

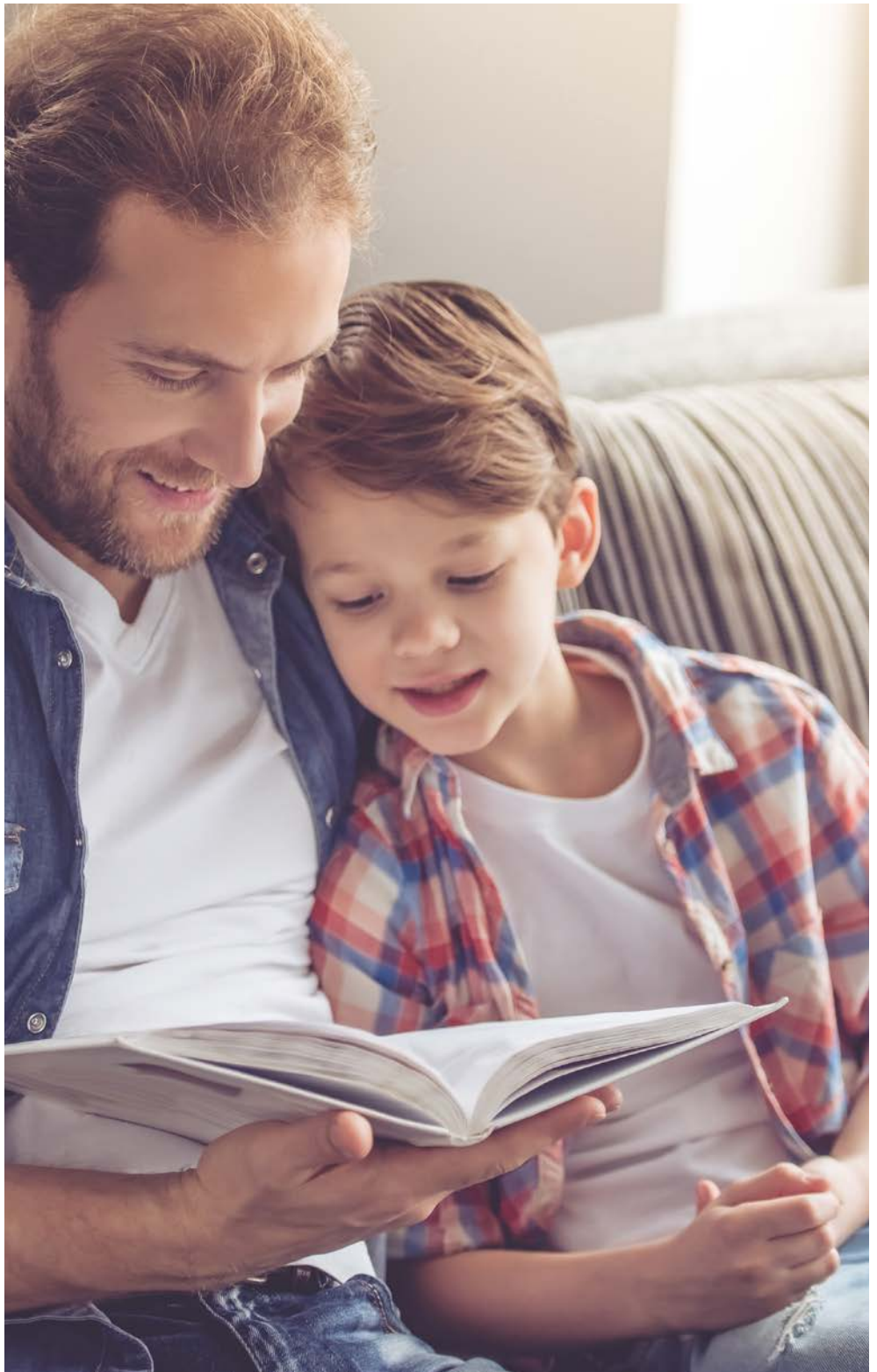
HIPAA

Joint Notice Of Privacy Practices

This notice describes how medical information about you may be used and disclosed by Holland Hospital Physician Offices, and how you can access this information. Please review it carefully.

If you have any questions about this Notice, please contact Holland Hospital's Privacy Officer at (616) 494-4180.





Who Will Follow This Notice

This notice describes the medical information practices of our office and that of any health care professional or other employee within our practice who is authorized to enter information into your chart.

All of these persons and entities will follow the terms of this notice. In addition, these persons and entities may share medical information with each other for treatment, payment or health care operation purposes described in this notice.

Our Pledge Regarding Medical Information

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 from our practice. 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 our practice, whether made by your doctor or any other employee of our practice. However, other medical professionals not associated with us may have different policies or notices regarding their use and disclosure of your Protected Health Information. You should consult their Notice of Privacy Practices for information about how they may use and disclose your records.

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

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

How We May Use And Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. 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.

- **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 persons who are involved in taking care of you. We also may disclose medical information about you to people outside our practice that may be involved in your medical care. For example, if we refer you to another physician for treatment, we may supply that physician with medical information about you.

- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive from our practice may be billed to and payment may be collected from you, an insurance company, a third party payer or through a collection agency. For example, we may disclose details about your treatment to your health plan. 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 treatment.
- **Health Care Operations.** We may use and disclose medical information about you to monitor and improve our practice's operations, or the operations of any organized health care arrangement in which our practice participates. For example, we may review information in your records as part of a general effort to improve our efficiency and quality of care. These uses and disclosures are necessary to run our practice and make sure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and hospitals for review and learning purposes. We may also combine the medical information we have with medical information from other practices to compare how we are doing and see where we can make improvements in the care and services 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.
- **Health Information Exchanges:** We may participate in one or more health information exchanges, which permits us to securely exchange health information about you with other participating providers and their business associates through an electronic network. For example, we can use a health information exchange to access your health records to obtain current information for a better picture of your health needs. Participation in a health information exchange lets us access health information from other participating providers and health plans for treatment, payment, and health care operations purposes. We may also use the health information exchange to disclose information for public health reporting purposes, for example, immunization reporting. Your participation in a health information exchange is voluntary, and you may opt-out at any time by notifying the Privacy Officer. Please note, your opt out will only apply prospectively and will not affect health information that was disclosed through the health information exchange prior to the time that you opted out.

- **Sale and Marketing.** We do not sell your medical information or disclose it to companies that wish to sell you their products. We may engage in face to face communication with you about alternative treatment options available to you, or communicate to you our health related services. We may also give you promotional gifts of nominal value as a method of marketing our services. Before we can use medical information for other marketing purposes or receive payment for sending marketing communications, we must first obtain your written authorization.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our office.
- **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.
- **Electronic Medical Records.** Holland Hospital Physician Offices participate in an organized health care arrangement with Brain + Spine Center, PLC and Holland Hospital's Bone & Joint Center. The organized health care arrangement uses an integrated electronic medical record system. Participants in this integrated medical record system may use and disclose records for treatment, payment and health care operations purposes relating to their own patients, and as otherwise required by law or permitted by HIPAA.
- **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.
- **Business Associates.** We may disclose your health information to our business associates, such as a computer consultant or copy service so that they can perform the job we have asked them to do. To protect your health information, we require all business associates to appropriately safeguard your information.

- **Patient Satisfaction Surveys.** We may use your medical information to contact you to get your opinions on the care you received. We may disclose medical information about you to a contracted survey/research firm who may contact you to get your opinions on the care you received. If you do not want to be contacted for a satisfaction survey, you must notify the Privacy Officer by calling or writing them.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. We may also disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our offices. We will ask for your advance specific permission if a researcher will have access to your name, address or other information that reveals who you are.
- **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

- **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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **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.
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; we will only make this disclosure if you agree or when required or authorized by law.
- **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 laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, 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, but only after efforts have been made to inform you of the request or to obtain an order protecting the requested information.

- **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 in our practice office or facility; 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 funeral director, coroner, or medical examiner to permit them to carry out their duties. For instance, it may be necessary to establish a cause of death or to identify a deceased individual.
- **National Security and Intelligence.** We may release your medical information to certain federal authorities, as authorized by law, for intelligence, counterintelligence, and national security purposes.
- **Organ Donation and Research.** If you are an organ donor, we may release your health information to facilitate organ donation and transplantation. We may also release health information, in very limited circumstances, for certain research purposes.
- **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. This release would be necessary (1) for the institution to provide you with health care (2) to protect your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.



Your Rights Regarding Medical Information About You

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

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing directly to your physician office via regular mail. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another person affiliated with our practice 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 the review.

- **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 our practice.

To request an amendment, your request must be made in writing and submitted Holland Hospital's Privacy Officer at Holland Hospital Medical Records Correspondence Desk at 602 Michigan Avenue Holland, MI 49423.

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:

- 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 us;
- 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 made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Holland Hospital Medical Records Correspondence Desk at 602 Michigan Avenue Holland, MI 49423. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. 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 at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with treatment in an emergency.

To request restrictions, you must make your request in writing directly to your physician office via regular mail. 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, such as disclosures to your children or 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 notify registration staff at the time of service or by calling or writing to your physician office. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request.

We will accommodate all reasonable requests.

- **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 copy of this notice at any time. You may obtain a copy of this notice at our website: www.hollandhospital.org.
- **Right to Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured medical information.



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 our office waiting area. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment at our front desk, you may obtain a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Holland Hospital Patient Relations at 602 Michigan Avenue Holland, MI 49423 or with the Secretary of the Department of Health and Human Services.

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses Of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

If you provide us permission to use or disclose medical information about you, you may 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. Please remember that we are unable to rescind any disclosures we have already made with your permission.

This physician office is a department of Holland Hospital, a nationally recognized health care provider. Your care is integrated to better serve you and the community.

Contact

If you have any questions about this notice, please contact Holland Hospital's Privacy Officer at (616) 494-4180.

Effective Date: 02/26/2018

Holland Hospital Primary Care

FAMILY MEDICINE – DOUGLAS

(269) 857-3208

FAMILY MEDICINE – SOUTH WASHINGTON

(616) 392-8035

FAMILY MEDICINE – ZEELAND

(616) 772-7314

INTERNAL MEDICINE – NORTH

(616) 399-9522

INTERNAL MEDICINE – ZEELAND

(616) 748-5788

PEDIATRICS & INTERNAL MEDICINE

(616) 399-0902

WALK-IN CARE

(616) 748-5778

Holland Hospital Specialty Care

AUDIOLOGY

(616) 393-2190

BONE & JOINT CENTER

(616) 738-3884

BONE HEALTH

(616) 393-5336

EAR, NOSE & THROAT

(616) 393-2190

FOOT & ANKLE

(616) 399-1369

GENERAL SURGERY

(616) 394-0673

BREAST SURGICAL SERVICES

(616) 355-3820

HIGH RISK BREAST CLINIC

(616) 355-3815

LIFESTYLE MEDICINE

(616) 494-8387

NEUROLOGY

(616) 396-7366

PAIN MANAGEMENT

(616) 738-3884

PULMONARY & SLEEP MEDICINE

(616) 395-2853

RHEUMATOLOGY

(616) 393-5336

SPORTS MEDICINE

(616) 392-8035 or (616) 772-7314

WESTERN MICHIGAN

UROLOGICAL ASSOCIATES

(616) 392-1816

WOMEN'S SPECIALTY CARE

(616) 748-5785

602 Michigan Ave | Holland MI 49423 | (616) 392-5141 | hollandhospital.org

