

# Ascension Michigan 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.

- 1. WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES.** All individuals who are providing services at Ascension Michigan facilities will follow this Notice. Ascension Michigan includes Ascension hospitals, ambulatory care centers, pharmacies, laboratories, outpatient physician practices (Ascension Medical Group/AMG practices), and other Ascension health care providers located in Michigan. Those following this Notice participate in an organized health care arrangement, which will share protected health information (PHI) with each other to carry out treatment, payment, or health care operations relating to the organized healthcare arrangement. Our privacy practices will be followed by:
  - any of our healthcare professionals who care for you at any one of our locations or sites;
  - all locations, departments and units that are part of Ascension Michigan and staffed by our workforce; and
  - all members of our workforce, including physicians and other healthcare professionals granted privileges to provide patient care in our facilities, employees, students and volunteers and our business associates.
- 2. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.** We may use and disclose your PHI for many different reasons. Below, we describe the different uses and disclosures and give you some examples of each.
  - 2.1 Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.** We may use and disclose your PHI for the following reasons without your authorization.
    - 2.1.1 For Treatment.** We may use or disclose your PHI to provide treatment to you or coordinate care. Your PHI may be used by or disclosed to physicians, nurses, medical students, and other health care professionals who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to the physical therapy department or to a pharmacy when we send a prescription to be filled for you.
    - 2.1.2. To Obtain Payment for Treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may disclose your PHI to your health plan to get paid for the health care services we provided to you or to find out whether a proposed treatment is covered. We may also disclose your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
    - 2.1.3 For Our Health Care Operations.** We may use or disclose your PHI for health care operation purposes, in other words, in order to run our business. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided services to you. We may also disclose your PHI to our accountants, attorneys, and consultants who perform services on our behalf.
  - 2.2 Other Uses and Disclosures** The following categories describe additional ways that we may use and disclose, or be required to use and disclose, your PHI without your authorization. We may have to meet certain conditions in the law before we can share your information for these reasons.
    - 2.2.1. Disclosures Required by Federal, State, or Local Law, Judicial or Administrative Proceedings, or Law Enforcement.** For example, we may make disclosures when a law requires we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence, when dealing with gunshot or other wounds from violent crimes, or as ordered by a court or in an administrative proceeding. We may also disclose PHI, if necessary, to identify or locate a suspect or missing person, for concerns of criminal conduct at an Ascension Michigan facility, for concerns of a victim of a crime under certain circumstances, and in certain emergency situations.
    - 2.2.2 Public Health and Safety.** We may disclose your PHI for public health and safety purposes. For example, we disclose information about births, deaths, immunizations and various conditions (such as HIV/AIDS and cancer) to government officials or registries. We may also disclose PHI to manufacturers of drugs, biologics, devices and other products regulated by the Food and Drug Administration on quality, safety, and effectiveness. PHI may also be disclosed to certain people exposed to communicable diseases or to employers in connection with occupational health and safety or worker's compensation matters.
    - 2.2.3 Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical director for the purpose of identifying a deceased person, determining cause of death, or other duties authorized by law. We may also disclose your PHI to a funeral director, consistent with law, to permit the funeral director to carry out his or her duties.
    - 2.2.4 Health Oversight Activities.** We may disclose your PHI to a health oversight agency for health oversight activities authorized by law. These activities include audits, investigations, licensure and disciplinary actions, and related activities which are necessary to monitor the health care system, governmental benefit programs and compliance with civil rights laws. For example, we may disclose information to assist the government when it conducts an investigation or inspection of a healthcare professional or organization.
    - 2.2.5 Purposes of Organ Donation.** We may disclose your PHI to organ, eye, or tissue procurement organizations and others engaged in procurement, banking, and transplantation to assist them in donations and transplants.
    - 2.2.6 Research Purposes.** Under certain circumstances, we may use or disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who receive one medication to those who receive another. All research projects are approved using a special process that reviews protections for patients, including privacy.
    - 2.2.7 Specific Government Functions.** We may disclose PHI of military personnel and veterans in certain situations. We may also disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
    - 2.2.8. Workers' Compensation Purposes.** We may disclose PHI as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.
  - 2.3. Uses and Disclosures to Which You Have an Opportunity to Object**
    - 2.3.1 Patient Directories.** We may include your name, location in the facility, and general condition in our patient directory and disclose it to individuals who ask for you by name, unless you object. We also may include your religious affiliation (if any) in the facility directory and disclose facility directory information to clergy members, unless you object.
    - 2.3.2 Disclosure to Family, Friends, or Others.** We may provide your PHI to a family member, friend, or other person to the extent that person is involved in your care or the payment for your health care, unless you object in whole or in part. If you are unable to object, our healthcare professionals will use their best judgment in communicating with your family and others.
    - 2.3.3 Special Legal Restrictions.** Michigan law and/or federal regulations may require specific authorization for the disclosure of PHI for patients receiving treatment for mental health, substance abuse, or HIV/AIDS conditions, as well as certain genetic information. We abide by all state and federal laws.

- 2.4 Uses and Disclosures to Which You Have the Opportunity to Opt Out.** We may use or disclose PHI for fundraising activities for our organization, including through a foundation owned by or affiliated with an Ascension Michigan facility. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the Ascension Michigan HIPAA Privacy Officer listed in Section 6 of this Notice.
- 2.5 Uses and Disclosures That Require Your Authorization.** If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization, in writing, at any time. Your revocation will stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).
- 2.5.1. Psychotherapy Notes.** We must obtain your written authorization before we may use or disclose your psychotherapy notes for most purposes, except we are permitted to use or disclose your psychotherapy notes for the following reasons without obtaining your authorization: use by the originator of the psychotherapy notes for treatment; for our own training programs; or to defend ourselves in a legal action or other proceeding.
- 2.5.2. Marketing.** We must obtain your authorization before we may use or disclose your PHI for marketing purposes.
- 2.5.3. Sale of PHI.** We must obtain your written authorization before we sell your PHI.
- 2.5.4.** Any other uses or disclosures not covered by this Notice or the laws that apply to us will be made only with your authorization.
- 3. YOUR RIGHTS** You have the following rights with respect to your PHI:
- 3.1. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. This request must be made in writing. We will consider your request, but we are not required to accept it (except if you pay in full out-of-pocket for a particular service and you request that we not disclose any information to your health plan about that service, we must grant that request unless we are legally required to share the information). If we agree to your request, we will put any requested limits in writing and abide by them, except in emergency situations.
- 3.2 The Right to Request Confidential Communications.** You have the right to ask that we send PHI to you at an alternate address (for example, to your work address rather than your home address) or by alternate means (for example, encrypted email instead of regular mail). We will agree to all reasonable requests.
- 3.3 The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have. If we do not have your PHI, but we know who does, we will tell you where to direct your request. We will respond to you within 30 days after receiving your written request. We will also transmit a copy of your PHI to another person designated by you in writing. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, we may charge you a reasonable fee as permitted by law.
- 3.4 The Right to Get a List of the Disclosures We Have Made.** You have the right to request an accounting (a list) of times we disclosed your PHI. The list will not include any of the uses or disclosures for treatment, payment, and health care operations purposes, as well as some other types of disclosures we are permitted to make. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable, cost-based fee for each additional request.
- 3.5 The Right to 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. We will respond within 60 days of receiving your request.
- 3.6 The Right to Receive a Copy of this Notice.** You have the right to receive a copy of this Notice and we will give you a copy in the format you request (paper or electronic). If you agree to receive this Notice via email, you still have the right to request a paper copy of this Notice.
- 3.7 The Right to Complain About Our Privacy Practices.** You may file a written complaint with the Ascension Michigan HIPAA Privacy Officer at 28000 Dequindre Road, Warren, Michigan 48092 or via email to: [compliance.michigan@ascension.org](mailto:compliance.michigan@ascension.org) or with the Secretary of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.
- 4. HEALTH INFORMATION EXCHANGES.** In an effort to provide the best care to you, Ascension Michigan and its care delivery sites may participate in arrangements between health care organizations that facilitate access to healthcare information relevant to your care. We may disclose your PHI to other health care providers, health plans, other health care entities or the government, as permitted by law, through a Health Information Exchange ("HIE") in which we participate. If you have questions about how to opt out of the HIE so that your PHI is not disclosed to other health care providers through the HIE, please contact the Ascension Michigan HIPAA Privacy Officer listed under Section 6. Please be aware that even if your PHI is no longer disclosed to other health care providers through the HIE, your PHI may still be disclosed through the HIE for other purposes permitted or required by law.
- 5. ASCENSION MICHIGAN is dedicated to protecting the privacy and security of your medical information. We are required by law to:**
- Protect the privacy and security of your medical information or, what we call "protected health information" or "PHI".
  - Provide you with this Notice about our legal duties and privacy practices with respect to PHI. This Notice explains how, when, and why we use and disclose your PHI. We are legally required to follow the practices described in this Notice.
  - Notify you if a breach of your unsecured PHI occurs.
- 6. CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.** If you have any questions regarding this Notice or how to exercise your rights listed in this Notice, you may contact the Ascension Michigan HIPAA Privacy Officer by telephone at (586) 753-1171, by sending a letter to 28000 Dequindre Road, Warren, Michigan 48092 or by email at: [compliance.michigan@ascension.org](mailto:compliance.michigan@ascension.org).
- 7. EFFECTIVE DATE OF THIS NOTICE:** April 29, 2021