

Allegan General Hospital

Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- ? Basis for planning your care and treatment
- ? Means of communication among the many health professionals who contribute to your care
- ? Legal document describing the care you received
- ? Means by which you or a third-party payer can verify that services billed were actually provided
- ? A tool in educating health professionals
- ? A source of data for medical research
- ? A source of information for public health officials charged with improving the health of the nation
- ? A source of data for facility planning and marketing
- ? A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ? Ensure its accuracy
- ? Better understand who, what, when, where and why others may access your health information
- ? Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the health care facility that compiled it, the information belongs to you. You have the right to:

- ? Restrict or limit the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request you must tell us:

- 1) What information you want to limit;
 - 2) Whether you want to limit our use, disclosure or both; and
 - 3) To whom you want the limits to apply, for example, disclosures to your spouse.
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- ? Obtain a paper copy of our Notice of Information Practices, upon request. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.aghosp.org. To obtain a paper copy of this notice, you may make your request in writing to the Privacy Officer
 - ? Inspect and copy medical information that may be used to make decisions about your care. This usually includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical information, you must submit your written request to our Privacy Officer and allow the Medical Records Department two working days to complete your request. If you request a copy of the information, we may charge you a fee for the costs of copying, mailing or other supplies associated with your request.
 - ? You have the right to request that we amend your information if you feel that the medical information we have about you is incorrect or incomplete. To request an amendment, you must submit a request in writing to the Privacy Officer listing the reason that supports your request. If you do not do this we may deny your request. We may also deny your request if the information was not created by us, unless the person or entity that made the information is no longer available to make the request; is not part of the medical information kept by or for the hospital; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.
 - ? Request an accounting of the disclosures. This is a list of the disclosures we made of medical information about you. To request this list, you must submit your request in writing to the Privacy Officer. Your request must state a time period. Please note that the accounting will not apply to any of the following types of disclosures: Disclosures made for reasons for treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12 month period. For requests thereafter, you will be charged a reasonable fee. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
 - ? Request communications of your health information by alternative means or to alternative locations. For example, you can ask that we only contact you at work or by mail. To request alternative communications, you must request in writing to our Privacy Officer. You do not have to list the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
 - ? Revoke your authorization which you have given to use or disclose information except to the extent that action has already been taken. Your request for revocation must be made in writing to our Privacy Officer.

Our Responsibilities

Our organization is required under law to:

- ? Maintain the privacy of your health information
- ? Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

- ? Abide by the terms of our privacy notice currently in effect
- ? Notify you if we are unable to agree to a requested restriction
- ? Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our health information practice change, we will post and/or provide a revised notice to you upon your request. We will not use or disclose your health information without your consent or authorization, except as described in the notice currently in effect.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Customer Relations at 269-686-4200 or the Privacy Officer at 269-686-4252.

If you believe your privacy rights have been violated, you can file a complaint within 180 days of when you knew or should have known that the act or omission complained of occurred, with the Privacy Officer or with the secretary of the federal Department of Health and Human Services, Washington, D.C. There will be no retaliation for filling a complaint.

How We Will Use or Disclose Your Health Information

We will use or disclose your health information for treatment.

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We are also permitted to disclose your medical information to other health providers outside this hospital such as your physician or a subsequent health care provider to assist him or her in treating you once you're discharged from this hospital.

We will use or disclose your health information for payment.

For example: A bill may be sent to you or a third-party payer, such as your insurance company or health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also disclose medical information to emergency responders to allow them to obtain payment or reimbursement for services provided to you.

We will use or disclose your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of a quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may also disclose your medical information for the health care operation of another health care provider or health plan so long as they have a relationship with you and need the information for their own quality assurance purposes. This would allow them to assess the quality of care provided in your case and to ensure the quality of care you and other patients deserve.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency

department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. Other examples of business associates include JCAHO (Joint Commission of Accreditation of Healthcare Organization), our independent accrediting agency, and state hospital association, to whom we disclose comparative statistics as required by our certifying/accrediting agencies. To protect your health information, however, we require the business associates to appropriately safeguard your information.

Directory: Unless you notify us in writing, that you object, we will use your name, location in the facility, general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. The exception to this is those patients in our Psychiatric Unit.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they may have provided us, i.e. on an answering machine. We may use or disclose information to notify you of a scheduled appointment.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

In the event of a disaster, unless you object in writing to us, we may disclose medical information about you to other health providers and to entities assisting in a disaster relief effort to coordinate care and so that your family can be notified about your condition and location.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that we offer that may be of interest to you.

Health Related Benefits and Services: We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Coroners, medical examiners and funeral directors: We may disclose health information to a coroner or medical examiner, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may use or disclose your health information to contact you in order to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. This could also include information regarding support groups or newsletters that could be of interest to you.

Fund Raising: We may use or disclose your health information in connection with limited fund-raising communications permitted under the Federal Privacy Rules. Any such communication addressed to you will contain instructions describing how you may “opt out” of receiving further such communications.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Worker's Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with Public Health activities. These activities generally include the following: Tracking, preventing or controlling disease, injury or disability, reporting births and deaths; reporting child abuse or neglect; report reactions to medications or problems with products; to notify persons of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Correctional Institution: Should you be an inmate of a correctional institute, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals and for the safety and security of the correctional facility.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or order for other lawful purposes. In other limited circumstances for purposes of identifying or locating suspects, fugitives, material witnesses, missing persons or crime victims your health information may be used or disclosed.

To Avert Serious Threat to Health or 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 the public or another person. Any disclosure, however, would be to someone able to prevent the threat.

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.

Military/Veterans: If you are a member of the armed services, we may release medical information about you as required by military command authorities or applicable law.

Required Disclosures: Federal regulations require us to disclose your personal health information in two instances; to you if you request the information as outlined above, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review.

Effective Date: April 14, 2003