

# **NOTICE OF PRIVACY PRACTICES**

## **Western Michigan University**

Effective Date of Notice: April 14, 2003

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules require health care providers who are covered by HIPAA to develop and make available to patients a Notice of Privacy Practices (Notice). Sindecuse Health Center (SHC), and certain of the Unified Clinics in the Western Michigan University College of Health and Human Services, are HIPAA Covered Entities. The Privacy Rules also require Covered Entities providing health care to obtain from patients a written acknowledgement of receipt of the Notice or, if that does not happen, to document their good faith efforts to obtain a written acknowledgement.

Patients who have not signed an acknowledgement in advance will be given a copy of the Notice and asked to sign an acknowledgement form at their next visit to Sindecuse Health Center or one of the Unified Clinics. It will save you and our staff time if you review the Notice on the web site in advance, print the form named "Acknowledgement of Receipt of the Notice of Privacy Practices" and either bring it with you to your next appointment, or:

Mail it in advance to:  
**Privacy Officer**  
**Sindecuse Health Center**  
**Western Michigan University**  
**Kalamazoo, MI 49008-5445**

Fax it in advance to:  
**Privacy Officer**  
**Sindecuse Health Center**  
**Western Michigan University**  
**(269) 387-4494**

If you are not able to return the form in advance or do not bring a signed acknowledgement with you to your next appointment, you will be asked to complete it before you see a health care provider, so you may want to come a few minutes early.

If you have questions about the Notice or the acknowledgement, please contact the Privacy Officer identified on the last page of this Notice.

## **NOTICE OF PRIVACY PRACTICES**

### **Western Michigan University**

#### **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.**

Our purpose in giving you this Notice is to tell you how we will use and disclose health information about you. The term “health information” includes all health information we produce about you, such as information contained in your medical record or a designated record set, information used in invoices or payment forms, and information maintained as a hard copy, in electronic form, as photographs or videotapes or in any other medium. The term also includes health information received from other hospitals, health care providers, and health plans or health insurers.

This Notice is being posted in the various clinics and on the Western Michigan University ([www.wmich.edu](http://www.wmich.edu)) and clinic ([www.wmich.edu/shc](http://www.wmich.edu/shc)) web sites and/or given to you by the University and by the people and organizations that work with the University to provide you with health care at a University site. This Notice of Privacy Practices applies to the University and the members of its workforce, including its employees, volunteers, and trainees who provide services.

#### **HOW COVERED ENTITIES MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

In some circumstances, the law allows us to use or disclose your health information without asking for your authorization in advance or giving you an opportunity to object. These circumstances include:

**For Treatment.** We may use or disclose health information about you to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your chart about your care or treatment. This might be the result of tests or studies or medication you have received. Health care providers may also use or disclose your health information to other health care providers involved in your care, such as a physical therapist or a pharmacist who care for you or provide a prescription or services to you.

**For Payment.** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payor, such as an insurance

company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations.** We may use and disclose health information about you for health care operations purposes. For example, physicians and other health care providers, or risk management and quality improvement personnel may use it to:

- evaluate the performance of our health care providers and staff;
- assess quality of care and outcomes;
- learn how to improve our facilities and services;
- obtain accreditation;
- determine how to improve the quality and effectiveness of the health care we provide;
- participate in managed care plans;
- obtain or participate in financial or billing audits;
- defend legal matters;
- do business planning;
- obtain and retrieve our records from outside storage.

If a covered entity outside of the HIPAA covered components designated above and other health care providers covered by this Notice also has a relationship with you, we may also disclose relevant information to that entity to use in performing its own day-to-day operations.

**Appointments, Treatment Alternatives and Services.** We may use your information to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

**Fundraising.** We may contact you to raise funds for our charitable activities. If you do not want to continue to receive them, all you have to do is tell us. Each fundraising communication we make or send will tell you how to opt out of receiving future fundraising materials.

**As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law. These include:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties.

**Public Health Risks.** We may disclose health information about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Medical Examiners and Funeral Directors.** In the event of the death of a patient, we may release health information about that patient to funeral directors or a medical examiner to enable them to carry out their lawful duties.

**Organ and Tissue Donation.** We may use or disclose your health information for cadaveric organ, eye or tissue donation purposes.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we will share relevant information about your care with your family or friends who are helping you with your care or with payment for your care. If you are receiving substance abuse treatment or mental health services at our facility, we will seek your written authorization prior to sharing such information. However, if you are incapacitated, we may use or disclose relevant information about your care to your personal representative, if available. Further, in such circumstances, our health professionals, using their professional judgment, may also use or disclose health information in an effort to notify or to identify, locate and notify a family member, your personal representative, or another person responsible for your care, of your location and general condition or death. In disaster situations, we may disclose your health information to organizations that are involved in locating and notifying relatives and close friends.

**Research.** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Health Professional Education.** We may use your health information for health care educational purposes as we provide training opportunities for medical students, residents, and other health professions trainees and students. We require all such persons to maintain the confidentiality of Protected Health Information (PHI) and to follow our privacy policies.

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

**Government Functions.** We may use and disclose health information for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

**Workers' Compensation.** We may release health information about you in order to comply with laws and regulations related to Workers' Compensation.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Inmates.** We may disclose health 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.

**Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse effects/events to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**The Federal Department of Health and Human Services (DHHS).** Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards. Our use and disclosure of your health information must comply not only with federal privacy regulations but also with applicable Michigan law. Michigan law provides different protections to your health information. For example, Michigan provides extra protection for sensitive information, like HIV/AIDS information and mental health information.

### **OTHER USES AND DISCLOSURES**

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 authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you covered in the revocation. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain your health information. To revoke your authorization for use or disclosure, you must send written revocation to the Privacy Officer. The address and phone number are provided on the last page of this notice in the section titled "Contacting Us about Your Health Information."

## **YOUR RIGHTS REGARDING HEALTH INFORMATION**

You have the following rights regarding health information we maintain about you:

**The right to request a restriction on certain uses and disclosures or your information as provided by law.** We will agree to your request to restrict disclosure of health information to a health plan for payment of health care operations in the event the health information pertains to services or treatment that have been paid out of pocket and in full. However, other than this restriction, the Covered Entity is not required to agree to a requested restriction. If we do agree, we will abide by the restriction unless you are in need of emergency treatment and the restricted information is needed to provide that treatment. Requests should be directed in writing to the Privacy Officer identified on the last page of this notice.

**The right to request us to communicate your health information in an alternative or confidential manner or at alternative locations.** You may, for example, ask us to contact you at work rather than at home or by e-mail instead of by telephone or regular mail. Again, to make this request, make it in writing addressed to the Privacy Office identified on the last page of this notice. We may impose a cost-based charge, if applicable.

**The right to obtain a paper copy of this Notice upon request.** Again, the request should be made in writing addressed to the person identified on the last page of this notice.

**The right to inspect and obtain an electronic or paper copy of your health information, except psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings and certain information governed by the Clinical Laboratory Improvement Act.** To arrange for access or electronic access to or a copy of your health information, you should submit a request in writing to the Privacy Officer identified on the last page below. Please be aware that you may have to pay for photocopies in advance on a regular cost-based charge for copying and mailing. You may also be charged for the cost of labor for providing electronic access to your health information.

There are several circumstances in addition to those stated in the paragraph just above in which your right to access your health information may be denied. They include the following: If you are an inmate in a correctional institution or are participating in a research study related to treatment, your right to access your PHI may be denied or suspended. Your right to access may also be denied pursuant to the Federal Privacy Act, if applicable. Your right to access may also

be denied if the information was obtained from a confidential source other than a health care provider under a promise of confidentiality.

Denials in any of the circumstances described in either of the preceding two paragraphs are not subject to review.

Access may be denied, subject to review, if (i) access is reasonably likely to endanger the life and physical safety of you or someone else, (ii) the information refers to another person and granting you access would be reasonably likely to cause harm to that person, or (iii) you are the personal representative of another person and a licensed health care professional determines that giving you access would cause substantial harm to the patient or another individual. If access is denied for any reason given in this paragraph, you have the right to have the decision reviewed by a health care professional that was not involved in the original decision to deny. If access is ultimately denied, the reasons will be given to you in writing. To request review of a decision, contact the Privacy Officer identified on the last page of this notice in writing.

**The right to request an amendment to your health record.** You have the right to request an amendment to your health information or a record about you that is part of a designated record set. The request may be denied (i) if we did not create the information, unless the creator no longer available to receive a request to amend, if the information or record is (ii) not part of the designated record set, or (iii) not available for access or inspection as described in paragraph immediately above this one, or (iv) is accurate and complete.

**The right to receive an accounting of disclosures of your health information during the six years preceding your request. Your right includes disclosures we have made and disclosures made by our business associates.** You have no right to receive an accounting of:

- disclosures made before April 14, 2003,
- disclosures made to you,
- disclosures of information to persons involved in your care or for the purpose of notifying your family or friends about your location and general condition or death,
- disclosures for national security or intelligence purposes,
- disclosures to correctional institutions or law enforcement that had you in custody at the time of the disclosure,
- disclosures made pursuant to an authorization signed by you,
- disclosures that are part of a limited data set,
- disclosures that are incidental to another permissible use or disclosure,

- disclosure made to a health oversight agency or law enforcement, if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by the request not to disclose
- disclosures made for the purpose of treatment, payment of health care operations made for the three years immediately preceding the request

The account will include the date of each disclosure, the name of the entity or person to whom disclosure was made, the address of the person or entity, if known, and a brief description of the information disclosed and the purpose of the disclosure.

Requests for an accounting should be submitted in writing to the Privacy Officer identified on the last page of this Notice.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Covered Entity or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with the Covered Entity, contact the Privacy Officer at the address provided on the last page below. All complaints to the Covered Entity must be submitted in writing. We will not retaliate against you for filing a complaint.

### **OBLIGATIONS OF COVERED ENTITIES**

In addition to our obligations described above, we are required to:

Maintain the privacy of PHI

Provide you with this Notice of our legal duties and privacy practices with respect to your health information;

Abide by the terms of this Notice.

### **THE COVERED ENTITY'S RIGHT TO CHANGE ITS PRIVACY PRACTICES**

We reserve the right to change our information practices and to make the provisions effective for all PHI we maintain. We will make revised Notices available to you by posting a copy of the current Notice in the various clinics, on the University ([www.wmich.edu](http://www.wmich.edu)) and clinic ([www.wmich.edu/shc](http://www.wmich.edu/shc)) web sites. You can locate the effective date of this and any revised Notice on the first page in the top right hand corner. If a material change to this notice is made, we will offer you a copy of the current notice then in effect.

## **CONTACTING US ABOUT DISCLOSURE OF YOUR HEALTH INFORMATION**

Please direct all inquires, requests for records, requests to revoke a previously signed authorization, requests for copies of our Notice of Privacy Practice, complaints, or concerns to the individual(s) identified below. Bear in mind that any complaint of a violation of your rights under the HIPAA Privacy Rules must be sent in writing to the Privacy Officer identified below.

Privacy Officer  
Sindecuse Health Center  
Western Michigan University  
Kalamazoo, MI 49008-5445  
Phone: (269) 387-3562  
Fax: (269) 387-4494

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