



## Notice of Privacy Practices

*Effective Date: July 25, 2003*

**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.**

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the information sharing practices of the ADVANTAGE HEALTH CENTERS, and our medical staff when they are providing services to you as a patient of our health system. That system includes: Detroit Health Care for the Homeless, Thea Bowman Community Health Center; St. John Health-Providence; as well as other hospital based, and free-standing clinics located throughout southeast Michigan.

Most of the information sharing within our health system is done to treat you, to obtain payment for that treatment, for administrative purposes, and to evaluate the quality of care that you have received while you were our patient. There are times, as described in this notice, when we may share information about you for other reasons. We keep this information in what is generally referred to as a "medical record." The medical record is the physical property of the ADVANTAGE HEALTH CENTERS.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

Each of the following categories describes how medical information about you may be used and disclosed.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the ADVANTAGE HEALTH CENTERS. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the ADVANTAGE HEALTH CENTERS may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the ADVANTAGE HEALTH CENTERS may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at the ADVANTAGE HEALTH CENTERS so your health plan will pay us or reimburse you for the services provided or received.
- **For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run our health system and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.
- **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 with us.

- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives 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.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for our organization and our operations. We may disclose medical information to a foundation related to the ADVANTAGE HEALTH CENTERS so that the foundation may contact you in raising money for us. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the ADVANTAGE HEALTH CENTERS .
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are being seen. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a 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 only be to someone able to help prevent the threat.

#### **SPECIAL SITUATIONS**

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following: reporting births and deaths; prevention or control of disease; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people 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 as required by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. As deemed appropriate, and allowable, ADVANTAGE HEALTH CENTERS will obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information to law enforcement official. We might do this in order to help identify or locate a suspect, fugitive or material witness. Or we may release medical information when it is the subject of a subpoena or other court order.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **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.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. - This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; at (3) for the safety and security of the correctional institution.

### **THESE ARE YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.**

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

- **Right to Amend.** If you feel that medical 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 organization.

We will 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 will 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. We will deny your request if you ask us to amend information that is not part of the medical information kept by or for the ADVANTAGE HEALTH CENTERS. We will deny your request if it is not part of the information you are permitted to inspect or copy. We will deny your request when our information is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." An accounting of disclosures is a list of the people and/or organizations we have given your medical information to, with a number of exceptions. Those exceptions include, but are not limited to: disclosures of your medical information for purposes of treatment, payment or healthcare operations, or disclosures we've made pursuant to a valid authorization
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on 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. *We are not required to agree to your request.*

- **Right to Request Confidential Communications**. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- **Right to a Paper Copy of This Notice**. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

### **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. We will post a copy of the current notice throughout our organization. The notice will contain the effective date on the first page. In addition, each time you register we will offer you a copy of the current notice in effect.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **INFORMATION & COMPLAINTS**

For further information concerning this notice, contact the ADVANTAGE HEALTH CENTERS Privacy Official- at (313) 255-3333. Privacy complaints must be submitted in writing to: ADVANTAGE HEALTH CENTERS Privacy Official, 20548 Fenkell St., Detroit, MI 48223. You may also file a complaint with the Secretary of the Department of Health and Human Services.

The ADVANTAGE HEALTH CENTERSs strictly adheres to its Non-Retribution/Non-Retaliation Policy for those who file complaints.