



## **Notice of Privacy Practices**

**Fox Run Village, Inc.  
Erickson Health Medical Group of Michigan, P.C.  
September 2013**

**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.**

We are required by law to protect the privacy of health information about your past, present or future physical or mental health, the provision of healthcare to you, or payment for that healthcare that reveals or may reveal your identity, and to provide you with a copy of this Notice of Privacy Practices which describes our organization's health information privacy practices related to the healthcare services we provide. You may also obtain a copy of this Notice by requesting a copy from our staff, or by accessing our website at <http://www.ericksonliving.com/hipaa/>. We are required to abide by the terms of this Notice, including future amendments to this Notice as described below. **If you have any questions about this Notice or would like further information, please contact the Privacy Liaison (Associate Executive Director) at Fox Run Village, Inc., 41100 Fox Run Road, Novi, Michigan 48377, or at (248) 668-8611.**

### **WHAT HEALTH INFORMATION IS PROTECTED**

We will protect the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- Information indicating that you are receiving treatment or other health-related services;
- Information about your health condition (such as a disease you may have);
- Information about healthcare products or services you have received or may receive in the future; and
- Information about your healthcare benefits under an insurance plan (such as whether a prescription is covered).

Special protections apply to certain types of health information, such as psychotherapy notes, certain alcohol and substance abuse treatment records, and genetic information. Generally, we are required to obtain additional consents or authorizations for some uses or disclosures of these types of health information. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of health information.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We will protect the privacy of your health information as required by law. However, we may use and disclose your health information in the course of providing you with healthcare services. The following is a description of how we may use and disclose your health information.

#### **1. Treatment, Payment, and Healthcare Operations**

**Treatment.** We may use your health information or share it with various healthcare providers who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. For example, a nurse at our skilled nursing facility may share your health information with a doctor or other ancillary healthcare providers to whom you have been referred for further healthcare.

**Payment.** We may use your health information or share it with others so that we may obtain payment for your healthcare services. For example, we may share information about you with your health insurance company in order to obtain reimbursement for treatment or care we have provided to you, or to determine whether it will cover your future treatment or care. In some cases we may ask for your consent before we make such disclosures.

**Healthcare Operations.** We may use your health information or share it with others in order to conduct certain healthcare operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. For example, we may share your health information with (1) persons for the evaluation and management of our healthcare delivery system, if such persons sign an acknowledgement of the duty not to redisclose any patient identifying information; (2) persons for the accreditation from professional standard setting entities, if such persons sign an acknowledgement of that duty not to redisclose any patient identifying information; or (3) our legal counsel, regarding only the information in the medical record that relates to the subject matter of the representation. We may also provide your health information to other third parties with whom we do business, such as medical record transcription services. However, you should know that in these situations, we require these

third parties to provide us with assurances that they will safeguard your information. See the discussion below relating to Business Associates.

**Treatment Alternatives, Benefits and Services.** In the course of providing treatment to you, we may use your health information to provide you with appointment reminders. We may also use and disclose your protected health information to manage and coordinate your healthcare and inform you of treatment alternatives that may be of interest to you. This may include telling you about treatments, services, products, and other healthcare resources that are available from us. If we receive financial remuneration from or on behalf of a third-party whose product or services are the subject of such communications, we may be required to obtain your authorization before providing you with such communications. Authorizations are described below.

## 2. Other Routine Uses and Disclosures

**Facility Directory.** If you do not object or ask to limit the health information we disclose after being provided an opportunity to do so, or in an emergency, we may use your health information in, and disclose it from, a facility directory. We will follow your wishes unless we are required by law to do otherwise.

**Fundraising Activities.** We may use or disclose your health information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications, and we will provide you with an opportunity to do so.

**Family And Friends Involved In Your Care.** If you agree, we may use or disclose your health information to notify or to be used in the notification of a family member, personal representative, or another person responsible for your care about your location and general condition, or about the unfortunate event of your death. If you agree, we may also disclose your health information to someone involved in your care, such as a relative, personal friend or someone else you have identified, to the extent relevant to that person's involvement in your care. We may infer your agreement to these uses and disclosures from the circumstances and, in the event of an emergency or your incapacity, may make uses and disclosures that we deem appropriate. In the unfortunate event of your demise, unless you have made an objection known to us, we may disclose your health information to the individuals who were involved in your care.

**De-identified Information.** We may use and disclose your health information in order to remove information that identifies or that has the potential to identify you directly or indirectly so that the health information is "de-identified." De-identified information is no longer subject to the restrictions on our uses and disclosures described in this Notice. We may also remove information that would identify you directly (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number) and use and disclose this information for public health and research purposes or for healthcare operations, if the person who will receive the information signs an agreement to protect the privacy of the health information and limit its uses and disclosures to the purpose for which it was disclosed.

**Research.** We will generally ask for your written authorization before using your health information or sharing it with others in order to conduct research, except if we have removed your direct identifiers from the health information and obtained the recipient's agreement, as described in the preceding paragraph. Under some circumstances, for some types of research, we may use and disclose your health information without your written authorization if we obtain approval from a third-party organization with formal oversight authority through a special process to ensure that research without your written authorization poses minimal risk to your privacy.

**Incidental Disclosures.** While we will take reasonable steps to safeguard the privacy of your health information, certain incidental disclosures of your health information may occur during or as an unavoidable byproduct of our otherwise permissible uses or disclosures of your health information.

**Business Associates.** Individuals or companies may provide services to our organization which require access to health information in order to provide those services. A business associate of our organization may create, receive, maintain, or transmit protected health information while performing a function on our behalf. In addition, we may provide your protected health information to a business associate that needs this information to provide a service for us. Business Associates may use and disclose your health information consistent with their agreement with us or as otherwise permitted by law. To protect your health information, we require business associates to enter into written agreements that they will appropriately safeguard the health information they require to provide their services to us.

**Health Information Exchanges.** We may participate in health information exchanges designed to improve the quality of healthcare by facilitating the secure exchange of electronic health information between and among several healthcare providers or other healthcare entities for treatment, payment, or other appropriate purposes. This means we may share information we obtain or create about you with other healthcare providers or entities (such as hospitals, doctors' offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information).

### 3. Public Need

**As Required By Law.** We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

**Public Health Activities.** We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or health risk for contracting or spreading the disease if a law permits us to do so.

**Victims of Abuse, Neglect or Domestic Violence.** We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. We will try to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

**Health Oversight Activities.** We may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our facility. These government agencies monitor the operation of the healthcare system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

**Product Monitoring, Repair and Recall.** We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

**Lawsuits and Disputes.** We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute and such disclosure is not protected by an applicable healthcare provider-patient privilege. We may also disclose your health information if we receive a subpoena or similar request and you have authorized the disclosure, or if you have received notice of the request and had an opportunity to object or if the court or tribunal has entered into an order appropriately limiting the uses and disclosures of your health information.

**Law Enforcement.** We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct; or
- If necessary to report a crime that occurred on our property.

**To Avert a Serious and Imminent Threat to Health or Safety.** We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

**National Security and Intelligence Activities or Protective Services.** We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President of the United States or other important officials.

**Inmates and Correctional Institutions.** If you later become incarcerated at a correctional institution or detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers, if necessary, to provide you with healthcare, or to maintain safety, security and good order at the place where you are confined.

**Workers' Compensation.** We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries. In some cases, we will only disclose this information if we have a valid consent.

**Coroners, Medical Examiners and Funeral Directors.** In the unfortunate event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties. In some cases, we will only disclose this information with a valid consent.

**Organ and Tissue Donations.** In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws. In some cases, we will only disclose this information with a valid consent.

#### **4. Written Authorization Required For Other Uses and Disclosure**

The following uses and/or disclosures of your health information will be made only with your written authorization:

- 1) Uses or disclosures of health information for most marketing purposes;
- 2) Disclosures that constitute a sale of your health information; **or**
- 3) Uses or disclosures to communicate with you for treatment or certain of our healthcare operations purposes, if we receive financial remuneration from or on behalf of the third party whose products or services are subject to the communication.

Uses and disclosures of your health information not covered by this notice or the laws or regulations that apply to us will be made only with your written authorization. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it.

#### **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

We want you to know that you have the following rights to access and control your health information.

##### **1. Right to Inspect and Copy Records**

You have the right to inspect and obtain a copy of certain records of your health information that may be used to make decisions about you and your treatment, such as medical and billing records, for as long as we maintain this information in our records. In certain cases, we may deny your request. To inspect or obtain a copy of your health information, please submit your request in writing to the Privacy Liaison. You must specify the health information requested, how you want to access the information (such as inspection or mailing of a copy) and specify any requested form or format for the health information. If your records are maintained in electronic form, you have the right to specify that the records be provided in electronic form. We will provide you with access to your electronic protected health information in the form or format requested by you, if it is readily producible in such form or format, or if not, we will work with you to find a mutually agreeable alternative electronic form or format. There may be a reasonable fee imposed for providing copies of paper or electronic health information. You may also request that your health information be transmitted directly to another person or entity. Your request must clearly identify the person or entity and the address to which you request your health information be sent and must be signed by you.

##### **2. Right to Request to Amend Records**

If you believe that the health information we maintain in records that we use to make decisions 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 in our records. This right is subject to certain limitations and we may deny your request. To request an amendment, please write to the Privacy Liaison. Your request should include the reasons why you think we should make the amendment.

##### **3. Right to an Accounting of Disclosures**

You have a right to request an “accounting of disclosures” which identifies persons or organizations to which we have disclosed your health information for certain purposes within a period not longer than six years prior to the request for an accounting. Certain disclosures will not be reflected in the accounting. To request an accounting of disclosures, please write to the Privacy Liaison, designating the applicable time period.

##### **4. Right to Request Additional Privacy Protections**

You have the right to request that we further restrict the way we use and disclose your health information to provide you with treatment or care, collect payment for that treatment or care, or run our healthcare operations. You may also request that we limit how we disclose information about you to family or friends involved in your care or for purposes of notification. To request restrictions, please write to the Privacy Liaison. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply. We are not required to agree to your request for a restriction except as to certain “self-pay” services as described in the next paragraph, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.

You have the right to request that we restrict disclosure of your health information to a health plan for purposes of carrying out payment or healthcare operations, if the health information pertains solely to a healthcare item or service for

which you or someone on your behalf (other than a health plan) has paid out of pocket in full. We must agree to your request, unless such disclosure is required by law or regulation.

#### **5. Right to Request Confidential Communications**

You have the right to request that we communicate with you or your authorized agent about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. To request more confidential communications, please write to the Privacy Liaison. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how you or your personal representative wishes to be contacted, and how payment for your healthcare will be handled if we communicate with your personal representative through this alternative method or location.

#### **OTHER RIGHTS REGARDING THE PRIVACY OF YOUR HEALTH INFORMATION**

**Right to Obtain a Copy of This Notice.** You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call the Privacy Liaison. You or your authorized agent may also obtain a copy of this notice by requesting a copy from our staff.

**Right to Obtain a Copy of Revised Notice.** We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. We will post any revised notice in the reception areas of our healthcare facilities and offices. You or your authorized agent will also be able to obtain your own copy of the revised notice by requesting a copy from our staff. The effective date of the notice will be noted on the first page.

**Right to File a Complaint.** If you believe your privacy rights have been violated, please contact the Privacy Liaison, call the Erickson Values Line at 1-800-340-5877, or visit [www.ericksoncompliance.com](http://www.ericksoncompliance.com). No one will retaliate or take action against you for filing a complaint. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary of the United States Department of Health and Human Services, please mail your complaint to the Office for Civil Rights, U.S. Department of Health & Human Services at 233 N. Michigan Ave – Suite 240, Chicago, IL 60601.

**Right to be Notified of a Breach.** As required by law, we will notify you in the event of unauthorized access to or disclosure of your health information, subject to certain exceptions specified in applicable law or regulations, such as when we determine that there is a low probability that the health information has been compromised.

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

*By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the facilities and persons listed at the beginning of this notice, and how I may obtain access to and control this information.*

\_\_\_\_\_  
**Signature of Resident/Patient or Authorized Agent**

\_\_\_\_\_  
**Print Name of Resident/Patient or Authorized Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Description of Agent's Authority**