

**NORTHSTAR HEALTH SYSTEM JOINT 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 READ IT CAREFULLY.**

**Effective Date: 1/01/2010, Version #3**

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

NorthStar Health System ("NHS") keeps records of the care and services you receive at its facilities. We need these records to provide you with quality care and comply with certain legal requirements. We recognize that your health information is personal. We are committed to protecting the confidentiality of your health information. We are required by law to maintain the privacy of your health information, provide you our Joint Notice of Privacy Practices ("Notice"), and follow the terms of the Notice that is currently in effect. This Notice describes some of the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

## **WHO WILL FOLLOW THIS NOTICE**

NHS participates in an organized health care arrangement with physicians, allied health professionals and other health care practitioners and entities who furnish health care services to patients at NHS and its affiliated facilities. The health information privacy practices described in this Notice will be followed by all participants of the organized health care arrangement, including: all facilities, departments and units of NHS, including NHS's main hospital facility located in Iron River, Michigan and all of its affiliated facilities that are located on and off NHS' main campus, all employees, students, volunteers, and other members of NHS' workforce, all physicians, allied health professionals and other health care practitioners who provide services and treatment to patients at NHS' facilities. This includes any self-employed, independent physicians, allied health professionals and other health care practitioners, who are not agents or employees of NHS, who practice at NHS' facilities. No agency, joint venture or other relationship between NHS and its independent staff is created or intended by this Notice. These independent practitioners may also give you other privacy notices that describe their office practices.

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways we may use and disclose your health information. The list is not exhaustive. **Treatment.** We may use and disclose your health information to provide, coordinate and manage your health care and related services at NHS. We may share your health information as necessary among doctors, nurses, technicians, medical students, dieticians and other personnel involved in your care in order to provide you the health care that you need. For example, a doctor treating you for a broken leg may need to ask another doctor if you have diabetes because diabetes may slow the leg's healing process. This may involve talking to doctors and others not employed by NHS. We also may disclose your health information to people outside NHS who may be involved in your health care, such as treating doctors, pharmacies, drug or medical device experts and family members. **Payment.** We may use and disclose your health information to obtain payment for the health care we provide to you. For example, we may need to give your health plan information about treatment you received at NHS in order to obtain payment for the care we provide to you. We may also tell your health plan about a treatment you are going to receive so we can obtain prior payment approval or determine if your plan will pay for the treatment. We also may disclose some of your health information to a collection agency if we are unable to obtain reimbursement from you or someone else who is responsible for paying for your care. **Health Care Operations.** We may use and disclose your health information for health care operational purposes. These activities include, but are not limited to, quality assessment and improvement activities, conducting training programs, conducting or arranging for medical reviews, legal services or auditing, performing staff performance reviews, and business planning and development. For example, we may share your health information with members of the medical staff, risk or quality improvement personnel, and others to: evaluate the performance of our staff; assess the quality of care and outcomes in your cases and similar cases; learn how to improve our facilities and services; and determine how to continually improve the quality and effectiveness of the health care we provide. **Business Associates.** We may share your health information with third-party "business associates" who perform various activities for us (e.g., billing, transcription or legal services). The business associates will also be required to protect your health information. **Appointments and Treatment Alternatives.** We may use and disclose your health information to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you by mail, telephone or email. We may leave voice messages at the telephone number you provide to us, and we may respond to your email address. **Fundraising.** We may use or disclose limited health information about you (i.e., demographic information and dates of health care) for fundraising purposes. In case you do not wish to receive any fundraising communications, we will include in any fundraising materials we send to you a description of how you may opt out of receiving any further fundraising communications. **Facility Directories.** Unless you object, we will include in our patient directory your name, the location at which you are receiving care, your general health information, and your religious affiliation. We may disclose this information to people who ask for you by name or to members of the clergy. However, only members of the clergy will be told your religious affiliation. Releasing directory information about you enables your family and others (such as friends, clergy and delivery persons) to visit you in the facility and generally know how you are doing. **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose your health information to a family member, other relative, a close personal friend, or any other person you identify who is involved in your health care. We may also give information to someone who helps pay for your care. In addition, we may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death. **Disaster Relief.** We may use or disclose your health information to a public or private entity authorized by law to assist in disaster relief efforts, for the purpose of coordinating with such entities, notifying or assisting in notifying your family, personal representative or any other person involved in your health care of your location, general condition or death. **Required by Law.** We may use and disclose your health information as required by law. **Public Health Activities.** We may disclose your health information to certain government agencies and others for public health activities. For example, the disclosure may be necessary: to prevent or control disease, injury or disability; to report vital events, such as births or deaths; to report child abuse or neglect; to report information on FDA-regulated products or activities; to notify a person who may have been exposed to a communicable disease or may otherwise be at risk for contracting or spreading a disease or condition, when authorized by law; and to report information to your employer as required under laws addressing work-related illnesses or injuries or workplace medical surveillance. **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your health information to an authorized government authority, including a social service or protective service agency, if we reasonably

believe you are a victim of abuse, neglect or domestic violence. **Health Oversight Activities.** We may disclose your health information to a health oversight agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure or disciplinary actions, or other activities necessary for the appropriate oversight of the health care system, government benefit programs, and compliance with civil rights laws. **Judicial and Administrative Proceedings.** We may use and disclose your health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process. **Law Enforcement.** We may disclose your health information for law enforcement purposes where required to do so by law, including the following: responses to legal proceedings; information requests for identification and location purposes; information requests about the victims of a crime; deaths suspected from criminal conduct; crimes occurring at NHS; and medical emergencies (not on NHS' premises) believed to result from criminal conduct. **Coroners, Medical Examiners and Funeral Directors.** We may disclose 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 to funeral directors as necessary to carry out their duties. **Organ and Tissue Donation.** If you are an organ donor, we may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. **Research.** Under certain circumstances, we may use and disclose your health information 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. All research projects, however, are subject to a special approval process through the Institutional Review Board (IRB). The IRB evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through the IRB, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave NHS. Unless the IRB as permitted by law has approved a waiver, we will ask your specific permission to use and disclose your information for research purposes. **Serious Threats to Health or Safety.** We may use or disclose your health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person and the public, and the use or disclosure is to a person reasonably able to prevent or lessen the threat, or necessary for law enforcement authorities to identify or apprehend an individual. **Military Personnel.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also use and disclose health information about foreign military personnel to the appropriate foreign military authority. **National Security and Intelligence Activities.** We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose your health information to authorized federal officials if required for special investigations. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or a law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution. **Workers Compensation.** We may disclose your health information as authorized by laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

#### **AUTHORIZATIONS FOR OTHER USES AND DISCLOSURES**

As described above, we will use and disclose your health information for treatment, payment and health care operations, and when permitted or required by law. We will not use or disclose your health information for other reasons without your written authorization. For example, you may want us to release health information to your employer or to your child's school. These kinds of uses and disclosures of health information will be made only with your written authorization. You may revoke the authorization, in writing, at any time, but we cannot take back any uses or disclosures of health information already made with your authorization.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding the health information we maintain about you: **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your health information that is maintained in a "designated record set" for as long as we maintain the information. A "designated record set" contains medical and billing records and any other records NHS uses for making decisions about you. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and health information that is subject to law that prohibits access to health information. Your request to inspect and copy your records must be submitted in writing, signed and dated, to the Health Information Management department at NHS. We may charge a fee for processing your request. Under certain circumstances, NHS may deny your request to inspect or obtain a copy of your records (e.g., if your doctor believes access could harm you). If NHS denies your request based on certain reviewable grounds, you may appeal the denial. **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information for as long as the information is kept by or for NHS. Your request for an amendment must be made in writing, signed and dated, to the Health Information Management department at NHS. It must specify the records you wish to amend, identify the NHS facility that maintains those records, and give the reason for your request. We may deny your request for an amendment; if we do, we will tell you why and explain your options. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made of your health information. This right is subject to certain exceptions. For example, the right excludes disclosures made for treatment, payment or health care operations. It also excludes disclosures made to you or pursuant to a written authorization. It also excludes disclosures made in a facility directory, to persons involved in your care, for national security or intelligence purposes, to correctional institutions or law enforcement officials, and other reasons. In addition, we may suspend your right to receive an accounting of disclosures if required to do so by a health oversight agency or law enforcement official for the period of time specified by such agency or official. Your request for an accounting of disclosures must be submitted in writing, signed and dated, to the Health Information Management department at NHS. It must identify the time period of the disclosures and the NHS facility that maintains the records about which you want the accounting. We will not list disclosures made before April 14, 2003, or those made earlier than 6 years before your request. Your request should indicate the form in which you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. **Right to Request Restrictions.** You have the right to ask us to restrict or limit the uses or disclosures we make of your health information for treatment, payment or health care operations. You may also ask us to limit the health information we use or disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. While we will make reasonable efforts to do so, we do not have to agree to your requested restriction, except if the disclosure is to a health plan for purposes of carrying out payment or health operations (not treatment), and the health information relates solely to health care for which the health care provider involved has been paid out of pocket in full. To request restrictions, you must make your request in writing, signed and dated, to the Director of Quality/Risk Management, Privacy Officer at NHS. Your request must identify the NHS facility that maintains the information, describe the information you want restricted, say whether you want to limit the use or the disclosure of the information, or both, and tell us who should not receive the restricted information. We will tell you whether we agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency

treatment. **Right to Request Confidential Communications.** You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by mail. Your request for confidential communications must be made in writing, signed and dated, to the Director of Quality/Risk Management, Privacy Officer at NHS. It must identify the NHS facility making the confidential communications and specify how or where you wish to be contacted. You need not tell us the reason for your request. We will accommodate all reasonable requests. **Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically. You may obtain a paper copy of this Notice at any of our facilities or by calling the Director of Quality/Risk Management, Privacy Officer at NHS at 906.265.0474. You may also view this Notice on our website at [HYPERLINK "http://www.northstarhs.org" www.northstarhs.org](http://www.northstarhs.org).

#### **CHANGES TO THIS NOTICE**

We reserve the right to change the terms of our Joint Notice of Privacy Practices at any time, and to make the new Notice provisions effective for all health information that we maintain. We will post a copy of the current Notice at each of our facilities and on our website, [HYPERLINK "http://www.northstarhs.org" www.northstarhs.org](http://www.northstarhs.org).

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with the Director of Quality/Risk Management, Privacy Officer at NHS or with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

#### **CONTACT INFORMATION**

Requests to inspect and copy your records, amend your health information, or obtain an accounting of disclosures should be made in writing to the following address:

NorthStar Health System | Health Information Management Department  
1400 West Ice Lake Road | Iron River, Michigan 49935 | Telephone: 906.265.0425  
For all other questions or concerns, please write or call us as follows:  
NorthStar Health System | Director of Quality/Risk Management, Privacy Officer  
1400 West Ice Lake Road | Iron River, Michigan 49935 | Telephone: 906.265.0474