

**MICHIGAN HEAD-PAIN & NEUROLOGICAL INSTITUTE**  
**3120 PROFESSIONAL DRIVE, ANN ARBOR, MICHIGAN 48104 | (734) 677-6000 | (800) 518-3639**

## **MHNI HEALTH INFORMATION PRIVACY NOTICE**

### **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 a record of the care and services you receive at the Institute. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated at the Institute. This notice will tell you about the ways in which we will use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

**We are required by law to:** (1) make sure that health information that identifies you is kept private; (2) give you this notice of our legal duties and privacy practices with respect to health information about you; (3) follow the terms of the Institute's privacy notice that is currently in effect.

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

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

**1. For Treatment:** We use health information about you to provide you with medical treatment or services. We disclose health information about you to physicians, nurses, therapists, technicians, health care students, or other MHNI personnel who are involved in taking care of you at the Institute. Different departments/divisions of MHNI may also share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and diagnostic studies.

We also may disclose health information about you to people outside of MHNI who may be involved in your medical care, such as health care professionals, health care facilities, home health agencies, family members, or others we use to provide services that are part of your follow-up or ongoing care. Information about you may also be disclosed to physicians who provide on-call coverage for MHNI.

**2. For Payment:** We use and disclose health information about you so that treatment and services you receive through MHNI may be billed to and payment may be collected from an insurance company (health plan), a third party, or from you. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you for the treatment or tests performed. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine if your plan will cover the treatment.

**3. For Health Care Operations:** We may use and disclose health information about you for MHNI operations. These uses and disclosures are necessary to run the Institute and make sure that all of our patients receive quality care. For example, we may disclose information to physicians, nurses, technicians, students, and other personnel for review and learning purposes. 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 Institute patients to decide what additional services the Institute should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the health information we have with health information from other centers to compare how we are doing and see where we can make improvements in the care and services we offer. When performing research we will remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who specific patients are of the Institute.

Sometimes insurance companies and other third parties conduct audits to confirm that appropriate claims and payments were submitted. We may use and disclose your health information as part of these audits.

**4. Appointment Reminders:** We may use and disclose limited information that is necessary to contact you as a reminder that you have an appointment for treatment or medical care at the Institute.

**5. Health-Related Products and Services:** We may use health information to tell you, now or in the future, about the health-related products or services that may be of interest to you.

**6. 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 medical 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.

**7. Research:** Under certain circumstances 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 receive one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information. The research needs will be balanced 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 this research approval process. However, we may disclose health information about you to people preparing to conduct a research project in order to help them look for patients with specific medical needs. In this circumstance, the health information they review does not leave the Institute. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are.

**8. As Required by Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**9. 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 harm.

**10. 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. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and insure the security of your Protected Health Information.

**11. Organ and Tissue Donation:** In the event of death and as required by law, we will release health information necessary to facilitate organ and/or tissue donation and transplantation.

**12. Military and Veterans:** If you are a member of the Armed Forces, we may release health information about you as required by military authorities. We may also release health information about foreign military personnel to the appropriate military authority.

**13. 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.

**14. Public Health Risks:** We may disclose health information about you for public health records and follow-up. These disclosures occur in order to (1) prevent or control disease, injury, or disability; (2) report child abuse or neglect; (3) report reactions to medications or problems with products; (4) notify people of recalls of products they may be using; (5) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; (6) notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or if required or authorized by law.

**15. Health Oversight Activities:** We may disclose health information to an agency, authorized by law, to oversee health care activities. 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.

**16. Data Breach Notification Purposes:** We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.

**17. Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to obtain your written authorization to release the information or to obtain an order protecting the information requested. We may also use or disclose your health information to defend ourselves in the event of a lawsuit.

**18. Law Enforcement:** We may release health information if asked to do so by a law enforcement official (1) if an order, subpoena, warrant, or summons is issued by a court; (2) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (3) about a death we believe may be the result of criminal conduct; (4) about criminal conduct at the Institute; (5) in emergency circumstances to report a crime; the location of the crime or victim; or the identity, description, or location of the person who committed the crime.

**19. 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 to funeral directors as necessary to carry out their duties.

**20. 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.

**21. Inmates:** If you are an inmate of a correctional institution, we may release medical information about you to the correctional institution. This release would be necessary (1) for the Institute 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.

### **USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT**

**1. Individuals Involved In Your Care Or Payment For Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, 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 professional judgment.

**2. 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 or 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 practically can do so.

**3. 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.

### **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. Most uses and disclosures of psychotherapy notes.**

**2. Uses and disclosures of Protected Health Information for marketing purposes.**

**3. Disclosures that constitute a sale of your Protected Health Information.**

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. The disclosure that we made in reliance on your authorization before you revoked it will not be effected by the revocation.

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

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

**1. Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes medical and billing records but does not include psychotherapy notes. To inspect and copy your health information, you must submit your request in writing. If you request a copy of the information, we will generally charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any state or federal needs-based benefit program. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by a licensed health care professional who is not directly involved in the denial of your original request, and we will comply with the outcome of the review. If you make this request, MHNI administration will review your request and the denial.

**2. Right to a Summary or Explanation:** We can also provide you with a summary of your Protected Health Information rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

**3. Right to an Electronic Copy of Electronic Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or electronic health record), you have a 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 at MHNI. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record or copying your record for distribution.

**4. 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.

**5. Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend this information if misinformation or incomplete information can be substantiated and validated. You have the right to request an amendment for as long as the health information is kept by or for MHNI. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided at the beginning of this notice and must tell us the reason for your request.

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 (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for the Institute; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

**6. Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures" (a list of disclosures we have made of health information about you), although MHNI is not required to do so. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. To request this list of accounting of disclosures, you must submit your request in writing to the Privacy Officer of MHNI. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we will charge you for the cost of providing the accounting. We will tell you what the costs are in advance and you may choose to withdrawal or modify your request before the costs are incurred.

**7. 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains *solely* to a health care item or service for which you have paid us "out of pocket" in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or was already provided prior to your request.

To request restrictions, you must make your request in writing to the Privacy Officer of MHNI. In your request you must tell us (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.

**8. 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.

**9. 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 request in writing to MHNI Administration. 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.

**10. Right to a Paper Copy of This Notice:** You may obtain a copy of this notice at our Web Site, [www.MHNI.com](http://www.MHNI.com). You may also obtain a paper copy of this notice by contacting MHNI directly.

#### **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 listed at the beginning 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.

#### **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 make available a copy of the current notice at the Institute as well as on our website. The notice will contain the effective date in the top right hand corner.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Institute or with the Secretary of the Department of Health and Human Services. To file a complaint with MHNI, contact Scott Madden, Administrator and Privacy Officer at MHNI. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the secretary, mail it to: Secretary of the U.S., Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. Call (202) 619-0257 or toll free at (877) 696-6775 or go the website of the Office for Civil Rights, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/), for more information. There will be no retaliation against you for filing a complaint.