

William Beaumont Hospital

**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.**

- If you have questions about this Notice, please contact William Beaumont Hospital's Privacy Officer at (248) 551- 5006.

OUR Promise REGARDING YOUR HEALTH INFORMATION:

We understand that health information* about you is personal and we are committed to protecting your information. We create a record of the care and services you receive at Beaumont Hospital, (Hospital) and any of its divisions, departments, or affiliated services. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice applies to all of the records of your care created or received by the Hospital. This Notice describes the Hospital's practices and that of our workforce and services of Rehabilitation, Renal Network, Beaumont Home Health Services, Beaumont Laboratory, outpatient diagnostic testing, and services by an anesthesiologist. Your personal doctor or consulting doctors may have different policies or notices regarding use and disclosure of your health information related to their services outside of the Hospital.

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

We are required by law to:

- make sure health information that identifies you is kept private;
- assure your right to this Notice of our legal duties and privacy practices with respect to health information about you;
- follow the terms of the Notice that is currently in effect; and
- notify you if any health information about you was not protected by the Hospital or its agents, as required by security standard regulations, and was accessed by an unauthorized person.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. For each category of use or disclosure we will explain what is meant and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We will obtain your written consent to release information for treatment and payment, unless you are unable to provide consent due to a medical emergency.

- **Treatment**. We may use and disclose health information about you to doctors and our workforce who are involved in your care. For example, different departments of the Hospital may share health information about you in order to coordinate the different things you need, such as special diets or home care. Also, we may disclose health information about you for continuity of care to people outside the Hospital, such as family members or friends, clergy, health care providers, or community services, such as disaster relief agencies during emergencies. In addition, we may disclose health information to the manufacturer of an implant, device, or drug used in your treatment or to the Food and Drug Administration.
- **Payment**. We may disclose health information about you to your insurance company and its agents and the Hospital's representatives so services you receive may be billed and paid. For example, we may need to release your diagnoses, type of surgery performed or tests or treatment you are going to receive, as well as provide copies of your health record to your insurance company or its agents to obtain prior approval or to determine whether your insurance will cover the surgery, treatment or tests.
- **Health Care Operations**. We may use and disclose health information about you for Hospital operations, for example legal, accounting, claims processing, or utilization review. This information will be disclosed to the Hospital's workforce, physicians, or agents described as business associates. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use your health information to review our services, to evaluate the performance of our workforce, and to educate physicians and our workforce. We may also combine health information about many patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the health information of our patients with health information from other hospitals to compare how we are doing and see where we can make improvements in the care, services and items we offer.
- **Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services** We may use and disclose health information to contact you as a reminder that you have an appointment for a visit, treatment or testing, and to tell you about or recommend possible treatment options, alternatives, or health-related benefits or services that may be of interest to you.
- **Fundraising Activities**. We may use health information about you to communicate with you in an effort to raise money for the Hospital and its operations. We may disclose your contact and limited health information to the Hospital's fundraising department, Beaumont Foundation, to allow the Foundation to contact you.

We will release information about you to the Foundation including: demographic contact information, such as your name, address and phone number; limited service information, such as the service line for the services you received (an example is Cardiology); the dates you

received treatment or services; and the name of your treating physician. In addition, you may elect to opt out of receiving any fundraising information from the Hospital by notifying the Privacy Officer at the telephone number listed on the first page of this Notice.

- **Hospital Directory.** We may include certain limited information about you in the Hospital directory while you are an inpatient so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. This information may include your name, room number, general condition (e.g., fair, stable, etc.) and religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, minister or rabbi, even if they don't ask for you by name.
- **Research.** Under certain circumstances, we may use and disclose health 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 health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project is approved through the Hospital's Human Investigation Committee, (Committee). However, we may disclose health information about you, before approval of a project by the Committee, to researchers preparing to conduct a research project, for example, to help them look for patients with specific medical needs. The Hospital requires that the health information they review does not leave the Hospital. Under the control and oversight of the Hospital's Human Investigation Committee a researcher may have access to your name, address or other health information.
- **To Prevent a Serious Threat to Health or Safety.** We may use and disclose health information about you 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 done to help prevent the threat.
- **Authorization Required.** We will only use your health information for purposes specifically allowed by Federal or State laws or regulations unless you provide written authorization. Specifically the following types of uses and disclosures of your health information require an authorization: 1) disclosure of psychotherapy notes; 2) disclosures for marketing purposes; and 3) disclosures that constitute a sale of protected health information. Other uses and disclosures not described in this Notice will only be made if you provide a written authorization. You may provide written notice to the Hospital that you want to end your authorization for any future uses.

DISCLOSURES AS REQUIRED BY LAW OR REGULATION

We may disclose health information, including individually identifiable health information about you as required by State or Federal laws and regulations relating to any or all of the following, as such may apply to you: 1. Community/Public Health activities and reports such as disease control, abuse or neglect, and health and vital statistics. 2. Administrative agency oversight for such things as audits, investigations, licensure, or determining cause of death. 3. Court Order or other legal processes related to law enforcement or national security activities. 4. Military and Veteran reporting on members of the armed forces of U.S. or foreign military. 5. Organ and

Tissue Donation and Transplant reports as required by regulatory organizations. 6. Workers' Compensation or other rehabilitative activities reporting as required by law or to insurers in order to provide benefits for work-related or victim injuries or illnesses.

In addition, we may follow more stringent Michigan Law, for example a minor may seek treatment without parental consent for certain conditions; however, we may notify the parents or guardian of the treatment after informing the minor without the minor's consent.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

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

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. **We are not required by federal regulation to agree to your request.** If we do agree, 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 the medical records department. 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. You also have the right to restrict disclosure of your health information about a service or item, which was not billed to your insurance, for which you or another person paid the Hospital in full.
- **Right to Inspect and Copy.** You have the right to access, inspect and receive a copy of your health information that we create or receive about you. Usually, this includes medical and billing records. To inspect and receive a copy of health information, you must submit your request in writing to the medical records department. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies and labor associated with your request as allowed by law or regulation.
- **Right to Amend.** If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information by adding a statement to your health information. To request an amendment, your request must be made in writing and submitted to the medical records department. In addition, you must provide a reason that supports your request. 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: 1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; 2. Is not part of the health information kept by or for the Hospital; 3. Is not part of the information which you would be permitted to inspect and copy; or 4. Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **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 may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the medical records department. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right at any time to a paper or electronic copy of this Notice. You may obtain a copy of this Notice at our website, www.beaumont-hospitals.com. To obtain a paper copy of this Notice, contact the medical records department.

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 health 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 in the Hospital. The Notice will contain on the first page, in the top right-hand corner the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, you may receive a copy of the current Notice in effect.

COMPLAINTS

- If you believe your privacy rights have been violated, you may file a complaint with the Beaumont Compliance Office or with the Secretary of the Department of Health and Human Services or you may contact Michigan's regulatory agency for Hospitals, which as of 2013 is the Michigan Department of Licensing and Regulatory Affairs. To file a complaint with Beaumont, you may: call the Privacy officer at (248) 551-5006, call the Beaumont Compliance Line at 1-888-495-5100, Monday thru Friday, between 8:00am and 4:30pm, or submit your complaint in writing to: Corporate Compliance Office, William Beaumont Hospital, 3601 W. Thirteen Mile Rd, Royal Oak, MI. 48073-6769.

You will not be penalized for filing a complaint.

DEFINITION OF HEALTH INFORMATION

- Health [patient] Information described in federal law as protected health information (PHI) is any information, whether oral or recorded in any form or medium, that: (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.