

MEADOW BROOK MEDICAL CARE FACILITY

JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY MEADOW BROOK MEDICAL CARE FACILITY AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

THIS NOTICE APPLIES TO THE PRIVACY PRACTICES OF:

- All departments of Meadow Brook MCF;
- Attending physicians, Nurse Practitioners and Physician Assistants;
- Any health care professional authorized to enter information into your medical record;
- Any member of a volunteer group we allow to help you while you are in the facility;
- All vendors that provide direct and indirect care services to you, (i.e. pharmacy, therapy, lab, and x-ray).

USING AND DISCLOSING YOUR HEALTH INFORMATION

Each time you visit a hospital, physician, or other health care provider, a record of your visit and the care provided to you during that visit is made. Typically, this record contains information regarding your health history, symptoms, examinations and tests performed including the results of those tests, any diagnoses or treatment and any plan for future care or follow-up with respect to your condition or treatment. Some of this information may be collected from other health care providers. This information is often referred to as your health or medical record. When we create a record or collect this type of health information about you, we use it for current and future treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes, and to evaluate the quality of the care provided to you. Specifically, we may also use or disclose certain identifiable health information about you, without your authorization for other reasons such as:

- A means of communication with other health professionals who contribute to or participate in your care while you are a resident including doctors, nurses, technicians, therapists and other clinical personnel involved in taking care of you, as well as people outside of our organization who may be involved in your medical care after you leave our facilities, such as family members, clergy or others who provide services that are part of your care. For example, we may need to disclose information about whether you have diabetes to a doctor treating you for a broken bone or an infection because diabetes can slow the healing process.
- A means for preparing documentation relating to your treatment that we are required by law to maintain;
- A means by which you or a third party payor can verify services provided to you so that we may bill for or receive future payment from you, an insurance company or other third party payor, or person responsible for paying for any of your care.
- A source of data in our daily operations as a health care provider. For example, we may need to use your health information and record as a tool for ongoing quality assurance monitoring of the clinical staff who provide care here;
- A source of data for advising you of possible treatment options or alternatives and other health-related benefits or services that may be of interest to you;
- A source of data for a facility directory to be used while you are a resident of ours, including your name, location in the facility, and religious affiliation, which information may be released to people who ask about you by name, although your religious affiliation will only be disclosed to members of the clergy (even if they do not ask for you by name);

- A source of information for public health officials charged with improving the health of our city, state, and nation, or responsible for averting a serious threat to health or safety of you, another person or the public;
- A tool used to assess and continually work toward improving the overall quality of care we render and the outcomes we achieve;
- Information required to be disclosed by federal, state or local law; such as the submission of your MDS data to the state and federal intermediaries.
- A source of data for organizations that handle organ procurement, transplant or donation as necessary to facilitate appropriate donation and transplant in the event you are an organ donor;
- A source of data and information for health oversight agencies in connection with legally authorized activities related to the investigation, inspection and licensure of health care providers; and/or
- A source of data and information in connection with a legal dispute or lawsuit in which you are involved, in response to a court or administrative order, subpoena or other discovery request, as permitted by law.

We routinely provide patient health information when otherwise required by law, such as when law enforcement officials are entitled to such information in specific circumstances. In many other instances, we will ask for written authorization before using or disclosing any identifiable health information about you. If we request one and you choose to sign an authorization to disclose your protected health information, you can later revoke that authorization to stop future uses and disclosure of that information without your consent.

We may change our policies or practices regarding the use of your health information from time to time. Before we make a significant change in our policies or practices, we will change our notice and post the new notice in the front office, in our facility newsletter, and on our website at meadowbrookmcf.com. You have a right to a written copy of and can always request a copy of our current notice, at any time. For more information about our privacy practices and policies, please contact the individual and office listed below.

- ≈ Kristina School, RHIT, CCA, Privacy Officer, 231-533-8661 EXT 163
- ≈ Marna Robertson, RN, C, BS, BSN, NHA, Administrator, 231-533-8661 EXT 116

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Meadow Brook Medical Care Facility, the information contained within your health record belongs to you. You have a right to request the restriction of certain uses and disclosures of your information. You have the right, with limited exceptions, to inspect and obtain a copy of your paper or electronic health record. Usually, this includes medical and billing records, but may not include records such as psychotherapy notes. You also have the right to amend and request changes in the information contained within your paper or electronic health record and to obtain an accounting of disclosures of your health information when such disclosures are made for other than treatment, payment or related administrative or operating purposes as described above.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

If you request copies of your health records, the request must be in writing and submitted to the Health Information Services Department. We will charge a record retrieval and preparation fee plus any copying fees per page in accordance with our fee schedule. This cost is directly attributable to the actual administrative and copying charges associated with meeting your request. If your request for copies of your health record is, in your opinion, an emergency, please let us know as we do not intend to deny you access to your health records or information in an emergency circumstance and will work with you to meet these emergency needs.

Any request to amend your record must be made in writing and we may deny your request if:

- The request is not in writing;
- The request does not include a reason to support the amendment to your record;
- The record was created by another health care provider;
- The record is not part of the health information kept by or for our organization;
- The record is not part of the health information you would be permitted to inspect or copy; or the record is accurate and complete as is.

Any request for an accounting of disclosures of your information must be in writing, can be for a time period no longer than the prior six years and may not include a period prior to April 14th, 2007. The first disclosure list you request within a 12-month period is free. For any additional request, we may charge you for the cost of providing the list.

You have the right to restrict or prohibit some or all of the uses or disclosures of your information from the facility's directory, including your name, location in the facility and religious affiliation.

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

You also have the right to request that we communicate with you about medical matters in certain ways or at certain locations. You also have the right to choose someone to act for you. This request should be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request.

YOUR COMPLAINTS

We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices, and to abide by the terms of this notice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your personal health information.

If you are concerned that we have violated your privacy rights or our own policies as summarized in this notice, or if you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the United States Department of Health & Human Services. The person and office listed below can provide you with the appropriate address upon request. You will not suffer any retaliation for filing a complaint.

- ≈ Kristina School, RHIT, CCA, Privacy Officer, 231-533-8661 EXT 163
- ≈ Marna Robertson, RN, C, BS, BSN, NHA, Administrator, 231-533-8661 EXT 116

OUR RESPONSIBILITIES

We are required by law to protect the privacy of your information and to provide you with this notice about our information practices. We are also required to abide by the terms of this notice and to notify you if we are unable to agree to a requested restriction you have made relative to the use or disclosure of your information. In addition, we are required to accommodate reasonable requests you make regarding the communication of your health information by alternate means or at alternative locations.

If you have any questions regarding this notice, our use or disclosure of your health information or wish to file a complaint regarding our use or disclosure of your health information, please contact Kristina School, RHIT, CCA, Privacy Officer at 231-533-8661, EXT 163 at kristinak@meadowbrookmcf.com, or Marna Robertson, RN, C, BS, BSN, NHA, Administrator at 231-533-8661 EXT 116 at Marna@meadowbrookmcf.com

Effective Date of this Notice: February 5th, 2003.

Ref: 45 CFR § 164.520

Revised: April 22, 2005

Revised: June 14, 2006

Revised: October 7, 2013

**ACKNOWLEDGMENT AND RECEIPT OF JOINT NOTICE OF PRIVACY PRACTICES
FOR
MEADOW BROOK MEDICAL CARE FACILITY**

I HEREBY ACKNOWLEDGE:

- I have received a copy and was able to review the facility's Joint Notice of Privacy Practices.

- I have received a copy and was able to review the facility's Joint Notice of Privacy Practices provided to me **upon admission** to Meadow Brook MCF.

Resident and/or Resident Representative

Date

Provider Representative

Date

If an acknowledgement is not obtained, document below provider's good faith effort to obtain the acknowledgment and the reason why the acknowledgement was not obtained.
