

Nimkee Memorial Wellness Center

Notice of Privacy Practices

“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.”

Effective date: April 14, 2003

I. Understanding Your Health Record/Information

Each time you visit Nimkee Memorial Wellness Center for services, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your health record, serves as a:

- Plan for your care and treatment.
- Communication source between the health care professionals.
- Tool with which we can check results and continually work to improve the care we provide.
- Means by which Medicare, Medicaid or private insurance payers can verify the services billed.
- Tool for education of health care professionals.
- Source of information for public health authorities charged with improving the health of the people.
- Potential source of data for medical research, facility planning and marketing (your name or identity would not be used).
- Legal document that describes the care you receive.

Understanding what is in your health record and how the information is used helps you to:

- Ensure its accuracy
- Better understand why others may review your health information
- Make an informed decision when authorizing disclosures

II. Your Health Information Rights

Although your health record is the physical property of the Nimkee Memorial Wellness Center, the information belongs to you.

You have the right to:

- **Inspect and receive a copy your health record**

- **Request a restriction** on certain uses and disclosures of your health information. For example, you could ask that we not disclose the treatment you had to a family member. Nimkee is not required to agree to your request; but if we do, we will comply with your request unless the information is needed to provide you with emergency services.
- **Request a correction/amendment to your health record** if you believe the health information we have about you is incorrect or incomplete.
- **Request confidential communications about your health information.** You can ask that we communicate with you at a location of your choice, e.g., you can ask that we contact you at work instead of at home or vice versa.
- **Receive a listing of the disclosures Nimkee has made** of your health information upon request. This information is maintained for six years.
- **Revoke your written authorization to use or disclose health information.** This does not apply to health information already disclosed or used.
- **Obtain a paper copy of the Nimkee Notice of Privacy Practices** upon request.

III. Nimkee Responsibilities

The Nimkee Memorial Wellness Center is required by law to:

- Maintain the privacy of your health information
- Inform you about our privacy practices regarding health information we collect and maintain about you
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Honor terms of this notice

Nimkee reserves the right to change its privacy practices and to make the new provisions effective for all protected health information it maintains. Nimkee will post any revised Notice of Privacy Practices in the reception areas and other public places of Nimkee as soon as possible after the revision. You may request a copy of the notice.

Nimkee understands that health information about you is personal and is committed to protecting your health information. **Nimkee will not use or disclose your health information without your permission, except as described in this notice and as permitted by the Privacy Act.**

IV. How Nimkee may use and disclose health information about you.

The following categories describe how we may use and disclose health information about you.

A. We will use your health information to provide your treatment.

For example: Your personal information will be recorded in your health record and used to determine the course of treatment for you. Your health care provider will document in your health record her/his instructions to members of your healthcare team. The actions taken and the observations made by the members of your healthcare team will be recorded in your health record so your health care provider will know how you are responding to treatment.

If Nimkee refers you to another health care facility or health care provider, Nimkee will exchange your health information with that health care provider for treatment decisions.

If you are transferred to another facility for further care and treatment, Nimkee will exchange information with that facility to enable them to know the extent of treatment you have received.

Your health care provider(s) may give copies of your health information to others to assist in your treatment.

B. We will use your health information for payment.

For example: If you have private insurance, Medicare, or Medicaid, a bill will be sent to your health plan for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.

If Nimkee sends you to another health care facility using Contract Health Service (CHS), Nimkee will exchange your health information with that provider for health care payment decisions.

C. We will use your health information for health care operations.

For example: We may use your health information to evaluate your care and outcomes. This information will be used to continually improve the quality and effectiveness of the services we provide. This includes health care services provided under Contract Health Services (CHS).

- **Business Associates:** Nimkee provides some healthcare services through contracts with business associates. Examples include: emergency room physicians, podiatry medicine, radiology, and laboratory tests. When these services are contracted, Nimkee may release your health information to business associates so that they can perform their job. We require our business associates to safeguard your health information.
- **Notification:** Nimkee may use or disclose information to notify a family member or personal representative about your care in an emergency situation.

- **Communication with Family or personal representative:** Nimkee health providers may disclose your health information to others as directed by you. For example, Nimkee may inform your family members, relatives, close personal friends or any other person you identify. This disclosure of health information is relevant to that person's involvement in providing care or payment for services.
- **Interpreters:** In order to provide you proper care and services, Nimkee may use the services of an interpreter. This may involve disclosing your personal health information.
- **Research:** Nimkee may disclose information for research purposes that has been approved by an Tribal Health Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Funeral Directors:** Nimkee may disclose health information to funeral directors as required by law to carry out their duties.
- **Organ Procurement Organizations:** Consistent with applicable laws, Nimkee may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Health Promotion:** Nimkee may contact you to provide information about other types of health-related benefits and services that may be of interest to you. Example: We may contact you about the availability of new services for diabetes.
- **Appointment Reminders:** Nimkee, for example, may contact you with a reminder that you have an appointment for medical care at our facilities.
- **Treatment Alternatives:** Nimkee may recommend possible treatment alternatives and options that may be of interest to you, using your health information. Example: We may refer for acupuncture.
- **Food and Drug Administration (FDA):** Nimkee may disclose to the FDA your health information, if you have experienced adverse events with food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers Compensation:** Nimkee will disclose health information to workers compensation as required by law.
- **Public Health:** Nimkee will disclose, as required by law, your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability, charged with receiving reports of child abuse or neglect, and charged with receiving information of abuse, neglect, or domestic violence. Nimkee may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

- **Correctional Institution:** Should you be an inmate of a correctional institution, Nimkee may disclose to the institution, health information necessary for your health and the health and safety of other individuals.
- **Law Enforcement:** Nimkee may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.
- **Members of the Military:** If you are a member of the military services or U.S. Public Health Service Commissioned Corps, Nimkee may disclose your health information to your military command authorities.
- **Health Oversight Authorities:** Nimkee may disclose health information to health oversight authorities for activities authorized by law. These oversight activities include: investigations, audits, inspections and other actions. These are necessary for the government to monitor the health care system, government programs, and monitor compliance with civil rights laws.

Federal law makes provision for your health information to be disclosed to an appropriate health oversight agency, public health authority or attorney. This health information may be disclosed, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

- **Non Violation of this Notice:** Nimkee is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees, business associates or contractors discloses information under the following circumstances:
- **Disclosures by Whistleblowers:** If an Nimkee employee, business associate or contractor in its judgment and in good faith believes that Nimkee has violated or is violating clinical and professional standards that has the potential of endangering patients or members of the public and discloses such information to:
 - a. Public Health Authority, Health Oversight Authority, accrediting agencies or any other agency for the purpose of investigating the violation or complaints.
 - b. To an attorney on behalf of the workforce member, business associate or contractor or hired by the workforce member, business associate or contractor for the purpose of determining their legal options regarding the suspected violation.
- **Disclosures by Workforce Member Crime Victims:** A Nimkee employee who is a victim of a crime on or off the clinic premises may disclose information about the suspect to law enforcement official provided that:
 - a. The information disclosed is about the suspect who committed the criminal act.
 - b. The information disclosed is limited to identifying and locating the suspect.

Any other uses and disclosures will be made only with your written authorization, which you may later revoke in writing at any time.

To exercise your rights under this Notice, to ask for more information, or to report a problem

You must contact the Nimkee HIPAA Coordinator in writing at:

C/O HIPAA Coordinator
Nimkee Memorial Wellness Center
2591 South Leaton
Mt. Pleasant, MI 48858

If you believe your privacy rights have been violated, you may file a written complaint with the above individual or the Secretary of Health and Human Services, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003

**Acknowledgement of Receipt of
Nimkee Memorial Wellness Center
Notice of Privacy Practices**

I hereby acknowledge receipt of the Nimkee Memorial Wellness Center Notice of Privacy Practices at:

Nimkee Memorial Wellness Center
2591 South Leaton
Mt. Pleasant, MI 48858

Print Patient's Name

Record Number

Signature of Patient

Date

Signature of Patient Representative

Date

Signature and Title of Nimkee Staff

Date

For Patients Unable to Acknowledge Receipt

I hereby certify that the patient was unable to acknowledge receipt of the Nimkee Notice of Practices because:

Signature of Nimkee staff

Date