



## Notice of Privacy Practices

Summit Health, Inc. is committed to protecting the privacy of your health information. We have policies and safeguards in place to protect your Privacy. Summit Health is also required by state and federal laws to protect the confidentiality of your health information and to provide you with this Notice.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The confidential health information that we collect as we deliver care or services to you is called "protected health information" or "PHI." The most common reason why we may use or disclose your PHI is for treatment, payment or health care operations. For example, we could use your PHI to provide treatment, to help us coordinate services, or to send you an appointment reminder. We also could use your PHI to collect payment and verify your insurance. Finally we could use your PHI for our health care operations, such as to evaluate and improve the quality of our services, to evaluate employee performance, to train our employees or to store your records.

We routinely use your health information for these purposes without any special permission. We will ask for your permission before we disclose any of your health information that relates to genetic testing, substance abuse treatment or mental health treatment.

In some limited situations, the law allows or requires us to use or disclose your PHI without your permission. Such uses or disclosures are:

- 1) To public health authorities;
- 2) To a government representative responsible for responding to concerns about abuse, neglect or domestic violence as permitted by law;
- 3) In response to a court order, subpoena or discovery request in litigation;
- 4) For some law enforcement purposes;
- 5) To local or national health oversight organizations that conduct audits or investigations;
- 6) To funeral directors, coroners and medical examiners;
- 7) For purposes of organ or tissue donation;
- 8) For some research purposes, including partially de-identified PHI if the researcher commits to protect its confidentiality;
- 9) To avert a serious threat to health or safety;
- 10) To our "business associates," which are organizations that assist us with treatment, payment and health care operations;
- 11) If we are required by law to disclose it;
- 12) When the disclosure is incidental to another proper purpose;
- 13) For special government functions such as national security; and
- 14) For worker's compensation.

Except in those situations, we will not use or disclose your PHI without your written authorization. You do not have to sign the authorization and you may revoke your authorization at any time unless we have already acted in reliance upon it.

You also have the following rights regarding the use and disclosure of your PHI:

- You may request that we restrict the use or disclose of your PHI. We do not have to agree with this but if we do, we must honor the restriction. You can also decide to end a restriction at any time.
- You may request that we communicate with you in a specialized way to provide extra confidentiality protection. For example, we can send all of our written communication to your daughter's address, if you ask us to do so. We will agree to these requests if they are reasonable and if you pay us for any additional cost.
- You may ask to inspect and copy your PHI. We can charge a fee for copying and require payment in advance.
- You may request that we amend your records if you think they are incorrect or incomplete. If we agree, we will amend the record.
- You may receive an accounting of the disclosures we have made of your PHI, other than those for treatment, payment, or health care operations, disclosures required by law, or disclosures for which we have your authorization.

If you wish to see or obtain a copy of your PHI, see an accounting of any disclosures we have made of your PHI or ask to amend your PHI, please contact Roxanne Dziuban at (248) 799-8303 extension 303.

Summit Health will abide by this Notice until we choose to change it. We reserve the right to change the terms of this Notice at any time. If we change the Notice, a revised Notice will be available at our service sites. The changes will apply to all your PHI even if we received the PHI before the change. The Notice is available to any individual upon request. If you have already received an electronic copy, you may also have a paper copy.

If you believe that your privacy has not been protected, you believe there has been a breach of the security of your PHI, or you wish to have additional information, you can contact our Corporate Privacy Officer Roxanne Dziuban through our Summit Health Novi, MI office at (248) 799-8303 extension 303 for privacy or you can contact the Secretary of Health and Human Services. We need your input for our continuous improvement process. you will not be retaliated against if you file a complaint. If you prefer, you can discuss your complaint in person or by telephone. We welcome your questions, as the privacy of your PHI is important to us.