



Notice of Privacy Practices

*Understanding Your Rights
Regarding Your Personal
Medical Health Information*


COVENANT
HealthCare



*This notice describes
how medical information
about you may be used
and disclosed and how
you can get access to
this information.*



*Please review the
content of this
brochure carefully.*

What is Medical Health Information?

This notice, also posted on the Covenant HealthCare website, is being sent to you on behalf of the following people and organizations, all of which are located or operating in Saginaw and Bay counties:

- Covenant HealthCare and the members of its workforce — including employees, volunteers, and trainees — at our hospitals, ambulatory or outpatient clinics and centers, and home health agencies;
- the members of the Covenant Medical Staff, and physicians holding temporary privileges at Covenant;
- persons who have been granted clinical practice privileges by Covenant HealthCare;
- appropriate Covenant HealthCare subsidiaries and related health care affiliates.

We are all covered entities subject to the same federal privacy law. When we are working together in a Covenant HealthCare facility or location, we are also all part of an organized health care arrangement or “OHCA” that follows the same privacy policies and procedures.

Our purpose in giving you this notice is to tell you how we will use and disclose health information about you in the OHCA. The term “health information” includes all health information we produce about you, such as information contained in your medical record or a designated record set, information used in invoices or payment forms, and information maintained as a hard copy, in electronic form, as photographs or videotapes or in any other medium. The term also includes health information received from other hospitals, health care providers, and health plans or health insurers.

Understanding Your Medical Health Information

Each time you visit a hospital, physician or other health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your medical record, serves as a legal document that is used for planning, communication, billing and many other functions. Understanding what is in your health records and how your health information is used helps you to:

- ensure its accuracy and completeness;
- make informed decisions about authorizing disclosure to others;
- better understand the health information rights detailed further in this document.

We respect our legal obligation to keep the health information that identifies you private. We are obligated by law to make this notice of our privacy practices available to you.

Although your health records are the physical property of the health care provider who completed them, you have certain rights concerning the information contained in those records. Covenant HealthCare uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Our use and disclosure of your health information must comply not only with federal privacy regulations but also with applicable Michigan law. Michigan law provides different protections to your health information. For example, Michigan provides extra protection for sensitive information, like HIV/AIDS information and mental health information.

How Covenant HealthCare May Use or Disclose Your Health Information

In some circumstances, the law allows us to use or disclose your health information without asking for your authorization in advance or giving you an opportunity to object. These circumstances include:

- **For Treatment.** We may use or disclose health information about you to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your chart about your care or treatment. This might be the results of tests or studies or medication you have received. Health care providers may also use or disclose your health information to other health care providers involved in your care, such as physicians or home health agencies or other providers that may care for you after your discharge from the hospital.
- **For Payment.** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third party payor, such as an insurance company or health plan. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.
- **For Health Care Operations.** We may use and disclose health information about you for operational purposes. For example, members of the Covenant HealthCare medical staff, or Covenant risk or quality improvement personnel may use it to:
 - evaluate performance of health care providers/staff;
 - assess the quality of care and outcomes;
 - learn how to improve our facilities and services;
 - determine how to continually improve the quality and effectiveness of the health care we provide;
 - participate in managed care plans;
 - obtain or participate in financial or billing audits;
 - defend legal matters;
 - do business planning;
 - obtain and retrieve our records from outside storage.

If a covered entity outside of the Covenant OHCA also has a relationship with you, we may also disclose relevant information to that entity to use in performing its own day-to-day operations.

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How Covenant HealthCare May Use or Disclose Your Health Information

▶ **Appointments, Treatment Alternatives and Services.**

We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.

▶ **Fund Raising.** The Covenant OHCA includes charities. Accordingly, we may contact you to raise funds for our charitable activities. If you do not want to continue to receive these requests, simply tell us. Each fund raising communication we make or send will tell you how to opt out of receiving future fund raising material.

▶ **Marketing.** We may use and disclose health information about you for limited marketing communications which may include:

- providing you with information about a health-related product or service offered;
- information important to your case management or care coordination including appointment reminders, treatment alternatives, health related benefits and services;
- face-to-face marketing;
- communications pertaining to promotional gifts of a nominal value.

Covenant HealthCare will not use your health information for any marketing activities other than those stated above, nor that of any third party for their purposes unless prior authorization has been received.

▶ **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law. These include:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence;
- to assist law enforcement officials in their law enforcement duties.

▶ **Public Health Risks.** We may disclose health information about you for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

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- ▶ **Coroners, Medical Examiners and Funeral Directors.** We may release health information to funeral directors or a medical examiner to enable them to carry out their lawful duties.
- ▶ **Organ and Tissue Donation.** We may use or disclose your health information for cadaveric organ, eye or tissue donation purposes.
- ▶ **Medical Center Directory.** We may include certain limited information about you in the facility directory while you are an inpatient at the medical center. This information may include your name, location in the medical center, your general condition (e.g., good, fair, serious, critical, and so on) and your religious affiliation, if known. Except for your religion, we may disclose this information to persons who call and ask for you by name. We may disclose all directory information to members of the clergy. If you object, you may notify us not to include information about you in the directory by contacting the Privacy Officer identified on the back panel of this notice.
- ▶ **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we will share relevant information about your care with your family or friends who are helping you with your care or with payment for your care. If you are incapacitated, we may use or disclose relevant information about your care to your personal representative, if available. Further, in such circumstances, our health care providers, using their professional judgment, may also use or disclose health information in an effort to notify or to identify, locate and notify a family member, your personal representative or another person responsible for your care of your location and general condition or death. In disaster situations, we may disclose your health information to organizations that are involved in locating and notifying relatives and close friends.
- ▶ **Research.** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- ▶ **Medical and Other Education.** We may use your health information for medical education purposes as we provide training opportunities for medical students, residents, and other students and trainees. We also provide educational opportunities for the training of other student health care workers, including but not limited to nurses, radiographic technicians, and pharmacists. We may also provide educational opportunities for other area students such as special education and high school. We require all such persons to maintain the confidentiality of protected health information and to follow our privacy policies.

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- ▶ **To Avert a Serious Threat to Health or Safety.**
We may use and disclose health 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 pursuant to law.
- ▶ **Government Functions.** We may use and disclose health information for specialized government functions such as protection of public officials or reporting to various branches of the armed services.
- ▶ **Workers' Compensation.** We may release health information about you in order to comply with laws and regulations related to Workers' Compensation.
- ▶ **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- ▶ **Inmates.** We may disclose health information about you to the correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.
- ▶ **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse effects/events to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- ▶ **The Federal Department of Health and Human Services (DHHS).** Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.
- ▶ **Contracted Medical and Health Care Providers.**
Covenant may enter additional agreements and disclose health information to other physician and other health care provider staffing firms (and their employees or contractors) it deems necessary to provide adequate patient care (examples may include registered nurses, radiographic technicians, pharmacists and others).

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- ▶ **Continuation of Care.** We may use or disclose your health information to organizations who we may be considering to provide post-hospitalization care. Examples include, but are not limited to: SELECT Specialty Hospital - Saginaw, National Healing Corporation (Wound Care Center), extended care facilities, home health care agencies, etc.
- ▶ **Other Uses.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you covered in the revocation. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain your health information. To revoke your authorization for use or disclosure, you must send written revocation to the office of the Privacy Officer. The address and phone number of the Privacy Office are provided on the back panel of this notice.

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Obligations of Covenant HealthCare

In addition to our obligations described in this notice, Covenant HealthCare is required to:

- Maintain the privacy of protected health information;
- Provide you with this notice of legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice.

COVENANT HEALTHCARE RIGHT TO CHANGE PRIVACY PRACTICES

We reserve the right to change our information practices and to make the provisions effective for all protected health information we maintain. We will make revised notices available to you by posting a copy of the current notice at Covenant HealthCare as well as on our website at www.covenanthealthcare.com. You can locate the effective date of this and any revised notice on the first page in the top right hand corner. In addition, each time you register at or are admitted to Covenant HealthCare for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice then in effect.



Your Rights Regarding Health Information...

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

- **The right to request a restriction on certain uses and disclosures of your information as provided by law.** However, Covenant HealthCare is not required to agree to a requested restriction. If we do agree, we will abide by the restriction unless you are in need of emergency treatment and the restriction of information is needed to provide that treatment. Requests should be directed in writing to the Privacy Officer identified on the back panel of this notice.
- **The right to request us to communicate your health information in an alternative or confidential manner or at alternative locations.** You may, for example, ask us to contact you at work rather than at home or by email instead of by telephone or regular mail. Direct this request in writing to the Privacy Officer identified on the back panel of this notice.
- **The right to obtain a paper copy of the notice of information practices upon request.** A written request should be sent to the Privacy Officer (see last page).
- **The right to inspect and obtain a copy of your health information, except psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings and certain information governed by the Clinical Laboratory Improvement Act.** To arrange for access or a copy of your health information, you should submit a request in writing to the Privacy Officer (see last page). You may have to pay in advance to cover a regular, cost-based charge for copying and mailing.

Several circumstances exist in addition to those stated in the above paragraph in which your right to access your health information may be denied. These include:

- incarceration in a correctional institution;
- participation in a research study related to treatment.

Your right to access may also be denied pursuant to the Federal Privacy Act, if applicable, or if the information was obtained from a confidential source other than a health care provider under a promise of confidentiality.

Denials in any of the circumstances in either of the preceding two paragraphs are not subject to review.

Access denied can be subject to review if:

- access is reasonably likely to endanger the life and physical safety of you or someone else;
- the information refers to another person and granting you access would be reasonably likely to cause harm to that person;
- you are the personal representative of another person and a licensed health care professional determines that giving you access would cause substantial harm to the patient or another individual.

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If access is denied for any of the above reasons, you have the right to have the decision reviewed by a health care professional who was not involved in the original decision to deny. If access is ultimately denied, the reasons will be given to you in writing. To request review of a decision, contact in writing the Privacy Officer identified on the back panel of this notice.

- **The right to request an amendment to your health record.** You have the right to request an amendment to your health information or a record about you that is part of a designated record set. The request may be denied if:
 - we did not create the information, unless the creator is no longer available to receive a request to amend;
 - the information or record is not part of the designated record set or is not available for access or inspection as described in the preceding paragraph;
 - the information is inaccurate or incomplete.
- **The right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.**
- **The right to receive an accounting of disclosures of your health information during the six years preceding your request. Your right includes disclosures we have made and disclosures made by our business associates.** You have no right to receive an accounting of disclosures:
 - made before April 14, 2003;
 - made for the purpose of treatment, payment or health care operations;
 - made to you;
 - of information maintained in our facility directory, or to persons involved in your care or for the purpose of notifying your family or friends about your location and general condition or death;
 - for national security or intelligence purposes;
 - to correctional institutions or law enforcement that had you in custody at the time of the disclosure;
 - made pursuant to an authorization signed by you;
 - that are a part of a limited data set;
 - incidental to another permissible use or disclosures;
 - made to a health oversight agency or law enforcement, if the agency or official asks us not to account to you for such disclosure and only for the limited period of time covered by the request not to disclose.

The account will include the date of each disclosure, the name of the entity or person to whom disclosure was made, the address of the person or entity, if known, and a brief description of the information disclosure and the purpose of the disclosure.

Requests for an accounting should be submitted in writing to the Covenant HealthCare Privacy Officer (see last page). 🍷

Complaints...

If you believe your privacy rights have been violated, you may file a complaint with Covenant HealthCare or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with Covenant HealthCare, contact the Privacy Officer at the address below. All complaints to Covenant HealthCare must be submitted in writing. We will not retaliate against you for filing a complaint.

Requesting Disclosure of Your Health Information...

Please direct all inquiries, requests for records, requests to revoke a previously signed authorization, requests for copies of our Notice of Privacy Practices, complaints or concerns to:

Mailing Address

Covenant HealthCare
1447 North Harrison
Saginaw, MI 48602

Privacy Officer

989.583.4142 Tel
989.583.4289 Fax
rschultz@chs-mi.com Email

Note: All complaints in violation of your rights under the HIPAA privacy rules must be submitted in writing to the Privacy Officer.



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1447 North Harrison
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www.covenanthealthcare.com