

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is being provided to you pursuant to the federal law known as HIPAA. If you have any questions about this notice, please contact the Privacy Officer, Christine Finch at the Alzheimer's Association-Greater Michigan Chapter, 20300 Civic Center Drive, Suite 100, Southfield, Michigan 48076, 248-996-1030 or at christine.finch@alz.org.

Who Will Follow This Notice

This notice describes the health information practices of the health care operations of the Alzheimer's Association-Greater Michigan Chapter (hereinafter referred to as the "Chapter").

Our Pledge Regarding Health Information

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create client records for health and billing purposes. This notice applies to all of the health records we maintain.

This notice will tell you about the ways in which we may use and disclose health information about you. It also describes our obligations and your rights regarding the use and disclosure of health information.

We are required by law to:

- Ensure that health information that identifies you is kept private.
- Provide you with this notice of our legal duties and privacy practices with respect to your health information.
- Adhere to the terms of the notice that is currently in effect.

How We May Use and Disclose Health Information About You

The following categories describe different ways that the Chapter uses and disclose health information. For each category of use or disclosures we will explain what we mean and present some examples for understanding purposes only. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose health information about you to facilitate medical treatment or services by providers. We may disclose health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your health care.

For Payment. We may use and disclose health information about you to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility, or to coordinate coverage. For example, we may share health information with a utilization review or precertification service provider. Likewise, we may share health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose health information about you necessary to run our health care operations. For example, we may use health information in connection with: conducting quality assessment and improvement activities; reviewing health care provider performance, credentialing and accreditation; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities.

To Business Associates. We may contract with individuals and entities known as Business Associates to perform various functions or provide certain services. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your health information, but only after they sign an agreement with us requiring them to implement appropriate safeguards regarding your health information. For example, we may disclose your health information to a Business Associate to administer claims or to provide support services, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose health information about you when required to do so by federal, state or local law. For example, we must disclose health information when required by the U.S. Department of Health and Human Services pursuant to an investigation regarding the Plan's HIPAA compliance. Further, we may disclose health information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose health information about you in a proceeding regarding the licensure of a physician or to Adult Protective Services.

Disclosure to Health Plan. Information may be disclosed to a health plan for purposes of facilitating claims payments under that plan.

Special Situations

Military and Veterans. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks. We may disclose health information about you for public health activities, such as to prevent or control disease, injury or disability, report births and deaths, or 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.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- Respond to a court order, subpoena, warrant, summons or similar process.
- Identify or locate a suspect, fugitive, material witness, or missing person.
- Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- Regarding a death we believe may be the result of criminal conduct.
- Regarding criminal conduct at the hospital.
- Under emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients of the hospital to funeral directors as necessary to carry out his/her duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Your Rights Regarding Health Information About You

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

Right to Access. You have the right to request access to the portion of your protected health information containing your enrollment, payment and other records used to make decisions about your care. This includes the right to inspect the information as well as the right to a copy of the information. You must submit a request for access in writing to the Privacy Officer. If you request a copy of the information, we may charge a reasonable fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and provide copies under certain circumstances. If you are denied access to health information, you may request that the denial be reviewed and a response provided in writing.

Health care providers may create, gather or manage certain electronic health records regarding your health information. Beginning in 2011 (or such later date prescribed by law), to the extent those records are in the possession of the Chapter, you will have the right to request access to the electronic health records. If you submit such a request and we maintain any such records, we will charge you our actual labor costs to comply with your request.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may request we amend the information. You have the right to request an amendment for as long as the information is kept by or for the Chapter.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not provide appropriate supporting information/documentation. In addition, we may deny your request if you ask us to amend information that:

- Not health information maintained by or for the Chapter.
- If the information was not created by us or the person or entity that created the information is no longer available to make the amendment. This must be indicated in the written request for the amendment.
- The information is not part of which you would be permitted to inspect and copy.
- The information is proven to be accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" of your protected health information containing your enrollment, payment and other records, where such disclosure was made for any purpose other than treatment, payment, or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years from the current date of request. Your request must indicate in what form you are requesting the list (for example, paper or electronic). The first list you request within a 12 month period will be free. For additional lists, a reasonable charge for associated costs of providing the information may apply. We will notify you of the cost involved prior to providing the information at which time you may elect to withdraw or modify your request in writing prior to any costs being incurred.

In addition, health care providers may create, gather or manage electronic health records regarding your health information. Beginning in 2011 (or such later date prescribed by law), to the extent those records are in the possession of the Chapter, you will have the right to request an accounting of the disclosures of the electronic health records (including for purposes of treatment, payment or health care operations) during the three years that preceded the request.

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 who is involved in your care or the payment for your care, such as a family member or friend. For example, a request can be made that we not use or disclose information about medical care or counseling you received.

We are not required by law to agree to your request.

To request restrictions, you must make your request in writing to the Privacy Officer. Your request must indicate (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical 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.

To request confidential communications, you must make your specific request in writing to the Privacy Officer. The reason for your request is not required and all reasonable requests will be accommodate. Your written request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. If you received this notice electronically, you have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Officer in writing.

Breach Notification Requirements

In the event unsecured protected health information about you is "breached" and the use or disclosure of the information poses a significant risk of financial, reputational or other harm to you, we will notify you of the situation and any steps you should take to protect yourself against potential harm due to the breach. We will also inform HHS and take any other steps required by law.

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.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Plan, contact the Privacy Officer, Christine Finch at the Alzheimer's Association-Greater Michigan Chapter 20300 Civic Center Drive, Suite 100, Southfield, MI 48076 or at christine.finch@alz.org. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of Health Information

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 permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time by submitting your request to the Privacy Officer, Christine Finch at the Alzheimer's Association-Greater Michigan Chapter 20300 Civic Center Drive, Suite 100, Southfield, MI 48076 or at christine.finch@alz.org. If you revoke your permission, 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 previous permission, and that we are required to retain our records of the care that we provided to you for the time period under the HIPAA act.

Effective Date

This notice is effective December 6, 2010.