



1215 East Michigan Avenue  
P.O. Box 30480  
Lansing, Michigan 48909-7980

# 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**

If you have any questions about this Notice, please contact the Sparrow Health System Chief Privacy Officer at Sparrow Health System, P.O. Box 30480, 1215 E. Michigan Avenue, Lansing, MI, 48909-7980.

### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes the privacy practices of Sparrow Health System, including Sparrow Hospital and any current or future Sparrow-owned location, office, facility or clinic. A list of the Sparrow Health System entities can be found on the Sparrow Health System website at [www.sparrow.org](http://www.sparrow.org).

This Notice applies to all of the records of your care generated by Sparrow Health System and to hospital employees, contractors, volunteers and members of the Sparrow Medical Staff while caring for you at the hospital or any other Sparrow location, office, facility or clinic. All of these persons and entities, sites and locations (collectively, “we”, “our” or “Sparrow Health System” or, individually, a “Sparrow Health System facility”) follow the terms of this Notice. Your personal doctor may have different policies or notices regarding the use and/or disclosure of your health information created in the doctor's office or clinic.

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

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create record(s) of the care and services you receive from Sparrow Health System. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice tells you about the ways that we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Maintain the privacy and security of health information that identifies you;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you;
- Notify you following a breach of unsecured health information that identifies you; and
- Follow the terms of the notice that are currently in effect (see front page for effective date).

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

Below are some examples of different ways that we are permitted to use and disclose your health information. Michigan law may require that we obtain your specific permission to use and disclose certain health information; for example, when behavioral health, substance abuse or HIV/AIDS information is used or disclosed.

- **For Treatment.** We may use health information about you to provide you with medical treatment, products or services. We may disclose health information about you to doctors, nurses, technicians, medical students, other health care providers and personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow

the healing process. We may also share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We also may disclose health information about you to people outside Sparrow Health System who may be involved in your medical care. We also may make your health information available electronically through one or more health information exchanges or organizations (HIOs) to other health care providers, health plans or health care clearinghouses. Our participation in HIOs helps us to care for you because it lets us see their information about you.

- **For Payment.** We may use and disclose health information about you so that the treatment, products and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run Sparrow Health System and make sure that all of our patients and residents receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine 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, other health care providers or personnel for review and learning purposes. We may also combine the health information we have with information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. Sharing your health information through HIOs, as noted above, may also occur as part of our health care operations.
- **Treatment Alternatives.** We may use health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use certain health information about you to contact you in an effort to raise money for Sparrow Health System. We may disclose certain health information to the Sparrow Foundation so that the Foundation may contact you about raising money for Sparrow Health System. You have the right to opt out of receiving fundraising communications.
- **Facility Directory.** We may include certain limited information about you in the hospital/facility directory while you are an inpatient or resident. This information may include your name, location, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your directory information may be given to a member of the clergy of your congregation even if they do not ask for you by name. If you are Catholic, your religious affiliation may also be given to visiting priests. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Under Michigan law, however, we would only disclose health information related to a minor's treatment for venereal diseases and HIV testing, substance abuse, behavioral health and prenatal/pregnancy treatment for certain medical reasons.
- **Research.** Provided special approval is obtained from you, and excluding certain types of health information, we may use and disclose health information about you for research purposes. 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. With your consent, we may also disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a Sparrow Health System facility. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' rights of privacy of their health information under federal and state law. Before we use or disclose health information for research, the project will have been approved through this research approval process. A researcher involved in an approved research project may have access to your name, address or other information that reveals who you are or who will be involved in your care.

### **SPECIAL SITUATIONS**

We may disclose health information about you as permitted or required by state or federal laws and regulations and for the following purposes:

- Community/public health activities and reports such as disease control, abuse or neglect and health and vital statistics.
- To avert a serious threat to your health or safety and to protect the health and safety of the public.
- Administrative oversight for such things as audits, investigations, licensure or determining cause of death.
- Court order or other legal processes related to law enforcement activities, including custody of inmates, legal actions or national security activities.
- Special government functions such as for Military and Veteran reporting on members of the armed forces of U.S. or foreign military as required by military command authorities.
- Organ and tissue donation and transplant reports as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
- Workers' Compensation or other rehabilitative activities reporting as required by law or insurers in order to provide benefits for work related or victim injuries or illnesses.
- Coroners, medical examiners and funeral directors in order for them to identify a deceased person, determine the cause of a death or to carry out their lawful duties.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding health information that we maintain about you. To exercise these rights, please submit a request in writing to the Sparrow Health Information Management Department, P.O. Box 30480, 1215 E. Michigan Avenue, Lansing, MI 48909-7980. Forms are available upon request to assist you with making a written request. Sparrow will respond within 30 days of receipt of your request.

- **Right to Inspect and Copy.** You have the right to look at and obtain an electronic or paper copy of health information that may be used to make decisions about your care or direct that a copy be shared with another individual or entity. If you request a copy of the information, we may charge a reasonable fee as permitted by law for certain costs associated with producing the copy.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Sparrow Health System will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that 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 kept by or for Sparrow Health System.

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 health information kept by or for the Sparrow Health System facility;
  - 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.” This is a list of the disclosures we made of health information about you for reasons other than treatment, payment or operations and for which we did not otherwise get your written authorization or for which we only needed to give you an opportunity to object (e.g., facility directory and disclosures to family and friends during your care).

Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the 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 health information we disclose about you to someone involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to a family member about health care services you have received.

We are not required to agree to your request for a restriction if it involves treatment, payment or disclosures we are required to make by law except we must agree to a requested restriction on the disclosure of health information to a health plan for payment or health care operations not required by law if the PHI pertains to an item or service for which you or someone other than the health plan has paid in full. If we do agree to other requested restrictions, we will comply with your request unless the information is needed to provide you with emergency medical treatment.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health care 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. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how 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 on our website, [www.sparrow.org](http://www.sparrow.org)

To obtain a paper copy of this Notice, please contact the Sparrow Health System, Privacy Department, P.O. Box 30480, 1215 E. Michigan Avenue, Lansing, MI, 48909-7980.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each Sparrow Health System facility. The notice will contain the effective date.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Sparrow Health System or with the Secretary of the United States Department of Health and Human Services. To file a complaint with Sparrow Health System, you must do so by putting it in writing to the Sparrow Health System, Privacy Department, P.O. Box 30480, 1215 E. Michigan Avenue, Lansing, MI, 48909-7980.

**All complaints must be submitted in writing. There will be no negative consequences due to your complaint.**

## **OTHER USES OF HEALTH INFORMATION**

We may use or disclose your health information for treatment, payment or health care operation purposes in connection with participation by Sparrow Health System in HIOs. In some cases you can request to opt out of such use or disclosure by contacting Sparrow Health Information Management at the address noted above. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. For example, we must get your prior written authorization before marketing a product or service to you if we will receive payment for the marketing communication. Likewise, we must obtain your written authorization if we will receive remuneration in exchange for your health information. Additionally, most uses of psychotherapy notes require your written authorization. If you provide us authorization to use or disclose health information about you, you may cancel that authorization, in writing, at any time. If you cancel your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care that we provided to you.

*Effective Date: September 23, 2013*

*Updated: November 28, 2016*

*Updated March 29, 2018*