

HELEN NEWBERRY JOY HOSPITAL & HEALTHCARE CENTER

Notice of Privacy Practices

Effective April 14, 2003
Revised August 12, 2013,
January 29, 2019
January 7, 2022
January 1, 2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT IF YOU HAVE ANY QUESTIONS. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact the Health Information Management Department at:
Helen Newberry Joy Hospital and Healthcare Center
Attention: Privacy Officer
502 W. Harrie Street
Newberry, MI. 49868
906-293-9220

WHO WILL FOLLOW THIS NOTICE

This Notice of Privacy Practices applies to all of Helen Newberry Joy Hospital & Healthcare Center ("HNJH's") service locations and health care professionals who provide services at HNJH. HNJH is also part of an organized health care arrangement with other Upper Peninsula hospitals and their medical staffs. All these hospitals and their entities, sites and locations they operate, have notices similar to this Notice. This Notice does not apply to health information that is not subject to HIPAA or similar state health information privacy laws, or information used or shared in a manner that cannot identify you. This Notice does not apply to any HNJH health plan or to HNJH as an employer. Any HNJH health plan is considered a separate covered entity for the purpose of HIPAA and has its own notice of privacy practices.

This Notice only applies to those parts of HNJH's websites and mobile device applications where you can access your medical information or interact with a clinician regarding your specific care, such as HNJH's patient portal. However, these websites and applications may contain additional terms associated with your use. You should review those terms as well as the website terms contained on the HNJH website that you visit.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at HNJH. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by HNJH. This notice will tell you about the ways in which we may use and disclose medical information about you. It describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to implement safeguards to make sure that medical information that identifies you is kept private and to:

- Make available to you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this Notice that is currently in effect. This Notice may change, in the manner described below under "CHANGES TO THIS NOTICE"

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we provide examples, but not every use or disclosure in a category is listed. However, all the ways

we are permitted to use and disclose information will fall within one of the categories.

- 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 hospital. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you among themselves, to coordinate the different services 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 hospital may be billed to and payment may be collected from you, an insurance company or health plan or other third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery or to obtain prior approval or to determine if your plan will cover the treatment. We may have our bills and payment arrangements outsourced to one or more third party service providers who issue, process, and collect bills on our behalf.
- FOR HEALTH CARE OPERATIONS We may use and disclose medical information about you for HNJH operations. These uses and disclosures are necessary to run HNJH and make sure that all 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 combine the medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and service we offer. We may remove information that identifies you from this set of medical information, so others may use it to study health care and health care delivery without learning who the specific patients are.
- HOSPITAL DIRECTORY We may include limited information about you in the hospital directory while you are a patient at a HNJH. This information includes your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information may also be disclosed to people who ask for you by name, except for your religious affiliation, which may only be disclosed to clergy members. This is so your family, friends and clergy can visit you in the hospital and know your general condition. You have a right to ask us to restrict (limit or not include) your information in the hospital directory. To request restrictions, you must tell us during registration.
- APPOINTMENT REMINDERS We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment of medical care at HNJH.
- 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.
- INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE Unless you object, disclosure of your medical information may be made to a family member, friend, or other individual, whom you have identified that is involved in your care or payment for your care. We may share your medical information with these persons if you are present or available before we share your medical information with them and you do not object to our sharing your medical information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply.
- 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 being conducted, the project will have been approved through this research approval process. Medical information will otherwise only be used for research purposes with your authorization. You may choose to participate in a research study that requires you to obtain related health care services. In this case, we may share your medical information 1) with the researchers involved in the study who ordered the hospital or other health care services; and 2) with your insurance company in order to receive payment for those services that your insurance agrees to pay for. We may use and share your medical information with a researcher if certain parts of your medical information that would identify you are removed before we share it with the researcher. This will only be done if the researcher agrees in writing not to share the information, will not try to contact you, and will obey other requirements that the law provides.

- 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. We may also use and disclose medical information about you in the situations described under "SPECIAL SITUATIONS" below.

SPECIAL SITUATIONS

SPECIAL RESTRICTIONS UNDER STATE AND OTHER FEDERAL LAWS We will also comply with all other applicable state and federal laws. For example, under Michigan law, there are more limits on the disclosure of HIV and AIDS information and, under other federal law there are more limits on the disclosure of information related to treatment for behavioral health, drug or alcohol abuse. We will continue to abide by all applicable state and federal laws.

ORGAN AND TISSUE DONATION If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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 or, some cases if needed to determine benefits, to the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION We will disclose only the medical information necessary for Worker's Compensation in compliance with Worker's Compensation laws. This medical information may be reported to your employer and/or your employer's representative regarding an occupational injury or illness.

ABUSE, NEGLECT, AND DOMESTIC VIOLENCE Your medical information will be disclosed to the appropriate government agency if we believe that a patient has been or is currently the victim of abuse, neglect, or domestic violence and the patient agrees to the disclosure, or we are otherwise permitted or required by law to do so.

PUBLIC HEALTH RISKS We may disclose medical information about you for public health activities. These activities generally include the following: To prevent or control disease, injury or disability; to report births and deaths; 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 We may share your medical information with public health authorities for public health purposes to prevent or control disease, injury, or disability and for conducting public health monitoring, investigations, or activities.

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. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES 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, if specifically permitted or required by law.

LAW ENFORCEMENT We may release medical information, if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; About a death we believe may be the result of criminal conduct; About criminal conduct at HNJH; and In emergency circumstances to report a crime; the location of the crime or victims; or the identity; description or location of the person who committed the crime.

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, INTELLIGENCE AND FEDERAL PROTECTIVE SERVICE ACTIVITIES We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, and to authorized federal officials when required to provide protection to the President of the United States, 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 when necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

MINORS Medical information of minors will be disclosed to their parents or legal guardians acting as personal representatives, unless prohibited by law or in circumstances where the law permits us to withhold medical information, such as to prevent harm to the minor or another person or in cases of suspected child abuse or neglect.

FUNDRAISING We may use and disclose your information as part of our fundraising activities. We may utilize business associates or a hospital foundation to help accomplish our fundraising goals. You have the right to opt-out of receiving fundraising communications. The process for opt-out would be included in the fundraising communication.

HEALTH INFORMATION NETWORKS AND EXCHANGES We may participate in certain health information networks or exchanges ("HIEs") that permit health care providers or other health care entities, such as your health plan or health insurer, to share your medical information for treatment, payment and other purposes permitted by law, including those described in this Notice. You are automatically opted in to such HIEs. If you wish to opt out, please submit a written request to us, which we will comply with unless disclosure is required by law. If you opt out of participating in these HIEs, your medical information will no longer be provided to other health care entities through the HIE. However, your decision does not affect the medical information that was exchanged prior to the time you opted out of participation.

OWNERSHIP CHANGE If HNJH or a portion of its business is sold, acquired, or merged with another entity, your medical information may become the property of the new owner. However, you will still have the right to request copies of your records and have copies transferred to another provider.

BREACH NOTIFICATION PURPOSES If for any reason there is an unsecured breach of your medical information, we will utilize the contact information you have provided us with to notify you of the breach, as required by law. In addition, your medical information may be disclosed as a part of the breach notification and reporting process.

BUSINESS ASSOCIATES We may disclose your medical information to our business associates who provide us with services necessary to operate and function as a medical practice. We will only provide the minimum information necessary for the associate(s) to perform their functions as it relates to our business operations. For example, we may use a separate company to process our billing or transcription services that require access to a limited amount of your medical information. Please know and understand that all of our business associates are obligated to comply with the same privacy and security rules in which we are obligated. Additionally, all of our business associates are under contract with us and committed to protect the privacy and security of your medical information. We may also share your medical information with a Business Associate who will remove information that identifies you so that the remaining information can be used or disclosed for purposes outside of this Notice.

DISASTER In the event of a disaster, your medical information may be disclosed to disaster relief organizations to coordinate your care and/or to notify family members or friends of your location and condition. Whenever possible, we will provide you with an opportunity to agree or object.

USE AND DISCLOSURE OF REPRODUCTIVE HEALTH RECORDS

Federal law recognizes and protects the confidentiality of comprehensive reproductive health care services, including abortion care, and places additional restrictions on the use or disclosure of medical and health information related to reproductive health care. Reproductive health care means health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes. This includes, but is not limited to, contraception, including emergency contraception; preconception screening and counseling; management of pregnancy and pregnancy-related conditions, including pregnancy screening, prenatal care, miscarriage management, treatment for preeclampsia, hypertension during pregnancy, gestational diabetes, molar or ectopic pregnancy, and pregnancy termination; fertility and infertility diagnosis and treatment, including assisted reproductive technology and its components (e.g., in vitro fertilization (IVF)); diagnosis and treatment of conditions that affect the reproductive system (e.g., perimenopause, menopause, endometriosis, adenomyosis); and other types of care, services, and supplies used for the diagnosis and treatment of conditions related to the reproductive system (e.g., mammography, pregnancy-related nutrition services, postpartum care products). HNJH is prohibited from using or disclosing any medical information potentially related to reproductive health care for the following activities: (i) to conduct criminal, civil or administrative investigation into a person for the mere act of seeking, obtaining, providing or facilitating reproductive health care, (ii) to impose criminal, civil or administrative penalties for the mere act of seeking, obtaining, providing or facilitating reproductive health care, or (iii) to identify a person for either of these purposes. Seeking, obtaining, providing, or facilitating reproductive health care includes, but is not limited to, any of the following: expressing interest in, using, performing, furnishing, paying for, disseminating information about, arranging, insuring, administering, authorizing, providing coverage for, approving, counseling about, assisting, or otherwise taking action to engage in reproductive health care; or attempting any of the same. Outside of these activities, HNJH may continue to use and disclose medical information related to reproductive health care for all other purposes described in this Notice.

The prohibition on use and disclosure of reproductive health care information only applies where the relevant activity is in connection with a person seeking, obtaining, providing, or facilitating reproductive health care, and HNJH has reasonably determined either that:

- The reproductive health care is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided. For example, if a resident of one state traveled to another state to receive reproductive health care, such as an abortion, that is lawful in the state where such health care was provided.
- The reproductive health care is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided. For example, if use of the reproductive health care, such as contraception, is protected by the Constitution.

Where the reproductive health care is provided by someone other than HNJH, HNJH may presume it is lawful unless either of the following is true:

- HNJH has actual knowledge that the reproductive health care was not lawful under the circumstances in which it was provided. For example, an individual discloses to their doctor that they obtained reproductive health care from an unlicensed person and the doctor knows that the specific reproductive health care must be provided by a licensed health care provider.
- The requestor provides information that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided. For example, a law enforcement official provides a health plan with evidence that the information being requested is reproductive health care that was provided by an unlicensed person where the law requires that such health care be provided by a licensed health care provider.

When HNJH receives a request for medical information potentially related to reproductive health care for purposes of health oversight activities, judicial and administrative proceedings, law enforcement purposes or regarding decedents, as described above, HNJH will obtain a valid, signed attestation from the requestor that the use or disclosure is not for a prohibited purpose, as provided in this section. For example, if HNJH receives a subpoena from an attorney for medical records related to a civil lawsuit to which the patient is a party, HNJH would obtain such an attestation from the attorney before providing the records. HNJH is only permitted to disclose reproductive health information for law enforcement purposes where the disclosure is not subject to the prohibition above, the disclosure is required by law, and the disclosure meets all applicable conditions of HIPAA's permission to use or disclose medical information as required by law.

USE AND DISCLOSURE OF SUBSTANCE USE DISORDER RECORDS SUBJECT TO PART 2

Federal law protects the confidentiality of substance use disorder patient records and places additional restrictions on the use or disclosure of such health information. A substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance (such as drugs or alcohol, but not including tobacco or caffeine) despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. If you receive services from HNJH covered by such laws, HNJH complies with the federal Confidentiality of Substance Use Disorder Patient Records laws and regulations that protect information regarding substance use disorder diagnosis, treatment and referral for treatment. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations (collectively, "Part 2"). Additionally, if HNJH receives records containing information regarding substance use disorders, these records may also be protected by Part 2. Where Part 2 is applicable, HNJH will not disclose your substance use disorder records, that you are enrolled in a Part 2 program, or any other information that would identify you as having or having had a substance use disorder (collectively, "Part 2 Records") except in compliance with this Section.

We will obtain your written consent to use and disclose your Part 2 Records unless we are permitted to use and disclose Part 2 Records without your written consent consistent with Part 2. The following categories describe the ways that HNJH may use and disclose your Part 2 Records without your written consent under Part 2.

- **Medical Emergencies.** We may disclose your Part 2 Records to medical personnel to the extent necessary to meet a bona fide medical emergency in which the your prior written consent cannot be obtained or in which we are closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. HNJH will obtain your authorization prior to disclosing your information for non-emergency treatment. We may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction, and that your Part 2 Records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- **Research.** Under certain circumstances, HNJH may use and disclose your Part 2 Records without your consent for research purposes. Generally, we would first obtain your written consent; however, in certain circumstances, we may be permitted to use or disclose your Part 2 Records for research purposes without your consent to the extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted.

- **Management and Financial Audits and Program Evaluation.** Under certain circumstances we may use or disclose your Part 2 Records for purposes of the performance of certain program financial and management audits and evaluations. For example, we may disclose your identifying information to any federal, state, or local government agency that provides financial assistance to the Part 2 program or is authorized by law to regulate the activities of Part 2 program. We may also use or disclose your identifying information to qualified personnel who are performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program, which is a third-party payer or health plan covering you in your treatment, or which is a quality improvement organization (QIO), performing QIO review, the contractors, subcontractors, or legal representatives of such person or QIO, or an entity with direct administrative control over our program.
- **Fundraising.** Consistent with provisions elsewhere in this Notice, we may also use or disclose your Part 2 Records for fundraising purposes.
- **Public Health.** We may use or disclose to a public health authority your Part 2 Records for public health purposes. However, the contents of the information from the Part 2 Records disclosed will be de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.

HNJH may use and disclose your Part 2 Records when you give you provide written consent satisfying the requirements of Part 2.

- **Designated person or entities.** We may use and disclose your Part 2 Records in accordance with the consent to any person or category of persons identified or generally designated in the consent. For example, if you provide written consent naming your spouse or a healthcare provider, we will share your health information with them as outlined in your consent.
- **Single Consent for Treatment, Payment or Healthcare Operations.** We may also use and disclose your Part 2 Records when the consent provided is a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, as permitted by the HIPAA regulations, until such time you revoke such consent in writing.
- **Central Registry or Withdrawal Management Program.** We may disclose your Part 2 Records to a central registry or to any withdrawal management or treatment program for the purposes of preventing multiple enrollments, with your written consent. For instance, if you consent to participating in a drug treatment program, we can disclose your information to the related program to coordinate care and avoid duplicate enrollment.
- **Criminal Justice System.** We may disclose information from your Part 2 Records to those persons within the criminal justice system who have made your participation in the Part 2 program a condition of the disposition of any criminal proceeding against you. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given. For example, if you consent, we can inform a court-appointed officer about your treatment status as part of legal agreement or sentencing conditions.
- **PDMPs.** We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program if required by applicable state law. We will first obtain your consent to a disclosure of Part 2 Records to a prescription drug monitoring program prior to reporting of such information.

Any Part 2 Record, or testimony relaying the content of such Part 2 Records, shall not be used or disclosed in a civil, administrative, criminal, or legislative proceeding against you unless you provide specific written consent (separate from any other consent) or a court issues an appropriate order. Your Part 2 Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you, HNJH, or other holders of the Part 2 Record in accordance with Part 2. A court order authorizing use or disclosure of Part 2 Records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the Part 2 Records may be used or disclosed.

Part 2 does not protect health information about a crime committed on HNJH's premises or against any HNJH personnel or about any threat to commit such crime. Part 2 also does not prohibit the disclosure of health information

by HNJH to report suspected child abuse or neglect under state law to appropriate state or local authorities. The restrictions on use and disclosure in Part 2 do not apply to communications of Part 2 Records between or among personnel having a need for them in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients with substance use disorders if the communications are within the program (or with an entity that has direct administrative control over the program the communications between a part 2 program) and to communications of Part 2 Records to a qualified service organization if needed by the qualified service organization to provide services to or on behalf of HNJH (similar to provisions herein regarding Business Associates). To the extent applicable state law is even more stringent than Part 2 on how we may use or disclose your health information, we will comply with the more stringent state law.

Please note that if Part 2 Records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding medical information.

OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION

Other uses and disclosures of medical information or Part 2 Records not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us an authorization, you may later 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. Revocation does not apply to medical information or Part 2 Records that have already been used or disclosed with your permission. You can obtain an authorization/consent form from us upon request.

- **MARKETING.** The Hospital is generally required to obtain authorization for uses and disclosures of information about you for marketing purposes which result in our receiving financial payment from a third party whose product or services is being marketed. This does not include compensation that merely covers our cost of reminding you to take and refill your medication or otherwise communicate about a drug or biologic that is currently prescribed to you. However, we may use or disclose your medical information without your authorization to send you information about alternative medical treatments, our own programs or about health-related products and services that may be of interest to you, provided that we do not receive financial remuneration for making such communications. For example, if you suffer from a chronic illness or condition, we may use your medical information to assess your eligibility and propose newly available treatments. HNJH does not need your authorization for marketing under the following conditions:
 - a. The Hospital may use or disclose information about you in a marketing communication with you in a face-to-face encounter.
 - b. The Hospital may provide promotional gifts or nominal value (e.g., distributing sample products or pens/calendars with its own or another company's name or product name on them).
- **SALE OF MEDICAL INFORMATION.** In most circumstances, we must obtain a written authorization before we may sell medical information.
- **DISCLOSURE OF PSYCHOTHERAPY NOTES.** Unless we obtain your written authorization, in most circumstances we will not disclose your psychotherapy notes. Some circumstances in which HNJH will disclose your psychotherapy notes include the following: for your continued treatment; training of medical students and staff; to defend ourselves during litigation; if the law requires; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights, subject to certain limitations, regarding medical information we maintain about you, including any Part 2 Records:

- **RIGHT TO INSPECT AND COPY.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled as it relates to civil, criminal, or administrative action or proceeding; information restricted by law; information related to medical research in which you have agreed to participate; information obtained under a promise of confidentiality; and information whose disclosure may result in harm or injury to yourself or others. You must submit any request to inspect or obtain a copy of your medical information to the Health Information Management Department at the location noted on the first page of this Notice, in writing. If you request a copy of your information, we may charge a reasonable fee for the costs of copying, mailing or other costs or supplies associated with your request, including where you designate a third-party recipient.

We may deny requests in certain very limited circumstances. If you are denied access to medical information for certain reasons, we will provide you with an opportunity to request that the denial be reviewed. Another licensed health care professional chosen by HNJH will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of that review.

- **You have a right to a summary or explanation of your medical information:** You have the right to request only a summary of your medical information if you do not desire to obtain a copy of your entire record. You also have the option to request an explanation of the medical information to which you were provided access when you request your entire record.
- **You have the right to obtain an electronic copy of medical records:** You have the right to request an electronic copy of your medical record for yourself or to be sent to another individual or organization when your medical information is maintained in an electronic format. We will make every attempt to provide the records in the format you request; however, in the case that the information is not readily accessible or producible in the format you request, we will provide the record in a standard electronic format or a legible hard copy form. MyChart is the option for patients to electronically access their medical information. You may set up access to MyChart by requesting access from your health care provider during registration or following the instructions on your After Visit Summary. There is no fee for you to access information through the MyChart.

- **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 HNJH. If you wish to request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request. Please note that submitting a request for an amendment does not necessarily mean the medical information will be amended. If we approve your request, we will include the amendment in any future disclosures of the relevant medical information. If we deny your request for an amendment, you may file a written statement of disagreement, which we may rebut in writing. The denial, statement of disagreement, and rebuttal will be included in any future disclosures of the relevant medical information.

We may 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.
 - Is not part of the medical information kept by or for HNJH.
 - Is not part of the information which you would be permitted to inspect and copy; or
 - 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 have made of medical information about you, with some exceptions. The exceptions are governed by federal health privacy law, and may include, for example, (1) many routine disclosures for treatment, payment and operations, and (2) disclosures to you or authorized representative via a written authorization. You must submit any request for an accounting of disclosures to the Health Information Management Department at the location noted on the first page of this notice, in writing. Your written request must state a time frame, which may not go back farther than six years. The first report you request within a 12-month period will be free. For additional reports, 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 at that time before any costs are incurred. If you are requesting an accounting of disclosures of Part 2 Records made pursuant to your written consent in the 3 years prior to the date of the request (or a shorter time frame chosen by you), we will provide such accounting consistent with these HIPAA requirements and Part 2. When regulations are effective requiring such accountings pursuant to HIPAA and Part 2, we will provide a patient with an accounting of disclosures of records for treatment, payment, and health care operations only where such disclosures are made through an electronic health record and during only the 3 years prior to the date on which the accounting is requested.

- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request restrictions on how we use and disclose your medical information. We are not required to agree to these requests, except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full for purposes of payment or health care operations. In those cases, we will honor your request. However, we may still make any disclosure that is necessary for your emergency treatment or is required by law. You must make such requests to the Health Information Management Department at the location noted on the first page of this notice in writing and include 1) what medical 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, disclosure to your spouse.
- **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. To request confidential communications, you must make your request in writing. You will not be asked the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **BREACHES.** We are required to notify you in the event we discover a breach of your unsecured medical information.
- **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 paper copy of this notice at any time. To obtain a copy of this notice, please ask at the Admitting Office or provider office or call 906-293-9200.
- **RIGHT TO APPOINT A PERSONAL REPRESENTATIVE.** You have the right to appoint a personal representative, such as a medical power of attorney or if you have legal guardian. Your personal representative may be authorized to exercise your rights and make choices about your medical information. We will confirm the person has this authority and can act for you before we take any action based on their request.

ELECTRONIC MEDICAL INFORMATION SHARING THROUGH APPLICATION PROGRAMMING INTERFACES

You have the right to request or authorize that your electronic health information in your designated record set be transmitted to you or another person or organization through an application programming interface (API). APIs are computer coding mechanisms that permit two or more electronic computer applications or software programs to communicate with each other and share information. HNJH is required by law to comply with requests regarding API transmissions, subject to certain exceptions. You understand that medical information transmitted through an API at your request will no longer be under HNJH's protection and control, will no longer be subject to the protections and rights outlined in this Notice, and may no longer be subject to the same laws, regulations, policies or procedures regarding its confidentiality, security, privacy, use, or disclosure. You understand and agree that you make any request to HNJH to transmit your medical information through an API at your own risk and you assume all liability for the consequences of such action taken by HNJH at your direction. HNJH cautions you to confirm any confidentiality, security or privacy protections with respect to your transmitted medical information with the recipient of the medical information prior to submitting a request to HNJH to transmit your medical information through an API.

NOTICE OF REDISCLOSURE

Medical information that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Law applicable to the recipient may limit their ability to use and disclose the medical information received, such as if they are another covered entity subject to HIPAA or a program or entity subject to

Part 2.

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 in the hospital and on our website. The notice will contain on the first page, in the top right-hand corner, the effective date. We will make a copy of the current notice in effect available to you upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with HNJH. To file a complaint with the hospital, contact the Privacy Officer at (906) 293-9220 and/or mail to Helen Newberry Joy Hospital & Healthcare Center, Attn: Privacy Officer, 502 W. Harrie St., Newberry, Michigan 49868. **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.** You may also file a complaint with the Secretary of the Department of Health and Human Services by visiting the website of the Office for Civil Rights (www.hhs.gov/ocr/hipaa/), calling 202-619-0257 (toll free 877-696-6775), or mailing to 200 Independence Ave S.W., Washington, D.C. 20201. Violation of Part 2 is a crime. You may report suspected violations of Part 2 to the Secretary of the United States Department of Health and Human Services in the same manner as HIPAA violations are reported.