

# United Methodist Retirement Communities (UMRC) & Porter Hills Retirement Communities & Services, Inc. (PH)

## 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.

### **INTRODUCTION**

This Notice of Privacy Practices describes how we, UMRC & PH (UMRC-PH) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law that requires that individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, is kept confidential. This Act gives you rights to access and control of how your protected health information is used. "Protected Health Information" (PHI) is information about you, including demographic information, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of protected health information (PHI), to provide you with and abide by the terms of this Notice of Privacy Practices, which sets forth our legal duties and privacy practices with respect to protected health information, and to notify you in the event of a breach of your unsecured protected health information. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. The new notice will be provided to all individuals receiving services from UMRC-PH at the time of the revision and updated notice will be posted on the UMRC-PH public websites

Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact the UMRC-PH Compliance & Privacy Officer at 1-734-475-9744.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

In certain circumstances we may use and disclose PHI about you without written consent. We may use and disclose your protected health information for purposes of treatment, payment and/or health care operations. Your protected health information may be used and disclosed by our health care staff and our office staff for the purpose of providing health care services to you. Your protected health information may also be used to and disclosed to pay your health care bills and to support the operation of UMRC-PH.

Following are examples of the types of uses and disclosures of your health care information that UMRC-PH is permitted to make. These examples are not meant to be exhaustive, but do describe the uses and disclosures that may be made by our organization.

- **Treatment** (providing, coordinating, or managing health care and related services by one or more health care providers). This includes the coordination or management of your health care by a third party. Examples of this would be to disclose PHI to others that provide care to you or to a physician who may be treating you. We will disclose PHI about you to doctors, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes might slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of UMRC-PH may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may

disclose health information about you to people outside UMRC-PH who provide your medical care like nursing homes or other doctors

- Payment (such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review). We will use and disclose information to other health care providers to assist in the payment of your bills. We will use it to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment.
- Health care operations (such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service). We may use or disclose, as needed, your protected health information in order to support the business operations of UMRC-PH.. These business uses and disclosures are necessary to make sure those we care for receive quality care and cost effective services. An example would be, but not limited to, using PHI to evaluate the performance of our staff, contracted employees and students in caring for you. Doing quality assessment review activities, employee review activities, training of staff, licensing, accreditation, certain marketing communications, fundraising activities, and conducting or arranging for other business activities. Business Associates- We may share your protected health care information with third party “business associates” who perform various activities for UMRC-PH . This includes, but is not limited to, auditing, billing, accreditation, legal services, and consulting services. Whenever an arrangement between our office and a business associate involves a use or disclosure of protected health information, we have a written contract with that company (a Business Associate Agreement) which contains terms that requires them to also protect the privacy of PHI they may create or receive on our behalf.

Subject to the limitations on marketing activities described below, we may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services, which may be of interest to you. We may use your name and address to send brochures and other marketing information about UMRC-PH and its Affiliates to you. We may also send you information about products or services that we believe may be beneficial to you. You may opt out of receiving any of these communications, at any time, by contacting our Compliance Officer and requesting that these materials not be sent to you.

- Appointments – We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment Facility Directory – When you are admitted to a UMRC-PH facility, we may list certain information about you, such as your name and room location in the facility directory. The facility can disclose this information to people who ask for you by name. You may request to not be listed on the directory; please inform the admitting staff or your nurse and they will assist you in this request. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION**

Without your written authorization, we will not make any of the following uses and disclosures of your protected health information.

- Psychotherapy Notes – unless permitted or required by applicable laws, we will not make any use or disclosure of psychotherapy notes recorded by UMRC-PH, without your written authorization.

- Marketing – unless permitted or required by applicable laws, we will not make any use or disclosure of your protected health information for marketing purposes without your written authorization. Without your authorization, we will not send communications to you about a product or service that encourages you to purchase or use that product or service. If you have not opted out of receiving them, we may send you communications about UMRC-PH and its Affiliates. We may also send reminders for refills or communications about a drug currently being prescribed to you, but only if any financial remuneration we receive for making that communication is reasonably related to our cost to make that communication; and communications regarding a certain product or service for the purpose of treatment, payment and health care operations. If we do receive financial remuneration for a communication sent for the purposes of treatment and health care operations, we must have your written authorization, and the authorization must disclose to you the remuneration we received.
- Sale of Protected Health Information – Unless permitted or required by applicable laws, we will not make any use or disclosure of your personal health information that constitutes a sale of personal health information without your written authorization, and the authorization must disclose to you the remuneration we would receive from such a sale.
- Other Uses and Disclosures - Unless permitted or required by applicable laws other uses and disclosures of your PHI that are not described elsewhere in this document will be made only with your written authorization.  
If you provide UMRC-PH with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

In the event you authorize us to use or disclose your personal health information for one or more purposes, you may revoke the authorization, at any time, in writing, except to the extent that UMRC-PH has already taken an action based on an existing authorization.

### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

You have the opportunity to agree or object to the use or disclosure of all or part of 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, UMRC-PH staff or a physician may, using professional judgment, determine whether the disclosure is in your best interest. If this is the case, only the protected health information that is relevant to your health care will be disclosed. We may use and disclose your protected health information in the following instances:

- Others Involved in Your Healthcare - If you agree, do not object, or we reasonably infer that there is no objection, we may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances. We may disclose PHI to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to UMRC-PH. At any time, you also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.
- Your personal health information may be disclosed in order to locate, identify or notify a family member, your personal representative, or other person responsible for your care, about your location, general condition, or death.

- Emergencies - Your personal health information may be disclosed to any public or private entity authorized by law or by its charter to assist in an emergency or disaster relief efforts.
- Communication Barriers - Your personal health information may be disclosed in the event you are unable to sign a written authorization due to substantial communication barriers.

**OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use or disclose your protected health information in the following situations without your written authorization:

- Required by Law - Your protected health information may be disclosed when we are required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses and disclosures.
- Public Health – We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to a state or federal government agency to facilitate their functions. We also may disclose protected health information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.
- Communicable Diseases - We may disclose your protected health information, if authorized by law, to a person that may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- Health Oversight – We may disclose your 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 that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- Abuse or Neglect - We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect or domestic violence. We will disclose your protected health information if we suspect that you have been a victim of abuse, neglect or domestic violence, to a government entity authorized to receive such information. A disclosure of this nature will be made consistent with the requirements of applicable laws.
- Legal Proceedings - We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in response to a subpoena, discovery request or other lawful process.
- Law Enforcement – We will disclose your protected health information for law enforcement purposes including but not limited to: legal proceedings required by law, identification and location purposes necessary to locate or identify a suspect, fugitive, material witness, or missing person, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, suspicion that death has occurred on the premises of UMRC-PH, or related to a medical emergency where it is likely that a crime has occurred.

- To Prevent a Serious Threat to Health or Safety – Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- Research – We may use and disclose your protected health information to researchers or as part of a research study. All research projects, however, are subject to a special approval process. This includes the project being approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. 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. In some instances, the law allows us to do some research using your PHI without your approval.
- Coroners, Medical Examiners and Funeral Directors – We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.
- Organ, Eye and Tissue Donation – We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.
- Military Activity and National Security Under certain circumstances your personal health information may be disclosed to military authorities if you are a member of Armed Forces or for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. When required by law, your protected health information may be disclosed for intelligence, counterintelligence, and other national security activities.
- Workers' Compensation – We will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.
- Employer Sponsored Health and Wellness Services – We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.
- Fundraising - We may use or disclose to UMRC-PH's institutionally related foundations your demographic information, the dates that you received services, department of service information, the name of your treating physicians, and your health insurance status as necessary to contact you for fundraising activities for UMRC-PH interests. We may share this information with the UMRC-PH Foundations to work on our behalf.  
You may opt out of receiving these fundraising communications, at any time, by contacting our Compliance & Privacy Officer or by emailing the Foundation at [advancement@umrc.com](mailto:advancement@umrc.com) and requesting that these materials not be sent to you. Services that UMRC-PH provides will never be conditioned on an individual's choice whether or not to receive fundraising communications. We will not put personal information about you in a brochure without your written authorization.

Shared Medical Record/Health Information Exchanges – We maintain PHI about those we care for in shared electronic medical records (EMR) that allow UMRC-PH associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to

PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you. These entities are also under contract to protect your PHI.

- Required Uses and Disclosures – Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500 et. Seq. of the Federal Register, applicable to Public Law 104-191.

## **YOUR RIGHTS**

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Compliance & Privacy Officer:

The right to request a restriction on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. A requested restriction must be in writing, stating the specific restriction and to whom you want the restriction to apply.

Except as set forth in the following paragraph, UMRC-PH is not required to agree to a restriction that you may request in most cases. If UMRC-PH agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. You may discuss a restriction through the UMRC-PH Compliance & Privacy Officer or Medical Records department. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

Notwithstanding the terms of the preceding paragraph, if you have paid for services out-of-pocket, and in full, and you request that we do not disclose your personal health information relating solely to those services to a health plan, we are required to accommodate that request, unless we are required by applicable law to make such a disclosure. For example, if a patient pays for a service completely out of pocket and asks UMRC-PH not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing.

The right to request confidential communications if you believe that a disclosure of all or part of your PHI may endanger you, you may request in writing that we communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

The right to inspect and receive a copy of most of your protected health information for as long as we maintain it as required by law. The right to submit a written statement or correction to your protected health information. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the UMRC-PH Medical Records Department, at the location you received services, with any questions or requests. Right to Amend – If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information, for as long as UMRC-PH maintains the information. Requests for amending your PHI should be made to the Medical Records Department. The UMRC-PH personnel who

maintain the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

The right to receive an accounting of disclosures of protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations, as described in this Notice of Privacy Practices or disclosures for which you have signed an authorization. The right to receive this information is subject to certain exceptions, restrictions and limitations. A nominal fee may be charged for this record search.

Right to be Notified of a Breach – You have the right to be notified in the event that we (or one of our Business Associates) discovers a breach of unsecured protected health information involving your medical information.

The right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice electronically.

### **COMPLAINTS**

You have the right to file a written complaint with our office or with the Department of Health & Human Services Office of Civil Rights, regarding violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

UMRC-PH  
Communities & Services, Inc.  
Compliance & Privacy Officer  
805 W. Middle St  
Chelsea, MI 48118  
734-475-9744

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W. Washington,  
D.C. 20201  
(202) 619-0257  
Toll Free: (877) 696-6775

OR via: Confidential Ethics Point Reporting Hotline: [www.umrcph.ethicspoint.com](http://www.umrcph.ethicspoint.com)

**Signature Page to Follow**



---

---

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**I acknowledge that I have read this Notice of Privacy Practices and have been given a copy.**

Recipient Name \_\_\_\_\_ Signature: \_\_\_\_\_

Guardian: (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

---

---

**RECORD OF DISCLOSURES**

**I wish to be contacted in the following manner (check all that apply):**

- Home Telephone \_\_\_\_\_
  - O.K. to leave message with detailed information
  - Leave message with call-back number only
  
- Work Telephone \_\_\_\_\_
  - O.K. to leave message with detailed information
  - Leave message with call-back number only
  - Other \_\_\_\_\_
  
- Written Communication
  - O.K. to mail to my home address
  - O.K. to mail to my work/office address
  - O.K. to fax to this number: \_\_\_\_\_
  - O.K. to e-mail me at this address: \_\_\_\_\_

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Recipient Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Guardian Name