

# Notice of Privacy Practices

## We Are Committed to Your Privacy

The privacy of your health information has always been a priority at Corewell Health. This notice provides Corewell Health patients and families with information about their privacy rights and Corewell Health's ongoing commitment to protect those rights. You have the right to make choices about the way your health information is collected and used.

## Questions or Concerns

Corewell Health, Chief Privacy Officer MC168, 100 Michigan Street NE, Grand Rapids, MI 49503

• Call: **616.486.4113**

• Email: [privacy@corewellhealth.org](mailto:privacy@corewellhealth.org)

## 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 review this notice carefully.** This notice is effective as of August 17, 2023.

If you have questions about this notice, contact Corewell Health's Chief Privacy Officer via [privacy@corewellhealth.org](mailto:privacy@corewellhealth.org) or using the contact information listed above.

## Who Will Follow This Notice

This notice applies to "Corewell Health" or "Corewell Health facilities" including hospitals, skilled nursing homes, urgent care centers, our medical staff, home health care agencies, hospices, clinics, offices, and facilities operated by Corewell Health. All Corewell Health facilities and offices will follow this notice, whether listed or not. A change in this Notice of Privacy Practices is available at the office or facility where you are receiving care, by calling **616.486.4113**, or by emailing [privacy@corewellhealth.org](mailto:privacy@corewellhealth.org).

This notice also applies to the organizations participating in Corewell Health's Organized Health Care Arrangement (OHCA). These organizations will share your protected health information (PHI) with each other for the purposes of treatment, payment, and health care operations.

Corewell Health reserves the right to change participation in its OHCA by any individual or organization. If you have questions about a health care provider's OHCA participation status, call **616.486.4113** or email [privacy@corewellhealth.org](mailto:privacy@corewellhealth.org).

## Our Pledge Regarding Your Health Information

We understand that your health information is personal, and we are committed to protecting it. The health information we use, create, keep, and disclose about you may relate to physical and mental health

care you receive from us. We create a record of the care and services you receive at Corewell Health. This record allows us to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records related to your care that are maintained by Corewell Health, whether electronic or paper. If the doctor providing your care is not a Corewell Health team member, they may have different policies or notices regarding the use and disclosure of your medical information. This notice tells you about ways your health information is used or disclosed. It also describes your rights and our obligations regarding the use and disclosure of health information.

We are required by law to:

- Maintain the privacy and security of your PHI.
- Follow the privacy practices described in this notice and give you a copy of it.
- Notify affected individuals following a breach of unsecured protected health information.

## How We May Use and Disclose Your Health Information

In many situations, we can use and disclose your health information without your written permission. However, uses and disclosures that are not described below will only be made with your permission. In some situations, your written authorization is required to use or disclose your health information. For example, we will never sell your information or use your information for marketing purposes without your permission. The following categories describe different ways that we use and disclose health information.

**For Treatment:** We can use your health information and disclose it to other professionals who are treating you.

As an example, a doctor treating you for an injury asks another health care provider about your overall health condition.

We may disclose your health information for continuation of care purposes. Different Corewell Health departments may disclose your health information to coordinate the different things you need, such as prescriptions, lab work, X-rays, or therapy, or to coordinate a referral.

We may disclose health information about you to people outside Corewell Health involved in your health care following treatment at Corewell Health, such as family members or home health agencies. We may disclose your health information to another health care provider you are referred to or transferred to for health care services.

Health care providers who treat you outside of Corewell Health need access to the most complete information possible to make decisions about your

care. These providers can access your electronic and paper records from Corewell Health for this purpose. Also, when these providers have referred you to Corewell Health for treatment, they are able to access your records and your health information to follow your treatment progress. Corewell Health has procedures and technology in place to protect the privacy and security of your records in these cases.

**For Payment:** We can use and disclose your health information and non-health information to bill and get payment for health plans or other entities for the treatment and services you receive at Corewell Health. For example, we may give information about you to your health insurance plan so it will pay for your health care or services. We may tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment. Some providers who deliver care at Corewell Health bill separately and we may provide payment-related information to them to coordinate the billing and payment process. We also may contact you in writing or by telephone to discuss your account or to verify or gather more information about your insurance coverage. If you have paid in full for a health care item or service, and you tell us that you do not wish your health plan to receive information about that item or service, we will not disclose that information with your health plan, unless we are required by law to do so.

**For Health Care Operations:** We can use and disclose your health information to run our business—such as accounting, claims processing, or to evaluate our workforce. These uses and disclosures are necessary to run the business operations of Corewell Health and to make sure that all of our patients receive quality care. For example, we may disclose your information with Priority Health, a health plan owned by Corewell Health, as part of our Organized Health Care Arrangement (OHCA). Sharing information with Priority Health helps us achieve the purposes of our integrated health system, such as quality improvement, population health management, and improving the overall health and wellness of the communities served by Corewell Health and Priority Health. We may also use certain medical and non-medical information to contact you and ask your opinion on the quality of services you received at Corewell Health and how we can improve our services. We may also combine health information about many patients to decide what additional services Corewell Health should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, health care profession students and other hospital personnel for educational purposes. We may combine the health information we have along with health information from other organizations to

compare our performance and determine how we can improve the care and services we offer.

**Incidental Uses and Disclosures:** We may use or disclose your health information when it is associated with another use or disclosure that is permitted or required by law. For example, conversations between doctors, nurses or other Corewell Health personnel regarding your medical condition may, at times, be overheard. Please be assured that we have appropriate safeguards to avoid such situations as much as possible.

**Appointment Reminders:** We may use and disclose health information to remind you of an upcoming appointment at a Corewell Health facility or a need to refill a prescription.

**Fundraising Activities:** In the case of fundraising, we may use certain non-medical information, including, but not limited to, your name, address, telephone number, dates and place of service, age, and gender, to contact you to raise money for Corewell Health affiliates through a foundation owned or controlled by Corewell Health. The money raised will be used to expand and improve the services and programs we provide to the community. You have the right to “opt out” of uses and disclosures of your information for fundraising purposes.

**Hospital Directory:** We may include limited information about you in the hospital directory while you are a patient at a Corewell Health hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. This information, except for your religious affiliation, also may be disclosed to people who ask for you by name. In addition, the hospital may keep a separate directory that lists your religious affiliation and disclose that directory to members of the clergy. This is so your family, friends, and clergy can visit you in the hospital and know your general condition. You have the right to ask us to restrict (limit or not include) your information in hospital directories. To request restrictions, you must tell us during registration.

**Individuals Involved in Your Care or the Payment of Your Care:** We may disclose health information about you to a friend or family member who is involved in your care so long as you have not objected, or if we believe the disclosure is in your best interest. We may also give information to someone who is involved with payment or helps pay for your care. We may tell your family and friends about your general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort, so your family can be notified about your condition, status, and location.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve evaluating the health and recovery of patients who received one medication compared with those who received another for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information. This process also ensures that the research needs are balanced with our patients' needs for privacy of their health information. Before we use or disclose health information for research, the project will have been reviewed through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project. As an example, we may disclose information to researchers to help them look for patients with specific medical needs, so long as the health information they review does not leave Corewell Health. We may need to ask for your specific permission if the researcher will have access to your name, address, or other personal information, or will be involved in your research-related care at Corewell Health.

**As Required by Law:** We will disclose health information about you when required by federal, state, or local law, or regulation. For instance, we are required to report certain injuries or illnesses for public health purposes.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would only disclose your information to someone able to help prevent the threat.

**Communications Regarding Corewell Health's Programs or Products:** We may use and disclose your health information to inform you of a health-related product or service of Corewell Health. In addition, we may use or disclose your health information to tell you about products or services related to your treatment, case management or care coordination, or to communicate alternative treatments, therapies, providers, or settings of care. We may occasionally tell you about another company's products or services but will use or disclose your health information for such communications only if they occur in person.

**Health Information Exchange:** Corewell Health records and sends health information, including prescription information, electronically. Health information is shared electronically for the purposes outlined in this notice and is protected through local, state, and national health information exchanges. Corewell Health participates in health information exchanges, including the MiHIN (Michigan Health

Information Network), and may participate in other information exchanges in the future. MiHIN has rules regarding how health information can be accessed through the exchange and limits the use and disclosure of such information. You can email [privacy@corewellhealth.org](mailto:privacy@corewellhealth.org) for more information about MiHIN and your rights associated with the sending of your information through this and other health information exchanges.

**Epic's Care Everywhere:** Your medical record is stored electronically in Epic, a computer software program. To improve the care that you receive, Corewell Health shares your health records electronically with other providers using Epic's Care Everywhere. We do this to allow other health care providers who use Epic and who are treating you to immediately see your medical information. When you are registered at another hospital that uses Epic, a treating doctor at that hospital can request medical records from our hospital electronically. For example, in an emergency, a doctor could request your medical record from Corewell Health electronically and then, if granted "permission," look at your lab results. Sharing your health information in this way would allow the doctor to make more informed treatment decisions. There are safeguards in place to ensure that you are currently receiving care at the requesting hospital or health care provider. The health care providers must have enough information about you to validate that they are providing care to you AND you must be registered as a patient in their electronic medical record. Your health information may include sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, mental health, substance abuse, genetic testing, etc. Psychotherapy notes are not included in your medical record or our health information exchange. If you wish to "opt-out" of Epic's Care Everywhere, please contact our Privacy Office at the phone number or email address listed in the first column of this notice.

### **How We May Use or Disclose Your Health Information – Special Situations**

In many cases, we can use and disclose your health information without your written permission. The following outlines how we can use or disclose your health information in a special situation.

**Organ and Tissue Donation:** If you are an organ donor, we may disclose health information, as necessary, to organizations that handle organ procurement or organ, eye, and tissue transplantation, or to an organ donation bank.

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

foreign military authority. If a family member is in the military, in certain circumstances, we may disclose information about you to the military or an approved social services agency such as the Red Cross to advise your family member of your condition.

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

**Public Health Risks:** We may disclose health information about you for public health activities, including to:

- Prevent or control disease, injury, or disability.
- Report births and deaths and participate in disease registries.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify people of recalls for products they may be using.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.

**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.

**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 also may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone involved in the dispute, but only if you have agreed to such a release. However, your permission will not be required if the disclosure request has been signed by a judge or ordered by a court of law.

**Law Enforcement:** We may disclose health information to a law enforcement official in the following situations:

In response to a court order, subpoena, warrant, summons or similar process,

- To identify or locate a suspect, fugitive, material witness or missing person,
- If the information is about a victim of a crime and if, under certain limited circumstances, we are unable

- to obtain the person's agreement to the disclosure,
- About a death we believe may be the result of criminal conduct,
- About criminal conduct at a Corewell Health facility, or
- In emergency circumstances to report a crime, the location of the crime or victims, or the identify (description or location) of the person who committed the crime.

**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 disclose medical information about patients to funeral directors, as necessary, to carry out their duties.

**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.

**Protective Services for the President and Others:**

We may disclose health information about you to authorized federal officials so they can protect the president, authorized people, or foreign heads of state, or conduct 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 law enforcement official. This disclosure would be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Third Parties:** We may disclose your health information to certain third parties with whom we contract to perform services on behalf of a Corewell Health entity. If so, we will have written assurances from the third party that your information will be protected.

**Highly Confidential Information:** Certain health information receives special privacy protection, such as psychotherapy notes, services for mental health and developmental disabilities, alcohol and drug abuse treatment and prevention services, and certain diseases. We will use or share your highly confidential medical information only as permitted or required by law, or with your written permission.

**Your Rights Regarding Your Health Information Right to Inspect and Copy:** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. The information available to you includes



medical and billing records but does not include any psychotherapy notes. Ask Health Information Management (HIM) how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you can request that the denial be reviewed. Another licensed health care professional chosen by Corewell Health will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review. If you are participating in research activities, we may deny your request to inspect and copy some of your health information related to that research, so long as you agreed to this access restriction in the consent form you signed before participating. We also may deny access as otherwise permitted by law.

**Right to Amend:** You can ask HIM to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also 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 a Corewell Health entity.
- Is not part of the information that you would be permitted to inspect and copy.
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. Ask HIM how to request this. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Your request should indicate in what form you want the list (for example, on paper or electronically).

**Right to Request Restrictions:** You can ask us not to use or disclose certain health information for treatment, payment, or our operations. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law requires us to share that information, if it would affect your care, or if we are unable to comply with your request.

### **Right to Request Confidential Communications:**

You can 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 agree to all reasonable requests. A request can be made during registration, to your patient representative, or to the Privacy Office. We may ask you to put your request in writing.

**Right to a Paper Copy of This Notice:** You may ask for a copy of this notice at any time. Even if you agreed to receive this notice electronically, you still are entitled to a paper copy. You may obtain a copy of this notice on our website, [corewellhealth.org/policies](https://www.corewellhealth.org/policies), or at any Corewell Health facility.

### **Changes to This Notice**

We reserve the right to change this notice. We also reserve the right to make the revised notice effective for health information we already have about you and any information we receive in the future. We will post a copy of the current notice in the facilities, offices, and locations covered by this notice. The notice will contain the effective date. In addition, a copy of the most current notice will be made available to you each time you register at a facility or office, or you are admitted to a facility for treatment or health care services as an inpatient or outpatient.

If you believe your privacy rights have been violated, you may file a complaint with Corewell Health or with the secretary of the Department of Health and Human Services.

To file a complaint with Corewell Health, email [privacy@corewellhealth.org](mailto:privacy@corewellhealth.org) or contact: Corewell Health, Chief Privacy Officer MC168, 100 Michigan Street NE, Grand Rapids, MI 49503.

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Other Uses of Your Health Information**

Other uses and disclosures of health information not covered by this notice or the laws that apply to Corewell Health will only be made with your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission in writing at any time. If you revoke your permission, we will not use or disclose health information about you for the reasons covered by your written authorization. We are unable to reverse any disclosures we already made with your permission, and we are required to retain our records of the care that we provided to you.

