



PRIVACY NOTICE

Revised Notice Effective Date: September 23, 2013

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

If you have any questions about this Notice, please contact the Corporate Compliance and Privacy Officer on the Compliance and Privacy DIRECT line at (877) 471-2422.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you is personal. We are committed to protecting your health information. We are required to create a record of the care and services you receive at DMCare Express, and at any divisions, departments, or affiliated services of DMCare Express. We use this record to provide you with care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by DMCare Express. This Notice describes our privacy practices. This Notice applies to all employees and staff of DMCare Express and anyone else authorized to enter information into your DMCare Express medical record, as well as any volunteer who helps you while you are at DMCare Express. Your personal doctor may have different policies or notices regarding the use and disclosure of your health information created in the doctor's office or clinic.

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

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the Notice that is currently in effect.

COMMUNITY AMBULANCE SERVICE – PRIVACY NOTICE

DEFINITION OF HEALTH INFORMATION

Health Information is any information, whether oral or recorded in any form or medium, that:

(1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(2) Relates to the past, present, or future physical or mental health or condition of an individual; or the past, present, or future payment of the provision of health care in an individual. 45 C.F.R. 160.103.

In addition, federal regulations define “individually identifiable health information” (IIHI), as “information that is a subset of health information, including demographic information collected from an individual,” and

(1) That identifies the individual; or

(2) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.” 45 C.F.R. 160.103.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following information describes different ways that we may use and disclose your health information. For each category, we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the different ways we are permitted to use and disclose your health information will fall within one of the categories listed below.

- **Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other DMCare Express personnel who are involved in taking care of you. 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. We may also need to share health information about you with physicians and other health care providers outside of the hospital, to help coordinate your care. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, DMCare Express will disclose your PHI to the correctional institution or law enforcement official.
- **Payment.** We may use and disclose health information about you so that the treatment and services you receive at DMCare Express may be billed to and payment may be collected from you, insurance company or a 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. 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

COMMUNITY AMBULANCE SERVICE – PRIVACY NOTICE

treatment. We may share your PHI with a collection agency or other subcontractor engaged in obtaining payment for care.

- **Health Care Operations.** We may use and disclose health information about you for DMCare Express operations. These uses and disclosures are necessary to run DMCare Express and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at DMCare Express.
- **Treatment Alternatives.** We may use and disclose health 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 health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** DMCare Express will use and may also disclose some of your PHI to a related foundation for certain fundraising activities. For example, DMCare Express may disclose your demographic information, your treatment dates of service, treating physician information, department of service and outcome information to the foundation who may ask you for a monetary donation. Any fundraising communications sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future.
- **Medical Research.** DMCare Express will use and disclose your PHI without your authorization to medical researchers who request it for approved medical research projects. Researchers are required to safeguard all PHI they receive. We will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information may be given to a member of the clergy. Except for your religious affiliation, this information may also be released to other people who ask for you by name.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your medical care so long as you have not objected, or we believe the disclosure is in your best interest. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Health Information Exchange.** DMCare Express shares health records electronically with Michigan Health Connect, a Health Information Exchange (“MHC”) for the purposes of improving the overall quality of health care services provided to you. The electronic health records will include sensitive diagnosis such as HIV/Aids, sexually transmitted diseases,

COMMUNITY AMBULANCE SERVICE – PRIVACY NOTICE

genetic information, and mental health substance abuse, etc. MHC is functioning as our business associate and, in acting on our behalf; MHC will transmit, maintain and store your PHI for treatment, payment and health care operation purposes. MHC has a duty to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information.

You have the right to “opt-out” and prevent your health information from being sent to MHC by completing and submitting an “Opt-Out” form to MHC by mail, fax, or web-site.

Additionally, you may contact MHC if you have any questions or concerns.

Michigan Health Connect
4829 East Beltline, Suite 303
Grand Rapids, MI 49525
Phone: (877) 269-7860
<http://michiganhealthconnect.org>

➤ **Special Purposes When Permitted or Required.** We may disclose medical information about you for special purposes when permitted or required by law, including the following:

- To avert a serious threat to health or safety against you, the public or another person.
- For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigations, and licensure reviews.
- For organ and tissue donation and transplantation to facilitate organ or tissue donation and transplant.
- To workers' compensation or similar programs for the payment benefits for work-related injuries.
- To coroners, medical examiners and funeral directors to identify a deceased person, determine cause of death, or to carry out their duties.
- To comply with court orders, judicial proceedings, or other legal processes related to law enforcement, custody of inmates, legal and administrative actions, and criminal activity.
- For U.S. military and veteran reporting regarding members and veterans of the armed forces of U.S. or foreign military.
- For national security and intelligence activities such as protective services for the President and other authorized persons.
- To provide proof of immunization to a school where the state or other similar law requires it prior to admitting a student.

COMMUNITY AMBULANCE SERVICE – PRIVACY NOTICE

- **Disclosures Under State and Other Federal Laws.** We will comply with all applicable state and federal laws. *For example, under Michigan State 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 drug or alcohol abuse.* We will continue to abide by all applicable state and federal laws.

OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this Notice will be made only with your written permission. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Please note that we are unable to take back any disclosures we have already made before you revoke your permission.

- **Marketing.** Subject to certain limited exceptions, your written authorization is required in cases where DMCare Express receives any direct or indirect financial remuneration in exchange for making a communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.
- **Sale of PHI.** Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

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

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. You have the right to receive a copy of this information in an electronic format, if we are able readily able to produce your health information in an electronic format. This includes medical and billing records, but, as provided by law, does not include psychotherapy notes. To inspect and copy your health information, you must submit your request in writing to the Health Information Services or Corporate Compliance Department. If you request a copy of the information, we may charge a reasonable 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 health information, you may request that the denial be reviewed. A licensed health care professional chosen by DMCare Express 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 add a statement to your medical record. To request an amendment, your request must be made in writing and

COMMUNITY AMBULANCE SERVICE – PRIVACY NOTICE

submitted to the Corporate Compliance Department. In addition, you must provide a reason that supports your request. 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 health information kept by or for DMCare Express;
- 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 health information about you, except for disclosures to carry out treatment, payment, or health care operations; to you; to persons involved in your care; for national security or intelligence purposes or to correctional institutions or law enforcement officials. To request this list, you must submit your request in writing to Corporate Compliance Department. Your request must state a time period for disclosures. For most disclosures, we may limit the time period to six years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve (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 health information we use or disclose about you. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You must make your request in writing to the Health Information Services, Medical Records Department, or Corporate Compliance Department. 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 (for example, your spouse). If you request that we limit disclosures of your health information to a health plan (for payment or health care operations purposes), and your request pertains to a health care item or service for which you paid out of pocket in full, we must comply with your request. For all other requests, we are not required by federal law or regulation to agree. If we do agree with your request, we will comply with your request unless the information is needed to provide you emergency treatment.

➤ **Right to Choose How We Send PHI to You.** 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. You may also request to have your medical records emailed to you at a specific address. You may also request to receive your medical records in an electronic format. To request confidential

COMMUNITY AMBULANCE SERVICE – PRIVACY NOTICE

communications, you must make your request in writing to the Corporate Compliance Department. We will not ask you the reason for your request. We will honor all reasonable requests so long as we can easily provide it in the format you requested.

- **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. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.Botsford.org.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our Compliance and Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with DMCare Express, you must submit your complaint in writing to: Corporate Compliance and Privacy Officer, Botsford Health Care 28050 Grand River Avenue, Farmington Hills, MI 48336. If you wish to discuss your complaint, you may call the Compliance and Privacy DIRECT Line (877) 471-2422. **You will not be penalized for filing a complaint.**
- **Breach of Unsecured PHI.** If a breach of unsecured PHI affecting you occurs, DMCare Express is required to notify you of the breach.

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 health 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 on the hospital's website. The Notice will contain on the first page the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services, we will offer you a copy of the current Notice in effect.

*This Notice applies to the following entities, participating in an Organized Health Care Arrangement: Botsford Hospital, Botsford Clinic System, Botsford Continuing Care Corporation, Community Emergency Medical Service, Inc., Community Ambulance Service, Inc., Regional Emergency Medical Service, Inc., DMCare Express, Inc., Beaumont Medical Transportation Services, Inc., Healthlink Medical Transportation Services, Inc., MedCare, Scott and White Emergency Medical Services, and Edward Ambulance Services, and Mercy Health Medical Transportation Services.