

Grand Traverse Pavilions

JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE GRAND TRAVERSE PAVILIONS AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

THIS NOTICE APPLIES TO THE PRIVACY PRACTICES OF:

- The Grand Traverse Pavilions
- Any health care professional authorized to review your medical record or enter information into your medical record including but not limited to such providers as podiatrists, dieticians, optometrists, ophthalmologists, hospitals, and its staff/departments such as laboratory, radiology, and emergency departments, durable medical equipment providers, pharmacies, mobile x-ray providers, hospice, and community mental health
- All departments and units of the Organization
- Any member of our volunteer group
- All employers, staff and other Organization personnel.

You will be asked by the Organization to sign an Acknowledgment stating that you have had an opportunity to review this Joint Notice, explaining how the Organization will use your protected health information for treatment, payment, and health care operations and disclose your protected health information as described in the Joint Notice. Your protected health information may be used or disclosed by the Organization or others involved in your care and treatment for purposes of providing health care services to you. Your protected health information may be also used and disclosed to pay your health care bills and support health care operation.

In this Joint Notice, each reference to “we” is meant to include all of the above entities, providers, sites, and locations. Any or all of these entities, providers, sites and locations may share information about you for treatment, payment or health care operation purposes described in the Joint Notice.

USING AND DISCLOSING YOUR HEALTH INFORMATION

Each time you visit a hospital, physician, or other health care provider, a record of your visit and the care provided to you during that visit is made. Such records are made and kept at Grand Traverse Pavilions. Typically, this record contains information regarding your health history, symptoms, examinations and tests performed including the results of those tests, any diagnoses or treatment and any plan for future care or follow-up with respect to your condition or treatment. Some of this information may be collected from other health care providers. This information is often referred to as your health or medical record. When we create a record or collect this type of health information about you, we use it for current and future treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes, and to evaluate the quality of the care provided to you.

The following are examples of the types of uses and disclosures of your protected health information the Organization is permitted to make. These examples are not meant to be exhaustive, but only describe the type of uses and disclosure that may be made by the Organization.

Treatment

- The Organization will use and disclose protected health information to provide, coordinate and manage your health care and any related services provided by the Organization. This will include the coordination and management of your health care with third parties who may need to have access to protected health information. We will also disclose protected health information to physicians who may be treating you at the Organization so they have access to the information to provide care for you. We may also disclose protected health information to specialists or laboratories who may become involved in your care.
- A means of communication with other health professionals who contribute to or participate in your care while you are our constituent including doctors, nurses, technicians, medical students and other clinical personnel involved in taking care of you, as well as people outside of our organization who may be involved in your medical care after you leave our organization, such as family members, clergy or others who provide services that are part of your care. For example, we may need to disclose information about whether you have diabetes to a doctor treating you for a broken bone or an infection because diabetes can slow the healing process.

Payment

- Protected health information will be used, as needed to obtain payment for health-care services. This may include activities by your health insurance plans or third party payor which they may need to undertake prior to approval of services, to recommend course of care, make determinations of eligibility for coverage for insurance group benefits, and for determination of whether services are medically necessary. For example, we may need to give your health plan information about treatment you received so the plan will pay us for the care we provided.

Health Care Operations

- The Organization may use or disclose, as needed, your protected health information in order to support the business activities of the Organization. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical or nursing students, training of nurse aides, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.
- The Organization will share protected health information with third party business associates to perform various activities for the Organization. For example, information concerning your care at the Organization may be disclosed to accountants, consultants, and other parties involved in the auditing and review of our Organization for purposes of reimbursement for your care. The Organization is also required by law to provide access to information to the

- state and federal government for purposes of Medicare and Medicaid.
- The Organization may also use or disclose protected health information as necessary to provide you with information about treatment alternatives or other health related benefits and services that might be of interest to you. The Organization may use or disclose protected health information as a source of data for contacting you and reminding you of appointments for treatment or care. The Organization may also use and disclose protected information for other marketing activities. For example, your name may be used to send you information about the Organization's activities, your photograph along with information concerning your birthdate may be included in Organization wide newsletters or for other recognition at the Organization's discretion.
- The Organization may use or disclose protected health information as a source of data in our daily operations as a health care provider. For example, we may need to use your health information and record as a tool in education and assessing the care provided by the health care workers who provide care here.
- The Organization may use or disclose protected health information as a tool used to assess and continually work toward improving the overall care we provide and the outcomes we achieve.
- The Organization may also use or disclose protected health information as necessary in order to provide you with information about fundraising activities, which are supported by the Organization. If you do not want to receive these materials, please contact our Privacy Officer and request that these materials not be sent to you.

Other Permitted Required Uses and Disclosures

- The Organization may use and disclose protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, the Organization will use its professional judgment to make those disclosures which it deems to be in your best interest.

Organization Resident Directory/Clergy/Family/Postings

- Unless you object, the Organization will use and disclose your name in the Organization directory and the Organization newsletter.
- The Organization will use various postings within the organization such as but not limited to the seating charts, care conference postings, your picture/name on the door to your room, resident council representatives names, and birthday celebrations.
- Your general condition may be disclosed to Organization members and your religious affiliation to members of the clergy.
- To an individual who is obviously involved in your care, or payment for care unless restrictions are placed on this disclosure.

Others Involved in Health-Care

- Unless you object, the Organization may disclose to a member of your family, relative, close friend or any other person you identify protected health information that directly relates to that persons involvement in your health care. If you are unable to agree or object to such a disclosure, the Organization may disclose such information as it deems necessary for your best interest, based upon its professional judgment. The Organization may use or disclose protected health information to notify and/or communicate with family members, personal representatives, or other person(s) who are responsible for your care.

Emergencies

- The Organization may disclose or use your protected health information in emergency treatment situations. If this happens, the Organization will try to obtain your agreement, as soon as reasonably practical after delivery of treatment or care. If the Organization is required by law to treat you and has attempted to provide you with the Notice, but is unable to do so, it will use its professional judgment to disclose that protected health information which it determines is reasonably necessary to provide for your care and treatment.

Authorization

- Other uses and disclosures of your protected health information will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing, except to the extent the Organization has taken action in reliance upon your authorization.

Communication Barriers

- The Organization may use and disclose protected health information if it believes it has attempted to obtain an Authorization from you but is unable to do so due to substantial communication barriers and the Organization has determined, using professional judgment, that you intend to agree to the use or disclosure under the circumstances.

OTHER PERMITTED AND REQUIRED USES THAT MAY BE MADE WITHOUT YOUR AGREEMENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT.

Disclosures Authorized by Law

- The Organization may use or disclose protected health information following situations without an authorization. These situations include:
 1. Required by law. The Organization may use or disclose protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with and limited to the extent required by law. You will be notified as required by law of any such disclosures.

2. Public health. The Organization may disclose protected health information to public health authorities that are permitted by law to collect and receive such information. The Organization may also disclose protected health information, directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
3. Communicable disease. The Organization may disclose protected health information as authorized by law to persons who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
4. Health oversight. The Organization may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies which oversee the health-care system, government benefit programs, and other government regulatory programs.
5. Abuse or neglect. The Organization may disclose protected health information to public health authority who is authorized by law to receive reports of actual or suspected abuse or neglect. The Organization may disclose protected health information if there has been abuse and neglect or domestic violence to the government agency or agencies authorized to receive such information. In those cases, its disclosure will be consistent with the requirements applicable in federal and state laws.
6. FDA. The Organization may disclose protected health information to a person or entity, as required by the food or drug administration to report adverse events, product defects or problems, to enable product recalls, etc., as required by law.
7. Legal proceedings. The Organization may disclose protected health information in the course of any judicial or administrative proceeding, and in response to an Order of a court or administrative tribunal, in response to a subpoena or discovery requests or other lawful process.
8. Law enforcement. The Organization may disclose protected health information for law enforcement purposes. The law enforcement purposes include legal processes and investigations, otherwise required by law; limited information request for identification and location purposes; requests pertaining to victims of crimes; suspicion that death has occurred as a result of criminal conduct; and good faith belief that crime has occurred on the premises of the Organization; and in emergency situations not on the premises but where a crime is likely to occur.

9. Coroners, medical examiners, and funeral directors. The Organization may disclose protected health information to coroners and medical examiners for notification purposes, determining cause of death, or for other duties required by law. The Organization may disclose protected health information to a funeral director as required by law in order to permit the funeral directors to carry out their duties. The Organization may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for organ donation purposes.
10. Research. The Organization may disclose protected health information to researchers when the research has been approved by an institutional review board which has reviewed the research proposal and has established protocols to ensure the privacy of your protected health information.
11. Criminal activity. Consistent with applicable federal and state laws, the Organization may disclose protected health information if it believes that the use or disclosure is necessary to prevent or lessen the seriousness of an imminent threat to health and safety of a person of the public. The Organization may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
12. Military activity/national security. The Organization may use and disclose protected health information of individuals who are armed forces personnel which are deemed necessary by appropriate military authorities; for purposes of determination of eligibility for VA benefits; or to foreign military authorities if you are a member of that foreign military service and to authorized federal officials for conducting national security activities.
13. Workers compensation. Your protected health information may be disclosed for purposes of complying with Michigan Workers' Compensation laws.

We routinely provide resident health information when otherwise required by law, such as when law enforcement officials are entitled to such information in specific circumstances. In many other instances, we will ask for written authorization before using or disclosing any identifiable health information about you. If we request one and you choose to sign an authorization to disclose your protected health information, you can later revoke that authorization to stop future uses and disclosure of that information without your consent.

We may change our policies or practices regarding the use of your health information from time to time. Before we make a significant change in our policies or practices, we will change our notice and post the new notice in the posting book in the lobby, on the resident bulletin board on each pavilion and on our website at www.gtpavilions.com. You have a right to a

written copy of and can always request a copy of our current notice, at any time. For more information about our privacy practices and policies, please contact the individual and office listed below.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Grand Traverse Pavilions, the information contained within your health record belongs to you. You have a right to request the restriction of certain uses and disclosures of your information. You also have the right to amend and request changes in the information contained within your health record and to obtain an accounting of disclosures of your health information when such disclosures are made for other than treatment, payment or related administrative or operating purposes as described above. Any request to amend your record must be made in writing and we may deny your request if it:

- is not in writing;
- does not include a reason to support the request; or
- the health information or record that is the subject of the request
 - was created by another health care provider;
 - is not part of the health information;
 - is not part of the health information you would be permitted to inspect or copy;
 - or
 - is accurate and complete as is.

Any request for an accounting of disclosures of your information must be in writing, can be for a time period no longer than six years and may not include a period prior to April 14, 2003. The first disclosure list you request within a 12 month period is free. For any additional request, we may charge you for the cost of providing the list.

You may request, in writing, that we not use or disclose your information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or emergency circumstances. We will consider your request, but you should be aware that we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard it in an emergency situation. You have the right to restrict or prohibit some or all of the uses or disclosures of your information from the Organization's directory, including your name, location in the facility, general conditions and religious affiliation.

You have the right, with limited exceptions, to inspect and obtain a copy of your health record. Usually, this includes medical and billing records, but may not include records such as psychotherapy notes. If you request copies of your health records, the request must be in writing and we will charge you the current organization rate per page for such copies. This charge is directly attributable to the administrative and copying costs associated with meeting your request. If your request for copies of your health record is, in your opinion, an emergency, please let us know as we do not intend to deny you access to your health records or information in an emergency circumstance and will work with you to meet these emergency needs.

You also have the right to request that we communicate with you about medical matters in certain ways or at certain locations. Again, this request should be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request.

YOUR COMPLAINTS

We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices, and to abide by the terms of this notice.

If you are concerned that we have violated your privacy rights or our own policies as summarized in this notice, or if you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the United States Department of Health & Human Services. The person and office listed below can provide you with the appropriate address upon request. You will not suffer any retaliation for filing a complaint.

OUR RESPONSIBILITIES

We are required by law to protect the privacy of your information and to provide you with this notice about our information practices. We are also required to abide by the terms of this notice and to notify you if we are unable to agree to a requested restriction you have made relative to the use or disclosure of your information. In addition, we are required to accommodate reasonable requests you make regarding the communication of your health information by alternate means or at alternative locations.

If you have any questions regarding this notice, our use or disclosure of your health information or wish to file a complaint regarding our use or disclosure of your health information, please contact the Privacy Officer at 231-932-3000.

This Notice was published by the Grand Traverse Pavilions on April 14, 2003 and became effective on April 14, 2003.