

GRAND TRAVERSE PAVILIONS
Outpatient Therapy

JOINT NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed by the Grand Traverse Pavilions and how you can access this information. **Please review it carefully.**

Your Rights

Get an electronic or paper copy of your medical record

You have the right, with limited exceptions, to inspect and obtain a copy of your health record. Usually, this includes medical and billing records, but may not include records such as psychotherapy notes. If you request copies of your health records, the request must be in writing. We will charge you the current organization rate per page for such copies. This charge is directly attributable to the administrative and copying costs associated with meeting your request.

Ask us to correct / amend your medical record

Although your health record is the physical property of Grand Traverse Pavilions, the information contained within your health record belongs to you. Any request to amend your record must be made in writing and we may deny your request if it:

- *is not in writing
- *does not include a reason to support the request
- *the health information or record that is the subject of the request
 - was created by another health care provider
 - is not part of the health information
 - is not part of the health information you would be permitted to inspect or copy or
 - is accurate and complete as is.

Get a list (accounting) of those with whom we've shared information

You have the right to obtain an accounting of disclosure of your health information when such disclosures are made for other than treatment, payment or related administrative or operating purposes.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask. The first disclosure list you request, within a 12

month period, is free. For any additional request, we may charge you for the cost of providing the list.

Request confidential communications

You have the right to request that we communicate with you about medical matters in certain ways or at certain locations. This request should be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request.

Ask us to limit what we use or share

You may request, in writing, that we not use or disclose your information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or emergency circumstances. We will consider your request, but we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard it in an emergency situation.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. Requests will be honored unless a law requires us to share that information.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

Get a copy of this privacy notice

You can ask for a paper copy of this Notice at any time.

Your Complaints

We are required by law to maintain the privacy of your health information, provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of this Notice.

If you are concerned that we have violated your privacy rights or our own policies as summarized in this Notice, you may contact the Privacy Officer at 231-932-3000.

Your Choices

For certain health information, you can tell us your choices about what we share

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a facility directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest based upon our professional judgment.

Our Uses and Disclosures

For Treatment

We may use your personal health information to provide you with health care treatment or services. We may share your health information with doctors, nurses, health students, or other personnel who are involved in your care. For example, a treating therapist may ask another healthcare provider about your condition to assist in treating you.

For Payment

We may use and disclose your personal health information to help us or another provider obtain payment for the healthcare services provided. For example, we may need to give your health plan information about your treatment session so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the cost of treatment.

For Health Care Operations

We may use your health information to support our business practice activities and improve the quality and cost of care. For example, we may use health information to review our treatment and services to evaluate the performance of our staff in caring for you. We may use your health information to contact you at the address and telephone number you provide (including leaving a message at the telephone numbers) about scheduled or cancelled appointments, registration/insurance updates, billing and/or payment matters.

Other Instances That Require Use or Disclosure of Your Personal Health Information

Help with public health and safety

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

We may use and disclose medical information about you for research purposes, or we may contact you about research projects that you may qualify for.

As required by law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Changes to the Terms of this Notice

We reserve the right to change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request at any time.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in the Notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

If you have any questions regarding this Notice, our use or disclosure of your health information, please contact the Privacy Officer at 231-932-3000.

This Notice was published by the Grand Traverse Pavilions
on _____ and became effective on _____.

(Attach a copy of an updated Notice of Privacy Practices Acknowledgment)