

Hamilton Community Health Network Notice of Privacy Act

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.

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our legal obligations.
We are required to abide by the terms of the current version of this Notice.

Your Personal Health Information

We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or re-corded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information. Hamilton Community Health Network does not sell, rent, or lease its customer lists or mobile opt in data to third parties for marketing purposes.

Uses or Disclosures of Your Personal Health Information

Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms of that permission; even with your permission, we are reasonably required to provide the minimum necessary concerning those services or completion of those activities. The following are the circumstances under which we are permitted by law to use or disclose your personal health information:

We may use and disclose your Protected Health Information in the following circumstances:

Treatment— examples include (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another, among others.

Payment— examples include billing and collection activities and related data processing; actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; medical necessity and appropriateness of care reviews, utilization review activities; and disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement, among other.

Health Care Operations— examples include development of clinical guidelines; contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; reviewing the qualifications of and training health care professionals; underwriting and premium rating; medical review, legal services, and auditing functions; and general administrative activities such as customer service and data analysis, among others.

Other circumstances may include:

(a) Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services - We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and service that may be of interest to you. (b) Minors - We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. (c) Research - We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. (d) As Required by Law— We will disclose Protected Health Information about you when required to do so by International, federal, state, or local law. (e) To Avert a Serious Threat to Health or Safety— We may use and disclose Protected Health Information when necessary to prevent serious threat to your health or safety or to the health or safety of others. (f) Business Associates—We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information. (g) Organ and Tissue Donation— If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation as necessary to facilitate organ or tissue donation and transplantation. (h) Military and Veterans— If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. (i) Worker's Compensation— We may disclose Protected Health Information for worker's compensation or similar programs that provide benefits for work-related injuries or illness. (j) Public Health Activities— We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose your PHI in certain circumstances to control or prevent a communicable disease, injury or disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose your PHI to the Food and Drug Administration (FDA) to re-port 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. (k) Abuse, Neglect, or Domestic Violence— We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and the patient agrees, or we are required or authorized by law to make that disclosure. (l) Health Oversight Activities— We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. (m) Data Breach Notification Purposes— We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclose your health information. (n) Lawsuits and Disputes— We may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such as disclosure is expressly authorized). If certain conditions are met, we may also disclose your protected health information in response to a subpoena, a discovery request, or other lawful process. (o) Law Enforcement— We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes. (p) Military Activity and National Security— If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law. (q) Coroners, Medical Examiners, and Funeral Directors— We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties. (r) Inmates— If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is 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) the safety and security of the correctional institution. (s) Shared Medical Record/Health Information Exchanges— We maintain PHI about our patients in shared electronic medical records that allow Hamilton Community Health Network associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health providers who provide you care. For example, if you are admitted on an emergency basis to another health center 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.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt-Out Individuals Involved In Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, or close friend or any other person you identify with your Protected Health Information that directly relates to that person's involvement in your health care.

If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so. Fundraising Activities. We may use or disclose your Protected Health Information, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request to the Privacy Officer.

Your Written Authorization is Required for Other Uses and Disclosures - The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes.
2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide Hamilton Community Health Network 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.

Your Rights Regarding Your Protected Health Information - You have the following rights, subject to certain limitations, regarding your Protected Health Information.

Right to Inspect and Copy Your Own Health Information. You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial or your request, and we will comply with the outcome of the review. 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 Medical Records with any questions or requests.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information by us or one of our business associates.

Right to Request Amendments. If you feel that the Protected Health Information we have 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 us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to an Accounting of Disclosures. With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. A nominal fee will be charged for the record search.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. We are not required in most cases to agree to your request and 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.

Out-of-Pocket Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you for the reason for your request.

Right to Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

How to Exercise Your Rights. To exercise your rights described in this Notice, send your request, in writing, to our Privacy Officer at the address at the end of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To get a paper copy of this Notice, contact our Privacy Officer by phone or mail.

Changes to This Notice. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

Complaints. You may submit your complaint in writing by mail or electronically to our Privacy Officer at 225 E. Fifth St., Suite 300, Flint, MI 48502. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

To file a complaint with the Secretary, mail to:

Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office of Civil rights, www.hhs.gov/ocr/hippa/, for more information. There will be no retaliation against you for filing a complaint.

Hamilton Community Health Network 225 E. Fifth St., Suite 300 Flint, MI 48502 ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at 810-406-4246

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