

# NOTICE OF PRIVACY PRACTICES

**Effective Date: April 14, 2003**

Alpena General Hospital  
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Privacy Officer 989-356-7264  
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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## **Our Pledge Regarding Health Information.**

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services that you receive at this hospital. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice of Privacy Practices applies to all the health information that we generate or receive at the hospital, any AGH -affiliated locations office or clinic. It applies to health information generated by hospital employees, contractors, volunteers and to your private physician and any other member of our Medical Staff while they take care of you at the hospital, any AGH location, office or clinic. The members of our Medical Staff may have different privacy practices at their private offices. They should give you their own Notice of Privacy Practices when you visit them there. AGH and the Members of our Medical Staff will share your health information with each other for purposes of treatment, payment, and health care operations.

**Health information includes print information, electronic information, oral information, certain photographs, or voiceprints, when the information identifies you or when someone can reasonably use the information along with other information in order to identify you.**

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

## **Uses and Disclosures of Health Information.**

You will be asked to sign a one-time acknowledgment form, which indicates your receipt of the **Notice of Privacy Practices** brochure. We will use and disclose health information about you in

the ways described in this Notice.

Following are examples of the types of uses and disclosures of your healthcare information that AGH is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our hospital.

**TREATMENT** - We use your health information for treatment purposes when, for example, we make an appointment for inpatient or outpatient services for you, when the professionals taking care of you at the hospital share information amongst themselves about your symptoms, tests, diagnoses, treatments and care plans. We disclose health information outside of the hospital for treatment purposes when, for example, we refer you to another health facility (such as a home health agency, durable medical equipment supplier, or nursing home) for care after you leave the hospital, or when your doctor gets a consultation from a specialist about how best to care for you.

**PAYMENT** - We use your health information for payment purposes when, for example, our staff asks you about health plans that you may belong to, or about other sources of payment for our services; when we prepare bills to send to you or your health plan; when we process payment by credit card; and occasionally when we try to collect unpaid amounts due. We may disclose your health information outside of the hospital for payment purposes when, for example, we send your health information to a billing service; when the billing service sends bills or claims for payment by mail, fax, or computer to you or your health plan; when we ask for prior authorization for services from your health plan; when we respond to requests from your health plan for background information so the plan can determine its payment obligations; when we send your health information to a company to assist with obtaining Medicaid for uninsured patients who qualify for Medicaid; or when we occasionally have to ask a collection agency or attorney to help us with unpaid amounts due.

**HEALTHCARE OPERATIONS** - We use and disclose your health information for health care operations in a number of ways. Health care operations means those administrative and managerial functions that we have to do in order to run our hospital. We may use or disclose your health information, for example, for financial, compliance or billing audits; for internal quality assurance or utilization review; for personnel decisions; to credential private physicians who care for patients here; to train students and interns and some non-professional staff; for accreditation of the hospital by organizations like the Joint Commission on the Accreditation of Health Care Organizations; to enable us and our physicians to participate in managed care plans; for the defense of legal matters; to develop business plans and for some fundraising and marketing; and for outside storage of our records.

When we use or disclose your health information for treatment, payment, or health care operations, we usually will ask for your prior permission except in our general admission consent form. An exception is that we will often ask your prior permission to disclose health information outside of the hospital if the health information is about HIV or AIDS, STDs, mental health treatment, substance abuse treatment, or genetic testing.

#### **Uses and Disclosures with Oral Permission**

If you give us your oral permission (or if your permission can be inferred from the circumstances or you do not object to a use or disclosure), the law allows us to use and disclose your health information in three ways in addition to treatment, payment, or health care operations. We can use or disclose it in our hospital directory so that callers and visitors know where to find you and how you are doing; for clergy of your faith to minister to you while you are being treated; and so that those family and friends who are involved in your care can be informed about your health condition and needs.

## **Uses and Disclosures without Authorization**

In some other limited situations, the law allows or requires us to use or disclose your health information without your permission. These uses and disclosures are in addition to treatment, payment, or health care operations and are:

- When a state or federal law mandates that certain health information be reported for a specific purpose;
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the Federal Food and Drug Administration regarding drugs or medical devices;
- Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- Uses and disclosures for health oversight activities, such as for our hospital license or the licensing of our staff physicians and nurses; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- Disclosures for some law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our hospital; or to report a crime that happened somewhere else;
- Disclosures to a medical examiner to identify a deceased person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- Uses or disclosures for health related research under the supervision of our Institutional Review Board, under specific circumstances;
- Uses and disclosures to prevent a serious threat to health or safety to you or others;
- Uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- Uses and disclosures related to Worker's Compensation programs, or for work place occupational exposure surveillance;
- Disclosures to business associates who perform health care operations for us and who commit to respect the privacy of your health information.
- Uses and disclosures to send you information about our health care products or services;
- Uses and disclosures of any health information that does not identify you, or uses and disclosures of a "limited data set" that partially identifies you for research, public health or health care operations;
- "Incidental" disclosures that we cannot avoid when we are making another permitted use or disclosure, like when someone else in a waiting room hears us call you in for treatment.

## **Appointment Reminders and Fundraising**

We may call or mail reminders to you of scheduled appointments, or that it is time for you to make an appointment. Unless you tell us otherwise, we will mail these reminders on post cards, or leave you a message on your telephone answering machine or with someone at your home. We may also call or mail information to notify you of other treatments or services available at our hospital that might help you. Unless you tell us otherwise, we may send you fundraising requests for our hospital. If you do not want to receive fundraising requests, send a written letter to the Director of Marketing and Development at the address, fax, or E-mail shown at the beginning of this notice.

## **Other Disclosures**

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may

revoke it at any time unless we have already used or disclosed information in reliance upon it.

### **Your Rights Regarding Your Health Information**

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purpose of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Privacy Officer, at the address, fax, or E-mail shown at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E-mail to your personal E-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications, send a written request to the Privacy Officer at the address, fax, or E-mail shown at the beginning of this notice.
- Ask to see or get photocopies of your health information. You generally have the right to inspect and copy health information that may be used to make decisions about you at the hospital (like your medical and billing records) although there are some exceptions. If you disagree with how we apply an exception, you may sometimes have the right to appeal our decision to someone else in our hospital administration. If you want copies of your health information, we will charge you for the copying and mailing (if applicable). We require payment before we make any copies. To inspect and copy health information that may be used to make decisions about you, submit a written request to the Privacy Officer at the address, fax, or E-mail shown at the beginning of this notice.
- Ask us to amend your health information. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, submit a written request to the Privacy Officer at the address, fax, or E-mail shown at the beginning of this notice.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information that we use to make decisions about you;
  - Is accurate and complete.
- Get a list of certain disclosures that we have made of your health information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or health care operations, disclosures that you have authorized, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. If you want a list, submit a written request to the Privacy Officer at the address, fax or E-mail shown at the beginning of this notice.
- Get additional paper copies of this **Notice of Privacy Practices** upon request, no matter whether you received one electronically or in paper form already. If you want additional paper copies, send a written request to the Privacy Officer at the address, fax, or E-mail shown at the beginning of this notice.

## **Our Notice of Privacy Practices**

By law, we must abide by the terms of this ***Notice of Privacy Practices*** until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this notice, the new ***Notice of Privacy Practices*** will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our ***Notice of Privacy Practices***, we will post the new notice in our hospital, have copies available in our hospital and post it on our website.

## **Complaints**

If you think we have not properly respected the privacy of your protected health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to file a complaint with us directly, send a written notice to the Privacy Officer or Patient Representative at the address, fax or E-mail shown at the beginning of this notice.

## **More Information**

If you want more information about our privacy practices, call or visit the Privacy Officer at the address or phone number shown at the beginning of this notice.