

JOINT NOTICE OF PRIVACY PRACTICES

Effective Date April 14, 2003

**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.**

GENERAL RULE

We respect our legal obligation to keep your health information private. We are obligated by law to give you this notice of our privacy practices.

WHO WILL FOLLOW THIS NOTICE.

This Notice shall cover the below identified facilities.

Organizations covered by this Joint Notice:

Bay Regional Medical Center, 1900 Columbus Ave., Bay City, MI 48708

Bay Special Care Hospital, 3250 E. Midland Rd., Bay City, MI 48706

Send all requests for information to: Privacy Officer
Bay Regional Medical Center
1900 Columbus Avenue
Bay City Michigan 48708
989-894-3970
Email: privacyofficer@bhsnet.org

In addition, this Notice will cover those health care providers who, while not necessarily legally affiliated with Bay Regional Medical Center or Bay Special Care Hospital (collectively referred to as "Bay Regional" facilities), may provide you with care or treatment at a Bay Regional facility.

This Notice describes our privacy practices and those of all described below (all of whom are part of the Organized Health Care Arrangement) while providing services at or on behalf of the Bay Regional facilities:

- Any health care professional authorized to enter information into any medical record established and maintained by a Bay Regional facility.
- All departments and units of Bay Regional facilities, clinics, and offices.
- All employees, staff, volunteers and other Bay Regional personnel.
- The Medical Staff of the Bay Regional facilities and the individual members of such a Medical Staff.

In addition, the Bay Regional facilities including their sites and locations, may share your medical information with each other for treatment, payment or health care operations purposes described in this Notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

In certain circumstances the law allows or requires us to use or disclose your health information (know as protected health information) without your permission. After reading this privacy notice, we ask that you sign where indicated to acknowledge your receipt of this Notice.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. If we maintain your mental health or substance abuse records, those records may be subject to additional restrictions, which we will comply

with, under state law. Also, if you are a minor certain specific information that relates to mental health, substance abuse, pregnancy or sexually transmitted diseases may be protected by additional restrictions under state law, which we will comply with. 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 your health information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you or with whom we may consult or refer you to as a patient of ours. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

Payment. We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. 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. Another example of our use and disclosure of medical information about you is attempting to contact you in writing or via telephone for purposes of verifying insurance coverage or gaining more information regarding insurance coverage.

For Health Care Operations. We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

Incidental Uses and Disclosures. We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses or other facility personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that as much as possible, we have appropriate safeguards in place in an effort to avoid such situations.

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.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related services or benefits that may be of interest to you.

Communications Regarding Our Programs or Products. We may use and disclose your health information to make a communication to you to describe a health-related product or service. In addition, we may use or disclose your health information to tell you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you. We may occasionally tell you about another company's products or services, but will use or disclose your health information for such communications only if they occur in person with you. We may also use and disclose your health information to give you a promotional gift from us that is of minimal value.

Individuals Involved in Your Care or Payment for Your Care. We may disclose medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who is involved with payment or helps pay for your care. We may also tell your family or friends your general condition. In addition, we may disclose medical 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. You have a right to request a restriction or opt out from these uses or disclosures of your information in these situations.

As Required by Law. In some other limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at all. Such uses or disclosures are:

- when a state, federal or local law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; to report births and deaths and to participate in disease registries; 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 these disclosure if you agree or when required or authorized by law; and notices to and from the Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- uses and disclosures for health oversight activities such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to Court Orders, Subpoenas or administrative agencies. However, we will only disclose information about you in response to a subpoena, discovery request, or other lawful process if you have agreed in writing to such a release;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our locations; to report a crime that happened somewhere else; to identify or locate a suspect, fugitive, material witness, or missing person; 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; to provide information on inmates of correctional institutions or those in legal custody in order provide medical care or for health and safety reasons;
- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses and disclosures to someone able to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service; disclosures relating to worker's compensation programs;
- disclosures to business associates who perform health care operations for us and who agree to keep your health information private; and
- disclosures to our foundation for fund raising purposes. If you do not want to be contacted for fund raising efforts, you must notify the privacy officer in writing at the address listed at the beginning of this Notice.

Appointment Reminders. We may use your information to provide appointment reminders when you have scheduled treatment or medical service at one of our facilities.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical

information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, 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 the facility where it is kept. **We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.**

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at one of our facilities. 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, except for your religious affiliation, may also be disclosed to people who ask for you by name. In addition, the hospital may keep a specific directory listing your religious affiliation and disclose the directory to members of the clergy. This is so your family, friends and clergy can visit you in the hospital and know your general condition. You have a right to request a restriction on the use or disclosure of your information in hospital directories. To request restrictions, you must tell us during registration only. You also have the right to object to the inclusion of your information in the directory.

Organ and Tissue Donation. If you are an organ donor, we may disclose medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

National Security and Intelligence Activities. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure 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.

To Third Parties. We may disclose your medical information to certain third parties with whom we contract to perform services on our behalf. If we do so, we will have written assurances from the third party that the third party will safeguard your information.

OTHER DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. You do not have to sign such a form. If you do sign one, you may revoke it any time unless we have already acted in reliance upon it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We will comply with your request unless the information is needed to provide treatment or obtain payment. You are entitled, however, to restrict DISCLOSURE of your medical record to a third party outside of the facilities covered by this Notice, except: (1) as required because of transfer to another health care facility; (2) as required by law; or (3) as required by a third party payment contract.
- To request restrictions, you must make your request in writing to the specific facility. 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, disclosures to your spouse..
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E-mail to your personal E-mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost.

If you want to ask for confidential communications, send a written request to the privacy officer at the address listed at the beginning of this Notice.

- Ask to see or get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. The information available to you includes medical and billing records, but does not include any psychotherapy notes. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation and instructions about how to get an impartial review of our denial if one is legally required. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the privacy officer at the address listed at the beginning of this Notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for amendment, to the privacy officer at the address listed at the beginning of this Notice.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want), except disclosures for purposes of treatment, payment or health care operations and some other limited disclosures. This request may not include dates before April 14, 2003. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the privacy officer at the address listed at the beginning of this Notice.
- Get additional paper copies of this Notice of Privacy Practices upon request; no matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written notice to the privacy officer at the address listed at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time in compliance with and as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our facilities, have copies available with the Privacy Officer, and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or to the U. S. Department of Health and Human Services, Office for Civil Rights. We will not penalize or retaliate against you if you make a complaint. If you wish to file a complaint, send your concerns in writing to the Privacy Officer at the address listed at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the Privacy Officer at the address shown at the beginning of this Notice.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing below, I here by acknowledge that I have received the Joint Notice of Privacy Practices ("Notice").

Signature (Patient)

Date: _____

Signature (Authorized Representative)

Date: _____