

Greater Macomb PHO
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.

I. Typical Uses and Disclosures of Protected Health Information

A. Treatment. We may use your protected health information for treatment purposes. For example, we may share your information with your physician or other professionals who are treating you.

B. Payment. We may use your protected health information, as needed, to obtain payment for the services that we provide. For example, we may use your protected health information to get payment from health plans or other entities.

C. Operations. We may use or disclose your protected health information, as necessary, to run our organization, improve your care, and contact you when necessary. For example, we use protected health information about you to manage your treatment and services.

II. How Else Can We Use or Disclose Your health Information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. The Department of Health and Human Services has provided additional information at:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

A. Help With Public and Safety Issues

We can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, or preventing or reducing a serious threat to anyone's health or safety.

B. For Research

We may use or disclose your protected health information for research in certain circumstances when approved by an institutional review board or privacy board.

C. To Comply with the Law

We may share your protected health information if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with the federal privacy law. We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence if we are required to do so by law.

D. To Address Workers' Compensation, Law Enforcement and Other Government Requests

We may use or share your protected health information for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services.

E. Respond to lawsuits and legal actions

As permitted by state law, we may share your health information in response to a court or administrative order or in response to a subpoena.

F. Other

Although unlikely based upon the nature of our services, we are permitted to share your health information with organ procurement organizations, a coroner, medical examiner or funeral director.

We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order.

We may disclose your protected health information to a law enforcement official, coroner or medical examiner in certain limited circumstances.

We may use or disclose your protected health information for research in certain circumstances when approved by an institutional review board or privacy board.

We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location or condition.

You may object to these disclosures. Any objection to these disclosures should be put in writing. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. Specifically, we must obtain your authorization prior to disclosing your information for marketing or remuneration. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

A. Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

B. Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

C. Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

D. Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

E. Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one

accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

F. Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

G. Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

H. File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information in Section VIII or you can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

VI. Our Duties

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information. We must follow the duties and privacy practices described in this notice. However, we reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. If you change your mind, please let us know in writing.

VIII. Contact Person

GMPHO's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against GMPHO can be mailed to the Privacy Officer by sending it to:

NEED NAME ADDRESS HERE

The Privacy Officer can be contacted by telephone at [NEED PHONE NUMBER]

IX. Effective Date

This version of the Notice of Privacy Practices is effective March 2015.