

Effective 08/2011

NOTICE OF PRIVACY PRACTICES

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

This notice describes how the Ford Center and its affiliates (together “the affiliated covered entity”) may use and disclose your medical information. It also describes the facility's practices with other people in our clinically integrated care setting that may participate in the care of patients at the facility (together "the organized healthcare arrangement"). The Ford Center is required by law to provide you with this notice regarding our legal obligations with respect to your protected health information and to adhere to the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Each time you receive treatment at the Ford Center, a record of your treatment is made. Typically, this record contains information about your condition and the services that we provide. The following categories describe the ways that we, including the people in the organized health care arrangement, may use and disclose your medical information.

(Not every use or disclosure in a category will be listed. However, the ways we are permitted to use and disclose information typically fall into one of the categories. Also, in some cases state law limits us from disclosing special types of health information. For example, state law usually requires that the facility get your permission before disclosing mental health, alcohol/drug use and abuse, and HIV/AIDS information.)

- **For Treatment.** We may use your medical information to treat you. We may disclose your medical information to doctors, nurses, therapists or facility personnel who are involved in taking care of you at this facility or for other provider’s continuation of care. Other treatment uses or disclosures of your information include sharing your medical information to provide you with medication, lab work, x-rays and other healthcare services.
- **For Payment.** We keep track of the treatment, services and supplies you receive at the facility so we can bill you, your insurance company or other third-party payer. For example, in order to be paid, we may need to share information with your health plan about services that the facility provided to you. We may also tell your health plan about a treatment you are going to receive in order to obtain pre-approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We use and disclose your medical information for health care operations. For example, we, including the people in the organized health care arrangement, may use your medical information to review the treatment/services provided to you and evaluate the performance of the providers and staff that treat you. This helps to improve our services to be sure we are providing good care.

OTHER USES OR DISCLOSURES OF YOUR MEDICAL INFORMATION

- **Business Associates.** This facility provides some services by using outside vendors (also called business associates). This facility may share your medical information with them so that they can perform the job we have asked them to do including bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Treatment Alternatives.** We may use and disclose your medical information in order to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose your medical information in order to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** Only with your consent, we may disclose your medical information to a friend or family member who is involved in your care or for payment for your care.
- **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law.
- **Abuse.** We may disclose your medical information to state or federal authorities so that they can protect victims of abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law such as audits, investigations, and inspections.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose your medical information to a law enforcement official.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Military and Veterans.** If you are a member of the armed forces, we may disclose your medical information as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may disclose your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Inmates.** We may use or disclose your medical information to inform a correctional institution if you are an inmate.
- **Workers' Compensation.** We may disclose your medical information for workers' compensation or similar programs.
- **All Other Uses and disclosures of your medical information not covered by this notice may be made only with your written authorization.** You may revoke that authorization, in writing, at any time; however we are unable to take back any disclosures we have already made with your permission, and that we are required to retain for our records of the care that we provided to you.
- **State Law.** In some cases we are limited by state law from releasing certain categories of your medical information, such as mental health, alcohol/drug use and abuse, and HIV/AIDS information.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Although your health record is the property of the facility, the information belongs to you. Federal law gives you the rights described below regarding your medical information.

- **Right to Inspect and Copy.** With some exceptions, you may review and copy your medical information. *
- **Right to Amend.** You may ask us to amend your medical information if you feel it is incorrect or incomplete. However, we may deny your request under certain circumstances. *
- **Right to an Accounting of Disclosures.** You may request an "accounting of disclosures." This is a list of certain disclosures we made of your medical information, other than those made for purposes such as treatment, payment, or health care operations. Your request must be for a period not to exceed six (6) years from the request date and may not include dates before April 14, 2003. *
- **Right to Request Restrictions.** You may request a reasonable restriction on the uses or disclosures of your medical information. However, we are not required to agree to your request.*

- **Right to Request Alternate Communications.** You may request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. *

- **Right to a Paper Copy of This Notice.** You may request a copy of this notice at any time. To obtain a paper copy of this notice, contact the facility's Administrator or Privacy Designee.

* **To exercise any of these rights you must:** submit your request in writing to the facility's Administrator or Privacy Designee, provide a reason for your request and, if applicable, clearly indicate the action you want the facility to take. We charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to change or take back your request at that time before any costs are incurred.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting the facility's Administrator or Privacy Designee.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Office for Civil Rights (see the website: www.hhs.gov/ocr/hipaa for details). To file a complaint with the facility, contact the Administrator or Privacy Designee. All complaints to the facility's Administrator or Privacy Designee must be submitted in writing. You will not be penalized for filing a complaint.