

#### V. YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Metro Health, the information belongs to you. Certain highly confidential PHI requires your written authorization for disclosure, except when permitted by law, such as: psychotherapy notes, mental health and developmental disabilities, substance abuse records, or certain diseases. You have the right to:

##### A. Access: See and Get Copies of your Protected Health Information (PHI)

In most cases, you have the right to look at and get copies of your Protected Health Information that we have, but your request must be in writing. You may request your medical records in electronic or paper format.

In most instances we will answer you within 30 days after receiving your written request. If your information is off site we may take up to 30 days to

reply. In these situations we will provide you with a written explanation of the delay and a date by which the information will be supplied. We will ask you to fill out an authorization form, which requires specific information to be provided in order for us to respond to your request for PHI. In some cases we may deny your request. If we do, we will tell you, in writing, our reason(s) for the denial and explain your rights to have the denial reviewed if there are reviewable grounds for denial.

Not all denials for access to your health information allow you a review of the denial. Some situations that we may issue a denial without allowing you a review are: certain types of research protected by law, or information supplied under a promise of confidentiality, etc.

If you request copies of your PHI, we will charge you a fee for retrieval, handling, copying and supplies, plus postage associated with your request. If your PHI is stored off site there is an additional charge to have the storage facility locate and deliver it to us and return it back to storage. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. If you request to view your PHI rather than receive a copy, you will need to arrange an appointment.

### **B. Accounting: Get a List of Disclosures We Have Made with Your PHI**

You have the right to get a list of disclosures we have made with your PHI. This list will not include uses or disclosures made for treatment, payment, or healthcare operations, disclosures made to you or your personal representative, to your family, those authorized by you, in our facility directory, or for certain research purposes. The list will also not include uses and disclosures made for national security purposes, for disaster relief, to correctional institutions and to certain law enforcement personnel, or disclosures made before April 14, 2003.

In most instances we will respond within 30 days of receiving your request but we may take an additional 30 days to respond if necessary. We will provide the list to you at no charge, but if you make more than one request within a 12-month period, we will charge you the actual cost for producing each additional list that you request. We will tell you what the cost is before preparing the list.

To request this list of accounting of disclosures, you must submit your request in writing to: Metro Health, Health Information Department, P.O. Box 916, Wyoming, MI 49509-0916.

### **C. The Right to Correct or Amend Your PHI**

If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. In most instances we will respond within 30 days of receiving your request but in some cases we may need an additional 30 days to respond. We may deny your request, in writing, if the PHI is:

- correct and complete,
- not created by us,
- not allowed to be disclosed, or
- not part of our records.

If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others, that you identify, that need to know about the change in your PHI and also our business associates of the amendments.

To request an amendment, you must fill out the "Medical Record Amendment Request" form located at [www.metrohealth.net](http://www.metrohealth.net) OR call or visit HIM to receive a copy. Once the form is filled out the request must be made in writing and include a reason for the amendment. Submit your request to: Metro Health, Health Information Department, P.O. Box 916, Wyoming, MI 49509-0916. Metro Health has up to 60 (sixty) days to respond.

### **D. Choose How We Send Your PHI or Contact You**

You have the right to request, in writing, that we send information to you to a different address (for example, sending information to your work address rather than your home address) or by alternative means (for example, fax instead of the US mail, or a work phone number instead of your home phone number). We must agree to your request, provided it is reasonable and that we can easily provide it in the format you request.

We reserve the right to have you provide us information as to how payment for service will be handled, and how and where you wish to be contacted before we agree to send information to an alternate address or contact you at an alternate phone number.

Your request must be in writing to: Metro Health, Health Information Department, P.O. Box 916, Wyoming, MI 49509-0916.

### **E. The Right to Get a Paper Copy of Our Notice of Privacy Practices**

You have the right to get a paper copy or electronic copy of this Notice. Even if you have agreed to receive our Notice via e-mail or off our web page, you still have the right to request a paper copy.

You may obtain a copy of this Notice at our website, [www.metrohealth.net](http://www.metrohealth.net).

To obtain a paper copy of this Notice, call the Compliance Department at 888.222.0625.

## F. Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment, or health care operations functions or to prohibit such disclosure. This is known as private patient status. However, Metro Health will consider your request but is not required to agree to the requested restrictions. If Metro Health does agree to the restrictions we will honor it unless we are legally required or allowed to make a use of disclosure or in emergency situations. These restrictions will apply to all locations unless you notify us of your intended changes. Also, you may request us to limit PHI disclosure to family members, other relatives, or close friends involved in your care or payment for it.

## VI. OUR RESPONSIBILITIES

Metro Health Corporation is required by law to:

- Maintain the privacy of your health information;
- Provide you with this Notice of our legal duties and privacy practices with respect to health information we collect and maintain about you;
- Abide by the terms of the Notice that is currently in effect.
- After we have performed a risk assessment, in accordance with the HITECH Breach Notification, and the findings are such that your PHI has been impermissibly disclosed, we will notify you through a written letter. If we perform the same risk assessment and find that the use or disclosure of your PHI is a low probability of compromise, you will not be contacted by us.

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for the medical information we already have about you as well as any information we receive in the future.

To receive a copy of our revised Notice:

- Visit any of our facilities, the Notice is available in our registration areas;
- Call us to have one mailed to you: 888.222.0625;
- Write us at the address in Section VII below;
- Visit [www.metrohealth.net](http://www.metrohealth.net) and click on the "patient privacy" link. Multiple language translations are provided

The Notice will contain on the first page, the effective date. The first time you register at or are admitted to Metro Health for treatment or a healthcare service at one of our facilities, we will offer you a copy of the current Notice that is in effect and ask you to sign an acknowledgement that you were offered it. We will also post a copy at our registration points at all of our locations.

We will not use or disclose your health information without your written permission, except as described in this Notice. If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission.

To revoke your permission to use and disclose your information write to: Metro Health, Health Information Department, P.O. Box 916, Wyoming, MI 49509-0916.

## VII. PERSON TO CONTACT FOR INFORMATION

### A. About This Notice

If you have questions about this Notice or any complaints about our privacy practices, please contact our Compliance Department by calling: 888.222.0625, or writing to:

Privacy Officer

Metro Health – University of Michigan Health

P.O. Box 916

Wyoming, MI 49509-0916

Phone: 888.222.0625

Email: [patient.privacy@metrogr.org](mailto:patient.privacy@metrogr.org) (*do not include sensitive information*)

### B. To Complain about Our Privacy Practices

You have the right to file a written complaint to the United States Secretary of the Department of Health and Human Services if you feel your privacy rights have been violated. You will not be retaliated against in any way if you file a complaint about our privacy practices.