



NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO SUCH MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO PRIVACY

You have entrusted Henry Ford Health System with the responsibility of providing health care for you and your family. We are dedicated to maintaining your trust. We know that the privacy of your medical information is important to you. That's why we take our responsibility to protect the privacy of your medical information very seriously.

This privacy notice describes how we protect your privacy as we provide coverage and services to you. It describes the medical information we collect about our patients, how we use it, and with whom we share it. This notice also explains your rights and certain obligations we have regarding the use and disclosure of your medical information.

This notice applies to services provided at any of the Henry Ford Health System hospitals, outpatient departments, retail facilities, urgent care centers, and hospital-owned physician practices as well as those outside the organization with whom we've contracted for assistance for health care services. A complete list of affiliated covered entities can be found at www.henryford.com/privacy; if you do not have access to a computer then you may call our Integrity Line at 1-888-434-3044 and request a complete list of affiliated entities be mailed to you. All of these entities, sites and locations may share your medical information for treatment, payment or health care operations, as described in this Notice and by law. Your private doctor may have different notices and policies about the use and disclosure of your medical information created in his or her office or clinic. We are required by law to make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices concerning your medical information, and follow the terms of the notice that is currently in effect.

COMPLAINTS

If you have any questions about this Notice of Privacy Practices, or questions or complaints about the handling of your medical information, you may contact the Information Privacy & Security Office in writing, using the information below. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

Henry Ford Health System
Information Privacy & Security Office
One Ford Place, Suite 2A
Detroit, Michigan 48202

1-888-434-3044

www.MyComplianceReport.com (Access Code: HFH)

CHANGES TO OUR NOTICE OF PRIVACY PRACTICES

We may change our Notice of Privacy Practices from time to time. The changes will apply to all medical information about you that we have at the time of the change, and to all medical information about you that we keep in the future. Generally, the changes will take effect when they appear in a revised Notice of Privacy Practices. A copy of our current Notice will be posted in our facilities and be available to all patients.

**OUR USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION NOT
REQUIRING YOUR WRITTEN AUTHORIZATION**

Each time you receive services from a hospital, physician or other health care provider, a record of your encounter is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information is often referred to as your health or medical record. This information, linked with your name or other identifying information is used in many ways such as providing care, obtaining payment for your care and running our business. Disclosures of your medical information for purposes described in this Notice may be made in writing, orally, electronically, or by facsimile.

As permitted by HIPAA and Michigan State law, we may use or disclose your medical information without obtaining prior authorization from you to carry out the activities detailed below:

Treatment: We may use your medical information to provide you with medical care in our facilities or in your home. We may also share your medical information with others who provide care to you such as hospitals, nursing homes, doctors, nurses, physician assistants, medical and nursing students, therapists, technicians, emergency service and transportation providers, medical equipment providers, pharmacies, and others involved in your care that may not be listed. In addition, different hospital departments may share your medical information to assist with filling your prescriptions, requesting lab work and x-rays along with other medical needs that may not be listed.

Payment: We may use and disclose your medical information as needed to get paid for the medical care that we provide to you or to assist others who care for you to get paid for that care. For example, we may share your medical information with a billing company or with your health insurance plan to obtain prior approval for your care or to make sure your plan will cover your care.

Health Care Operations: We may use or disclose your medical information for our quality assurance activities and as needed to run our health care facilities. We also may use or disclose your medical information to get legal, auditing, accounting and other services and for teaching, business management and planning purposes. We may use your medical information in combination with other patients' medical information to compare our efforts and to learn where we can improve our care and services. We may disclose your medical information to businesses and individuals who perform services for us as long as they agree to protect the privacy of that information.

Media Condition Reports: We may release your medical information for an update to the media if the media requests information about you using your full name. The following information may be disclosed: your condition described in general terms such as "good", "fair", "serious", or "critical". You have the right to request that this information not be released.

Appointments Reminders: We may use your medical information to contact you about upcoming appointments. These reminders may be communicated by using the following methods: text message, email and telephone.

On-Site Contacts: While in our facilities, we may need to contact you by overhead page or ask you to write your name on a sign-in sheet. In these instances, we take reasonable precautions to protect your privacy.

Individuals Involved in Your Care or Payment for Care: We may release medical information about you to a friend or family member who is involved in your medical care or is responsible for paying for your care. Under unique circumstances, if you are an inpatient or in the emergency room we may share limited information with your family or friends about your condition and location. For example, if you are incoherent we may share your medical information with family members or friends to assist in providing quality care during your stay. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Patient Directory: We may include certain limited information about you in the patient directory while you are a patient at any of our hospitals. This information may include your name, location in the hospital, your general condition as well as your religious affiliation and may also be released to people who ask for you by name.

Treatment Alternatives, Health Benefits, Fundraising, and Marketing: We may use and disclose your medical information to tell you about treatment alternatives, health-related benefits, products or services or to provide gifts of nominal value to you or your family. We may also contact you to raise funds for Henry Ford Health System.

Research: Under certain circumstances, we may use or disclose medical information about you, for research purposes. However, the information would be limited to medical information in preparation for conducting research (e.g., to help look through generic records with specific medical conditions to aide in finding a cure). Medical information used in preparation for conducting research will not leave the institution. Research projects must be cleared through a special approval process before any medical information is disclosed to the researchers. Researchers will be required to protect the medical information they receive. All research projects are subject to approval by the Henry Ford Health System Institutional Review Board (IRB), the IRB shall obtain your consent prior to committing to any research project.

To Avert a Serious Threat to Health and Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

Community/public health activities and reports: We may use and disclose medical information about you with regard to disease control, abuse or neglect, and health and vital statistics.

Administrative oversight: We may use and disclose medical information about you related to activities such as audits, investigations, licensure, or determining cause of death.

Court order or legal processes: We may use and disclose medical information about you related to law enforcement activities including custody of inmates, legal actions or national security activities.

Organ and tissue donation and transplant reports: We may use and disclose medical information about you as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.

Workers compensation or other rehabilitative activities: We may use and disclose medical information about you as required by law or insurers to provide benefits for work-related or victim injuries or illnesses.

Law enforcement release of information: We may use and disclose medical information about you, if asked to do so by a law enforcement individual in connection with a criminal activity.

Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner, medical examiner or funeral director.

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 of the United States and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: We may release medical information about you to the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

OUR DISCLOSURE OF YOUR MEDICAL INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization to disclose your medical information as described below (other included disclosures may not be listed here). If you provide us with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future disclosures of your medical information. However, the revocation will not be effective for information that we have already used or disclosed.

Marketing & Sale of Medical Information: We will obtain your written authorization for most marketing activities and disclosures that constitute the sale of your medical information before disclosure.

Psychotherapy Notes: We will obtain your written authorization for disclosure requests of your psychotherapy notes or documents related to your use of Suboxone, as documented by your therapist, before disclosure.

YOUR INDIVIDUAL RIGHTS RELATED TO YOUR MEDICAL INFORMATION

The rights detailed below are available and must be exercised by you as it relates to your medical information:

Access and Copies: Generally, you have the right to review, inspect or receive a copy of the medical information that we keep about you or anyone else that you have legal authorization to access. Please note that we may charge you for our costs related to your request. We may deny your request in certain, very limited, circumstances. For example, a request may be denied if review of the records is reasonably likely to endanger the life or physical safety of the individual or another person. If you are denied, you may request that the denial be reviewed and a licensed health care professional will be chosen by the hospital to review the request and denial. Some of our facilities maintain records for a 10 year period and in some instances your medical information may not be available due to our retention policy.

Disclosure List: You have the right to receive a list of your medical information disclosures, with the exception of disclosures related to treatment, payment or healthcare operations that were made without your authorization. You may submit a written request for a time period up to six years from the date of disclosure. Your first request in a 12-month period is free. After that, we may charge for additional requests.

Amendments: If you believe that information in your medical record is incorrect, or that information is missing, you may submit a written request to ask us to amend the record. We may deny the request if it is not in writing or if it does not include a reason to support the request. In addition your request may be denied if our information is complete and accurate, if the medical information was not created by us, if the information is not part of the medical information kept by or for us or is not part of the information that you would be permitted to inspect and copy under certain circumstances. We cannot change the information in the record; we would add in the supplemental information by an addendum.

Restrictions: You may submit a written request to restrict how we use or disclose your medical information. We will send you a written response informing you about our ability to honor your request. For example, if you pay for a service completely out of pocket and ask us not to disclose information about that service to your insurance company, we will abide by your request. In addition, you may want to opt-out of being listed in the patient directory while in the hospital, that request will also be honored.

Confidentiality: You have the right to request that your medical information be shared with you in a confidential manner, such as at home rather than at work.

Copies of our Notice of Privacy Practices: You can ask for a copy of our current Notice of Privacy Practices at any time. If this Notice of Privacy Practices was sent to you electronically, you may request a paper copy.

Minor's right to keep certain medical information confidential from their parents: Minor means an individual who is less than 18 years of age. However, there are times when minor patients (14 years of age or older) may make decisions about their own care and may have the rights described in this Notice. For example, by law, minors may seek help on their own for medical conditions such as mental health issues, sexually transmitted diseases (HIV), drug dependencies and pregnancy. Some minors (for example, those who are married or have given birth to a child) are considered "emancipated minors" who may have the same rights as adults in making decisions about all their own medical care.

Notification of a Breach: You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your medical information.

Opt Out Options: We may use your medical information when conducting research projects, fundraising events and marketing campaigns, throughout the health system. We or our affiliates may also send out fundraising communications about our fundraising efforts to solicit your support. We ask that you aid us in our efforts, while being confident that we are protecting your medical information. If you wish to opt-out of these activities, you have the right to request to do so in writing. If after choosing to opt out you wish to opt back in, you may also do so in writing.

Who to Contact: To exercise any of the rights described above, please send a written request to our Information Privacy & Security Office at One Ford Place, Suite 2A Detroit, MI 48202 or by downloading and completing the coordinating form via the internet at www.henryford.org/privacy. If you do not have access to a computer then you may call our Compliance Line at 1-888-434-3044 and request a form be mailed to you. Completed forms can be mailed to our address above, emailed to PrivacySecurity@hfhs.org or faxed to 313-876-1306.