

**SUMMARY OF NOTICE OF
PRIVACY PRACTICES**

THIS IS A SUMMARY OF SOME OF THE WAYS THAT MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. MORE COMPLETE INFORMATION ABOUT EVERYTHING IN THIS SUMMARY AND OTHER IMPORTANT INFORMATION IS CONTAINED IN THE FULL NOTICE OF PRIVACY PRACTICES THAT FOLLOWS THIS SUMMARY.

1. Privacy and Confidentiality of Your Protected Health Information:

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. We also provide this information to other persons and organizations as needed to provide you with quality health care and pay for your care. When we disclose information about you to outside organizations for reasons that are not related to treatment (e.g., payment), we limit what we send to the minimum necessary. When we disclose information to other hospitals and treatment providers we send them everything they might need to provide you with the best possible care. We restrict our staff's access to your information to the information they need to perform their jobs effectively and efficiently.

2. We Use and Disclose Your Protected Health Information for:

- **Treatment** – We provide physicians, nurses, physician assistants, and other medical and health care professionals with the information they need to provide you with the best treatment.
- **Payment** – We use information and provide it to your, health plan, insurance company or other payer for reimbursement for the cost of your treatment and treatment related expenses.
- **Health Care Operations** – We use and disclose information to make sure that all of our patients receive quality care.
- **Appointment Reminders** – We may use information to remind you that you have an appointment with us.
- **Treatment Alternatives and Health Related Services** – We may use information to contact you about treatment options and alternatives, or other health related information that may be of interest to you.
- **Fundraising Activities** – We may use your name, phone number and dates you received treatment to contact you to raise money for Borgess Health and its operations. Upon request, we will put you on our "do not contact" list.
- **In-Patient Directories** – Unless you object, we include your name, location, and general condition in a patient directory and disclose this information to people who ask for you by name while you are a patient at a Borgess Health Covered Entity.
- **Individuals Involved in Your Care or Payment for Your Care** – Unless you object, we may disclose health and treatment information to family members or other non-professionals who assist in your care or the payment for your care.
- **As Required by Law** – We may disclose information to Federal, state and/or local law enforcement or other government agencies when required to do so by law.
- **To Avert a Serious Threat to Health or Safety** – We may disclose information to prevent or lessen a serious threat to your health and safety, or the health and safety of others, or the health and safety of the public in general.
- **Special Situations:** We may disclose information in a variety of other special situations such as: if you have agreed to be an organ donor; for public health activities; to a health oversight agency; to coroners, medical examiners or funeral directors; or to federal officials for national security, intelligence, and protective services for the President or other government officials.
- **Sensitive Health Information:** Under certain circumstances we are required or permitted to disclose sensitive health information, such as HIV infection or substance abuse treatment. We make all such disclosures in accordance with applicable laws and regulations.

3. Your Individual Rights with Respect to Your Protected Health Information include: The right to inspect and copy your records; the right to request amendments to your records; the right to an accounting of disclosures of your records; the right to request confidential communications; the right to request additional restrictions on the use and disclosure of your medical records; the right to file a complaint if you believe your privacy has been violated. For further information about exercising any of your rights see the appropriate section of the full notice attached to this summary.

ACKNOWLEDGEMENT OF RECEIPT OF THE PRIVACY NOTICE – I ACKNOWLEDGE THAT I HAVE BEEN PROVIDED WITH A COPY OF THE NOTICE OF PRIVACY PRACTICES FOR COVERED ENTITIES OF BORGESS HEALTH.

Name of Individual or Authorized Representative

Signature

Relationship to Patient

Date

For office use only:

If patient did not sign note reason: Refused Emergency Other (describe below)

Staff Signature:

Date:



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.

This Notice describes the privacy practices of Covered Entities of Borgess Health including:

- ◀ Borgess Medical Center, Borgess-Pipp Hospital, Borgess-Lee Memorial Hospital, Borgess Gardens, Borgess Visiting Nurse & Hospice Services, Borgess Visiting Nurses Home Care and ProMed Healthcare (referred to individually as “Borgess Covered Entity” or collectively as “Borgess Covered Entities”).
- ◀ All departments and units of Borgess Covered Entities.
- ◀ All members of the applicable Borgess Covered Entity’s workforce including physicians, staff, trainees, medical students, volunteers, contractors and agents.
- ◀ Any health care professional authorized to enter information into records maintained by a Borgess Covered Entity.

All of the above persons, entities, sites and locations are required to follow the terms of this Notice. In addition, these persons, 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 Borgess Covered Entities, 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.

When you first come to one of our facilities we will ask you to sign a consent to disclose your Protected Health Information. This consent permits us to make any of the disclosures of your protected health information that we have described below. If, due to emergency circumstances, you are unable to provide that consent, we will disclose your protected health information in any way that, in our professional judgment, is in your best interest, until we are able to ask for your consent. Even if you do not sign the consent, we are permitted by law to disclose any protected health information required for your treatment, to obtain payment for your treatment and for any disclosures required by law. Our use and disclosure of your Protected Health Information must comply with applicable federal regulations and Michigan laws. Under these laws, we are required or permitted to disclose sensitive health information in certain circumstances. Sensitive health information may include information relating to mental health treatment, genetic testing, substance abuse treatment, and diagnosis or treatment of serious communicable diseases or infections such as HIV or AIDS. We will disclose such information only in accordance with the applicable laws and regulations. We will create a record of the care and services you receive at Borgess Covered Entities. This record may contain information created at Borgess Covered Entities or obtained from other medical professionals. 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 maintained by Borgess Covered Entities, whether created by our personnel or other medical professionals. Other medical professionals not associated with Borgess Covered Entities 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 OF 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, etc.

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 an applicable Borgess Covered Entity. We also may disclose Protected Health Information about you to people outside Borgess Covered Entities 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 Borgess Covered Entities 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 so 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 Borgess Covered Entities 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.

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.

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.

Fundraising Activities

We may use Protected Health Information about you to contact you in an effort to raise money for Borgess Covered Entities and its operations. We may disclose Protected Health Information to the Borgess Foundation so that the Foundation may contact you during a fundraising campaign. We only use or disclose the following information for fundraising purposes: your name, address, phone number and the dates you received treatment or services. If you do not want us to contact you for fundraising activities, please contact the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

Facility In-Patient Directories

We may include certain limited information about you in our patient directory while you are a patient at Borgess Covered Entities. This information may include your name, location, your general condition and your religious affiliation. This information, except for your religious affiliation, may be released to people who ask for you by name. This information, including your religious affiliation, may be released to members of the clergy. You may prohibit these disclosures. To request that your directory information not be given out please contact the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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. Michigan law and/or Federal Regulations may require explicit authorization for the disclosure of Protected Health Information of patients treated for mental health, substance abuse and HIV/AIDS conditions and we will follow those specific requirements if they apply. 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. You may object to any of the disclosures described in this section by contacting the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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 by this committee. 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; and,
- 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;
- As 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, foreign heads of state, other authorized persons, 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.

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. If you authorize a use or disclosure of your Protected Health Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your Protected Health Information 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.

YOUR INDIVIDUAL RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have the following rights with respect to your Protected Health Information:

Right to Inspect and Copy

Except for limited circumstances, you have the right to inspect and obtain a 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, or information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual.

You also have the right to inspect and copy Protected Health Information that may be used to make decisions about you. To inspect or obtain a copy of your Protected Health Information, you must submit your request in writing to the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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.

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 the applicable Borgess Covered Entity 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 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 the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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 the applicable Borgess Covered Entity;
- 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 were 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 the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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. 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. However, we must comply with your request to restrict disclosure of your Protected Health Information for payment or health care operations if you personally paid for these services in full, out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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 the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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 Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

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 www.Borgess.com. The Notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Privacy Officer for the applicable Borgess Covered Entity. You may also file a complaint with the Secretary of Health and Human Services. To file a complaint with a Borgess Covered Entity, or to find out how to contact the Secretary of Health and Human Services, you may write or call the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

All complaints must be submitted in writing to the Privacy Officer for the applicable Borgess Covered Entity listed at the end of this Notice.

You will not be penalized or retaliated against for filing a complaint.

QUESTIONS ABOUT THIS NOTICE

If you have questions about this notice or any of our privacy practices you may contact the Privacy Officer for the applicable Borgess Covered Entity:

- **Borgess Gardens**, 3057 Gull Road, Kalamazoo, MI 49048 – (269) 552-6500
- **Borgess-Lee Memorial Hospital**, 420 West High Street, Dowagiac, MI 49047 – (269) 782-8681, Ext. 4370
- **Borgess Medical Center**, 1521 Gull Road, Kalamazoo, MI 49048 – (269) 226-8409
- **Borgess-Pipp Hospital**, 411 Naomi St., Plainwell, MI 49080 – (269) 226-8409
- **Borgess Visiting Nurse & Hospice Services**, 348 North Burdick St., Kalamazoo, MI – (269) 343-1396
- **Borgess Visiting Nurses Home Care**, 348 North Burdick St., Kalamazoo, MI – (269) 382-8008
- **ProMed Healthcare**, 5943 Stadium Drive, Suite 2, Kalamazoo, MI 49009 – (269) 226-8409