

Pine Rest Christian Mental Health Services
NOTICE OF PRIVACY PRACTICES
Effective Date: September 17, 2018

THIS NOTICE DESCRIBES HOW PSYCHIATRIC AND MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED AND HOW YOU CAN GET ACCESS TO THE DISCLOSURE. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

Who Will Follow These Practices:

1. Anyone who enters information into your Pine Rest chart.
2. All locations, departments and services of Pine Rest who serve patients.
3. Any volunteer at Pine Rest.
4. All employees and staff of Pine Rest.
5. Pine Rest Christian Mental Health Services.

Our Pledge:

We are committed to protecting your psychiatric and medical information. We are required by State and Federal law to do the following:

1. Keep your personal health information private.
2. Give you this Notice.
3. Follow the terms of the Notice currently in effect.
4. Notify you if a breach of unsecure patient health information affecting you occurs.

We May Use and Disclose Your Psychiatric and Medical Information as follows:

1. To provide psychiatric and medical treatment (example: our doctors, nurses and therapists will share information about you in order to provide you better care).
2. For coordination of care with outside organizations (example: we may use our medical record system to retrieve information from providers at other organization where you have provided authorization).
3. To receive payment for services provided to you (example: we will send a bill to your insurance company).
4. For quality improvement (example: we review charts to make sure quality care is given to our patients).
5. On a census list if you are receiving services on an inpatient basis (example: a list of patients goes to the dietary department).
6. To remind you of an appointment if you are receiving services on an outpatient basis (example: we may leave a message on your answering machine if you are not home).
7. With your permission, to individuals you want included in your care (example: you may approve sending your information to your family doctor or discussing your care with your family).
8. When required by law (example: reports we send to the Department of Public Health).
9. For research that has been approved by an Institutional Review Board (IRB). The IRB reviews and monitors research proposals and established protocols to ensure the privacy of your personal health information. In most cases, researchers will obtain your authorization; however, there are limited circumstances that do not require your authorization. In all circumstances, researchers are required to safeguard the health information they receive.

Special Situations

If one of the following situations applies to you, your information may be disclosed without your permission to the following organizations:

1. An organ donation center if you are a donor.
2. Community health, safety, and law enforcement officials, and those who may be at risk, in order to prevent a serious threat to the health and safety of you or others.
3. Health oversight agencies, if your psychiatric and medical record is selected for audit or inspection.
4. Law enforcement officials, but only under a judge's order or a search warrant, when we have your permission or as necessary to fulfill our obligations as described in #2, above.
5. Coroners, medical examiners and funeral directors, if a death occurs at our facility.
6. To a correctional facility, if you are an inmate.

In situations not outlined above, we will ask you for written authorization before disclosing your psychiatric and/or medical information. Your signed authorization can be revoked in writing to stop future disclosures.

Uses and Disclosures Requiring Your Authorization

1. Marketing: Your written authorization is required when Pine Rest receives any direct or indirect financial remuneration in exchange for making a communication to you which encourages you to purchase a product or service or for disclosure to a third party who wants to market their products or services to you.
2. Sale of your personal health information: Sale of your personal health information requires your written authorization.

3. **Fundraising:** Your written authorization is required if Pine Rest uses or discloses some of your personal health information for certain fundraising activities. Any fundraising communication will let you know how you can exercise your right to opt out of receiving similar communications in the future.
4. **Information requests:** Your written authorization is required for Pine Rest to disclose your medical records through our electronic medical record system to outside organizations seeking information.

Your Rights Regarding Your Psychiatric and Medical Information:

1. **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your record except as prohibited by law. We may charge you a reasonable fee for copying your records. We may deny access to records for certain specific reasons. In most cases of denial, you may send a written request to have our decision reviewed. For more information about your access to your records, please contact Pine Rest's Medical Records Department at 300 68th St. SE, Grand Rapids, MI 49548 or (616) 455-5000.
2. **Right to Request Restrictions.** You have the right to request restrictions on how we use your psychiatric and medical information for purposes of treatment, payment, or health care operations. We do not have to agree to those restrictions. If you wish to place restrictions on the use or disclosure of your psychiatric and medical information, please discuss this with Pine Rest's Medical Records Department at 300 68th St. SE, Grand Rapids, MI 49548 or (616) 455-5000.
3. **Right to Request Restriction to Health Plan:** You have the right to restrict certain disclosures of your information to a health plan (for purposes of payment or health care operations) when you pay out of pocket, in full, for the items received or services rendered. If you wish to request restrictions to a health plan please notify the staff at the location where you receive services.
4. **Right to Confidential Communications.** You have the right to request that we communicate with you in a confidential manner. For example, you may request that we contact you only at work. If you wish to request confidential communications, please contact Pine Rest's Medical Records Department at 300 68th St. SE, Grand Rapids, MI 49548 or (616) 455-5000.
5. **Right to Amend.** You have the right to amend your psychiatric and medical information for as long as we maintain it. We may deny your request if we did not create the psychiatric or medical information that you wish to amend. If we deny your request, we will tell you why in writing and you will have the right to disagree with the denial in writing. For more information about amending your psychiatric or medical information, please contact Pine Rest's Medical Records Department at 300 68th St. SE, Grand Rapids, MI 49548 or (616) 455-5000.
6. **Right to an Accounting.** You have a right to receive a list of the persons or organizations with whom your psychiatric and medical information has been shared. This list will not include allowable disclosures that have been made for treatment, payment, or health care operations purposes. It also will not include disclosures made to you, or family members or friends involved in your care. Nor will it include disclosures you approved in writing. If you wish to request a list of the disclosures of your psychiatric and medical information, please contact Pine Rest's Medical Records Department at 300 68th St. SE, Grand Rapids, MI 49548 or (616) 455-5000.
7. **Right to Receive a Copy of this Notice.** You have a right to receive a paper copy of this Notice of Privacy Practices, upon request.

More Stringent State and Federal Laws

Certain federal and state laws are more stringent than HIPAA. Pine Rest will abide by the more stringent state and federal laws. For example, the Michigan Mental Health Code is more stringent than HIPAA, thus we will follow the Mental Health Code.

We are required by law to maintain the privacy of your psychiatric and medical information, provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of the version of this Notice currently in effect.

For future information regarding your privacy rights or our privacy policies, please contact Pine Rest's Privacy Officer at P.O. Box 165, Grand Rapids, MI 49501 or (616) 455-5000.

We reserve the right to change this Notice at any time and these changes will apply to your information that we already have at the time of the change. The Notice currently in force is always posted and available at our service locations and on our web site: http://www.pinerest.org/hospital_privacynotice.

If you believe your privacy rights have been violated, you may file a written complaint with Pine Rest's Privacy Officer at P.O. Box 165, Grand Rapids, MI 49501, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.