



Western Michigan University School of Medicine Clinics  
1000 Oakland Drive  
Kalamazoo, Michigan 49008

## NOTICE OF PRIVACY PRACTICES

**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.**

**IF YOU HAVE QUESTIONS ABOUT THIS NOTICE OF PRIVACY PRACTICES OR ANY OF OUR PRIVACY PRACTICES PLEASE CONTACT THE WMU SCHOOL OF MEDICINE COMPLIANCE OFFICER AT:**

**269-337-4400**

This Notice describes the privacy practices of Western Michigan University School of Medicine including:

All departments and units of WMU School of Medicine;

All members of the WMU School of Medicine workforce including, physicians, staff, trainees, medical students, volunteers, contractors and agents, and;

Any health care professional authorized to enter information into records maintained by WMU School of Medicine.

All of the above persons, entities, sites and locations are required to follow the terms of this notice. In addition, these, entities, sites and locations may share Protected Health Information with each other for treatment, payment and health care operations purposes described in this notice.

### **PRIVACY AND CONFIDENTIALITY OF YOUR PROTECTED HEALTH INFORMATION**

This Notice will tell you about the ways in which we may use internally, and disclose to others outside WMU School of Medicine, your Protected Health Information. Your Protected Health Information is personal, medical and billing information that we collect about you in the course of providing treatment services, and seeking payment for those services. This Notice describes your rights and certain obligations we have regarding the use and disclosure of your Protected Health Information.

We will create a record of the care and services you receive at WMU School of Medicine. These records are necessary to provide you with quality care and to comply with legal requirements. This Notice of Privacy Practices applies to all records of your care created by WMU School of Medicine whether made by our personnel or other medical professionals. Other medical professionals not associated with WMU School of Medicine may have different policies or notices regarding their use and disclosure of your Protected Health Information. You should consult their notices of privacy practices for information about how they may use and disclose your records.

**We are required by law to:**

- **Ensure that protected health information that identifies you is kept confidential and private;**
- **Provide you with a notice of our legal duties and privacy practices with respect to protected health information about you; and**
- **Follow the terms of the notice that is currently in effect.**

### **THE USE AND DISCLOSURE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use and disclose Protected Health Information. For each category of uses or disclosures we will explain what we mean and give some examples. 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.

We may use and disclose your Protected Health Information for the following purposes:

#### **Treatment**

*Treatment* is the provision of health care services by physicians, nurses, physician assistants, and other medical and health care professionals. Treatment also includes the coordination of health care among health care providers; for example, the referral of a patient from one provider to another; case management by an employee of a health insurance company, scheduling and coordinating health care services by a social worker.

We may use Protected Health Information about you to provide you with medical treatment. We may disclose Protected Health Information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at WMU School of Medicine. We also may disclose Protected Health Information about you to people outside WMU School of Medicine who may be involved in your medical care after you leave, such as your personal physician, a pharmacist, home health care professionals, family members, clergy or others who may be involved in your care.

#### **Payment**

*Payment* means the activities we engage in to obtain payment for the cost of your treatment and other related expenses. We may use and disclose Protected Health Information about you so that the treatment and services you receive at WMU School of Medicine may be billed and payment collected from you, an insurance company or a third party. We may need to give your health plan or insurance company information about treatment you received the plan or company will pay us or reimburse you for the treatment. We may also tell your health plan or insurance company 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 Protected Health Information about you for health care operations. These uses and disclosures are necessary to run WMU School of Medicine and make sure that all of our patients receive quality care. For example, we may use Protected Health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine Protected Health Information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other

personnel for professional reviews and learning purposes. We may combine the Protected Health Information we have with Protected Health Information from other health care provider organizations 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 your Protected Health Information so others may use it to study your case without learning who you are. In some areas video cameras are used for quality assurance purposes and we may video monitor your office visit. Video monitoring is done in a way to protect patient privacy. If photography or audiovisual taping is utilized, consent will be obtained prior to taping.

#### **Appointment Reminders**

We may use and disclose Protected Health Information to enable us to contact you to remind you that you have an appointment for treatment or medical care.

#### **Treatment Alternatives**

We may use and disclose Protected Health Information to contact you about or recommend possible treatment options or alternatives that may be of interest to you, or to contact you to ask whether you want to participate in a research study.

#### **Health-Related Benefits and Services**

We may use and disclose Protected Health Information to contact you about health-related benefits or services that may be of interest to you.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose Protected Health Information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends about your general condition. In addition, **WE** may disclose Protected Health Information about you to an organization such as the Red Cross when that organization is assisting in disaster relief operations. This may be done to assist such organizations in locating your family or relatives to notify them of your whereabouts and condition.

#### **Research**

We may use and disclose Protected Health Information about you for research purposes. In most cases, before we do this, we will provide you with detailed information about the research and ask for your specific written authorization to use and disclose your information. The use and disclosure of Protected Health Information for research projects is subject to a special approval process. In this process a committee of medical experts, health care administrators, researchers, and other health care professionals who are not involved in the research proposal in question, evaluate the proposed research project. Before we use or disclose Protected Health Information for research, the project must be approved by this committee. In some cases, where the research does not involve any treatment, affect the care of the individual, or present significant privacy risks, the requirement for obtaining written authorization from the patient may be waived. In all cases where Protected Health Information may be used for research purposes, researchers will be required to use strict measures to protect the privacy of the information. These measures may include: removing key identifiers from the information so that the identity of the individual is known only to those who need to know the individual's identity, keeping Protected Health Information in secure locations, using and disclosing only the minimum information necessary to conduct the research, and destroying copies of the information at the earliest possible time when the research has been completed.

#### **As Required By Law**

We will disclose Protected Health Information about you when required by federal, state or local law

#### **To Avert a Serious Threat to Health or Safety**

We may, consistent with applicable law and standards of ethical conduct, use and disclose Protected Health Information about you when necessary to prevent or lessen a serious and imminent threat to your

health and safety, or the health and safety of another person, or the health and safety of the public in general. Any such disclosure, however, would only be to someone able to help prevent the threat and would contain the minimum information necessary.

#### **We may use and disclose your Protected Health Information, without obtaining your authorization, in the following special situations:**

##### **Organ, Eye and Tissue Donation**

If you have agreed to be an organ donor, we may release Protected Health Information to organizations that handle organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

##### **Members and Veterans of the Armed Forces**

If you are a member of the armed forces, we may release Protected Health Information about you as required by military command authorities. We may also release Protected Health Information about foreign military personnel to the appropriate foreign military authority.

##### **Workers' Compensation**

We may release Protected Health Information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

##### **Public Health Activities**

We may disclose Protected Health Information about you for public health activities. These activities may 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 to the disclosure, or if we are legally required to make the disclosure without your consent.

##### **Health Oversight Activities**

We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

##### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information about you in response to a court order or administrative order. We may also disclose Protected Health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, if we are required to do so by State or Federal Law.

##### **Law Enforcement**

We may release Protected Health Information if asked to do so by law enforcement officials:

- In response to a court order, subpoena, warrant, or summons issued by a judicial officer or similar authority;
- 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;
- Evidence of criminal conduct at our location; 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 Protected Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release Protected Health Information about patients to funeral directors as necessary for them to carry out their duties.

#### **National Security and Intelligence Activities**

We may release Protected Health Information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

#### **Protective Services for the President and Others**

We may disclose Protected Health Information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or to foreign heads of state, or to conduct special investigations.

#### **Inmates**

If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official. This release may 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 INDIVIDUAL RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION**

You have the following rights with respect to the Protected Health Information we maintain about you:

##### **Right to Inspect and Copy**

You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, or Protected Health Information that is subject to or exempt from the Clinical Laboratories Act of 1988.

To inspect and copy Protected Health Information that may be used to make decisions about you, you must submit your request in writing to:

*Western Michigan University School of Medicine  
Health Informatics and Information Management  
1000 Oakland Dr., D02C  
Kalamazoo, MI 49008  
Attn: Medical Records Manager*

If you request a copy of the information, we may charge a reasonable fee for the costs of copying (including labor), mailing or other supplies associated with your request.

If we maintain your protected health information electronically in a designated record set, we will provide you with access to the information in the electronic format you request if readily producible or, if not, in a readable electronic form and format as agreed to by us.

We may deny your request to inspect and copy all or part of your information under certain limited circumstances. If you are denied access to Protected Health Information, you may, in some situations, request that the denial be reviewed. In those situations, another licensed health care professional chosen by WMU School of Medicine will review your request and the denial. The person conducting the review will not

be the person who originally denied your request. We will comply with the outcome of the review.

##### **Right to Request Amendments**

If you feel that the Protected Health 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 maintained by us.

To request an amendment, your request must be made in writing and submitted to:

*Western Michigan University School of Medicine  
Health Informatics and Information Management  
1000 Oakland Dr., D02C  
Kalamazoo, MI 49008  
Attn: Medical Records Manager*

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 Protected Health Information kept by or for Western Michigan University School of Medicine;
- 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 of your Protected Health Information. This is a list of the disclosures we made of Protected Health Information about you that was not made for treatment, payment and health care operations, or that were made without your authorization. To request this accounting of disclosures, you must submit your request in writing to:

*Western Michigan University School of Medicine  
Health Informatics and Information Management  
1000 Oakland Dr., D02C  
Kalamazoo, MI 49008  
Attn: Medical Records Manager*

Your request must include start and end dates. The start date may not be more than six years before the date of the request or any date before April 14, 2003. Your request should indicate in what form you want the report (for example, on paper, or electronically). The first report you request within a 12-month period will be free of charge. For additional reports in one 12-month period, we may charge you for the costs of providing the report. After receiving your request we will notify you if there are any costs. We will provide the report to you no later than 60 days after the receipt of your request. If for some reason we are unable to provide the requested reporting in 60 days, we may request an additional 30 day extension.

##### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the Protected Health 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 Protected Health 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. For example, you could ask that we not use or disclose information about a surgery you had.

*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 emergency treatment. You may ask us to restrict disclosure of your protected health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains

solely to a health care item or service for which you, or a family member or other person on your behalf, has paid us in full on an out-of-pocket basis.

To request restrictions, you must make your request in writing to:

*Western Michigan University School of Medicine  
Health Informatics and Information Management  
1000 Oakland Dr., D02C  
Kalamazoo, MI 49008  
Attn: Medical Records Manager*

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our internal use, disclosure to other entities, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. You may terminate the restriction by notifying us in writing at any time. We may also terminate our agreement to the restriction by notifying you in writing at any time.

#### **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 make your request in writing to:

*Western Michigan University School of Medicine  
Health Informatics and Information Management  
1000 Oakland Dr., D02C  
Kalamazoo, MI 49008  
Attn: Medical Records Manager*

We will not ask you the reason for your request. We will attempt to accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted.

#### **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 by contacting:

*The Registration Area of the  
WMU School of Medicine Clinic that you attend*

#### **CHANGES TO THIS NOTICE**

We may change this Notice at any time as necessary and appropriate to comply with changes in the law or changes in our privacy practices. We reserve the right to change this notice and to make the revised or changed Notice effective for Protected Health Information we already have about you as well as any information we create or receive in the future. We will post a copy of our current notice at WMU School of Medicine. The Notice will contain the effective date on the first page in the top right-hand corner. In addition, each time you register for treatment or health care services, we will offer you a copy of the current Notice in effect.

#### **BREACH NOTIFICATION**

In the event unsecured protected health information about you is "breached," unless we determine that there is a low probability that the protected health information has been compromised, we will notify you of the situation. We will also inform HHS and take any other steps required by law.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the WMU School of Medicine Office of Compliance. You may also file a complaint with the Secretary of Health and Human

Services. To file a complaint with our Office of Compliance, or to find out how to contact the Secretary of Health and Human Services, please contact:

*Western Michigan University School of Medicine  
Office of Compliance  
1000 Oakland Drive, D10G  
Kalamazoo, MI. 49008  
Attn: Compliance Officer  
WMed Compliance Phone: 269-337-6505  
WMed Compliance Email: [compliance@med.wmich.edu](mailto:compliance@med.wmich.edu)*

All formal complaints must be submitted in writing. Anonymous reports are accepted.

***You will not be penalized for filing a complaint.***

#### **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of Protected Health Information not covered by this notice or the laws that apply to us will be made only with your written authorization. This includes most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. If you authorize a use or disclosure of Protected Health Information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose Protected Health Information about you as described in the revoked authorization. However, we are unable to take back any disclosures we have already made prior to revocation of the authorization, and we are required by law to retain records of the care that we provided to you.