



# **Michigan Community VNA**

## **Michigan Community Wellness VNA**

**30800 Telegraph Road, Suite 1728  
Bingham Farms, MI 48025**

# ***Notice of Privacy Practices***

***Effective July 8, 2020***

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS THIS INFORMATION**

**PLEASE REVIEW IT CAREFULLY**

If you have any questions please call us at (248) 976-1440  
and ask to speak to our Privacy Officer

This notice describes the privacy practices of the Michigan Community VNA, (henceforth referred to as MCVNA, or simply the agency) and its affiliated organizations.

## **WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of the agency and its personnel including:

- All permanent and temporary employees, and hired contractors.
- All management and professional staff authorized to enter information in your medical record.
- All volunteers
- All students affiliated with the agency for the purpose of academic training and/or academic or clinical research.

## **OUR PLEDGE REGARDING HEALTH CARE INFORMATION**

We understand that your health care information is personal and confidential. We are committed to protecting this information. We create a medical record of services that we provide to you. We use this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care that we create. Your personal doctor may have different policies or notices regarding his/her use of and disclosure of your health care information.

This notice will tell you about the ways in which we may use and disclose health care information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health care information.

We are required by law to:

- make sure that health care information that identifies you is kept private
- give you this *Notice of Privacy Practices* that contains our legal duties and privacy practices with respect to your health care information; and
- follow the terms of our *Notice of Privacy Practices* that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health care information. For each category of uses and disclosures we explain and provide examples. Not every use or disclosure is listed in these categories and examples. However, all of the ways we are permitted to use or disclose information will fall into one of these categories.

**For Treatment \ Treatment Alternatives** – We may use health care information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, therapists, social workers, technicians, home health aides, students or other agency personnel who are involved in your care. For example, a doctor treating you may need updated information about your condition from your nurse. In addition, a doctor may tell a dietician if you have diabetes so that an appropriate dietary plan can be developed for you. Different health care professionals may exchange health care information pertinent to your treatment or services that we are providing to you including, but not limited to, information about medications, laboratory tests, and treatment orders from your doctor. We may also disclose health care information about you to people outside the agency who may be involved in your continuing care after we are no longer providing you treatment or services. We may use and disclose health care information to tell you about, or recommend, possible treatment options that may be beneficial or of interest to you.

**For Payment** – We may use and disclose health care information about you so that the agency may bill and receive payment from you, an insurance company, or a third party. For example, we may need to give your health plan information about the treatments you are receiving or are about to receive from us so they will provide prior approval for treatments (when required), or pay us for treatments provided, or reimburse you for your payment for those treatments. We may also disclose your health care information to other organizations involved in billing or collections, such as a billing clearinghouse or a collections agency.

**For Health Care Operations** – We may use and disclose health care information about you for agency operations. These uses and disclosures are necessary to run the agency and to make sure that patients receive quality care. For example, we may use your health care information to evaluate the performance of our staff in caring for you. We may also combine the health care information about many patients to decide which services we should offer to patients, which services are no longer needed, or whether certain new treatments are effective. We may also disclose information to doctors, nurses and other personnel for review and for learning purposes. We may also combine health care information that we have with that of other agencies for the purpose of improving the care and services we offer to our patients. We may remove information that identifies you from sets of health care information others may use to student health care, and health care delivery methods and systems.

**For Appointments and Contacts** – We may use and disclose health care information in order to contact you about your care, or to inquire or remind you about appointments for your care.

**For Health Related Benefits and Services** – We may use and disclose health care information to tell you about health related benefits and services that may be beneficial or of interest to you.

**Individuals Involved in Your Care or Payment for Your Care** – We may release health care information to a family member or others you designate to be involved in your care. We may also give information to someone who helps pay for your care. We may also disclose health care information about you to entities assisting in disaster relief efforts so that they can find you and so that your family members can be notified about your condition, status and location.

**For Research** – Under certain circumstances we may use and disclose health care information about you for research purposes. For example, a research project may involve comparing data on health and recovery of patients receiving one form of treatment with that of others receiving a different form of treatment. All research projects, however, are subject to a special approval process. This process evaluates the project, and its use of health care information to balance the research needs with the privacy rights of the patient. **Before we use or disclose health care information for medical research purposes, the project will have been approved through the research approval process.** However, we may disclose health care information about you (without identifying you) to people preparing to conduct a research project; for example, to help them identify patients with certain conditions. **We will always ask for specific permission from you if any researchers will have access to your name, address, or other information that reveals who you are to anyone outside our agency.**

**To Avert a Serious Threat to Health or Safety** – We may disclose your health care information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. However, the disclosure would only be made to those able to help prevent the threat.

**For Worker’s Compensation** – We may release health care information about you for worker’s compensation or similar programs.

**For Public Health Risks** – We may disclose health care information about you for public health activities. These activities include, but may not necessarily be limited to, the following:

- to prevent or control disease, injury or disability;
- to report 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 a victim of abuse, neglect, or domestic violence. We will only make this decision if you agree, or when required to do so by law.

**For Health Oversight Activities** – We may disclose health care information to a health oversight agency for activities authorized by law. These oversight activities include, but are not necessarily limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliances with civil rights laws.

**As Required by Law** – We will disclose health care information about you when required to do so by federal, state or local laws.

**For Law Suits and Disputes** – If you are involved in a law suit or dispute, we may disclose your health care information in response to a court or administrative order; or in response to a subpoena, discovery request or other lawful process. This will be done only if efforts are made to inform you about the request, or to obtain an order protecting the information requested.

**For Law Enforcement** – We may release your health care information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar lawful process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct perpetrated against our agency or one of our employees while they are engaged in their work; and
- in emergency situations to report a crime; the location of a crime or victims; or the identity, description, or location of the person who committed a crime.

**To Coroners, Medical Examiners and Funeral Directors** – We may release your health care information to coroners, medical examiners and funeral directors to identify a deceased person, determine the cause of death, or the funeral directors to carry out their lawful activities.

**For National Security and Intelligence Activities** – We may release your health care information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**For Protective Services for the President or Others** – We may release your health care information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Uses and disclosures of your Protected Health Information (PHI) will be made only with your or your legal representative's written authorization. You may revoke this authorization at any time.

### **YOUR RIGHTS REGARDING HEALTH CARE INFORMATION ABOUT YOU**

You have the following rights regarding the health care information we maintain about you:

**Right to Inspect and Copy** – You have the right to inspect and copy health care information that may be used to make decisions about your care. Usually this includes medical and billing information. If you want to inspect or receive a copy of your health care information, you will be asked to sign an authorization for release of the information to you.

To inspect and copy health care information about you, you must submit a request in writing to the agency. If you request a copy of the information, the first 75 pages will be provided free of charge only to you, or your personal representative; a charge of \$0.20 per page applies to all pages in excess of 75. All third parties may be charged a fee pursuant to the Medical Records Access Act, MCL 333.26265.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access, you may request that the denial be reviewed by the agency's Privacy Officer.

**Right to Amend** – If you think that health care 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 we maintain the information. To request an amendment you must submit a request in writing to the agency that includes the reason(s) for your request. Under Michigan Law an amendment may only add information to your record as an addendum, you and we may not remove or destroy any information in your record.

We may deny your request for an amendment if it is not in writing or does not include a reason for the request. We may also deny your request if you ask us to amend information that:

- was not created by our agency;
- is not part of the health care information maintained by the agency;
- is accurate or complete.

**Right to an Accounting of Disclosures** – you have the right to request an accounting of disclosures of your health care information. This is a list of disclosures that we made that were NOT for purposes of treatment, operations or payment.

To obtain a copy of this list you must submit your request in writing to the agency. Your request must state a disclosure time period (from one date to another date) which may not be longer than seven years. The first request for a list in any calendar year will be provided free of charge. For subsequent copies in the same calendar year you will be charged \$15.00 per copy.

**Right to Request Restrictions** – You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, operations or payment. You also have the right to request a restriction or limitation on the information we use or disclose about you to someone who is involved in your care, or payment for your care, like a friend or family member. For example, you may request that we do not disclose information about the results of certain diagnostic tests.

We may deny your request for a restriction if it is not in writing, does not include a reason for the request, or if we have no reasonable means to ensure that your request can be honored. An example of a reason to deny a restriction would include, but not necessarily be limited to, a request by you to not forward health care information to a public health agency if you have a communicable disease that we are required by law to report.

**Right to File a Complaint** – You have the right to file a complaint if you think your privacy rights have been violated. You may file a complaint with us, or with the Secretary of the Department of Health and Human Services in Washington, D.C. To file a complaint with us please contact our Privacy Officer at the agency. All complaints must be submitted in writing. We will make every effort to resolve your complaint in a timely and accurate manner.

**YOU WILL NOT BE PENALIZED IN ANY WAY FOR FILING A COMPLAINT.**

You have the right to a paper copy of this notice. You may also obtain a copy of this notice on our website. Our website is currently found on the internet at [www.vna.org](http://www.vna.org).

We reserve the right to change this notice.