

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

UNDERSTANDING THE TYPE OF INFORMATION THE MANISTEE COUNTY MEDICAL CARE FACILITY HAS AND USES:

We get information about you when you are planning to live here. It includes information like your date of birth, sex, ID numbers and other personal information. We also get reports from your health care providers about your medical care.

OUR PRIVACY COMMITMENT TO YOU:

We care about your privacy. The information we collect about you is private. We are required to give you a notice of your privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only use and disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so.

◇ Treatment: We may disclose your information to treat or coordinate your health care. For example, if you need to go to the hospital, we may need to tell them about your prescriptions.

◇ Payment: We may use and disclose information so the care you receive can be properly billed and paid for. For example, we may give information to Medicare and Medicaid for payment.

◇ Health Care Business Operations: We may use and disclose your information for business operations. For example, your information may be used to measure quality care.

◇ Exceptions: For certain kinds of records, your permission may be needed even for release for treatment, payment or business operations.

◇ Business Associates: There are some services that require us to share information with business associates. Some examples of business associates include consultants and attorneys.

◇ Notification and Discussion: We will need your guidance on who we may talk to for decision making, appointment reminders and discussion of your care. For example, you may want only your oldest child to make health care decisions but want all of your children to be able to know about

your care. You need to let us know in writing. Our social worker will help you fill out the necessary forms.

◇ With Your Permission: If you give us permission in writing by signing our Consent for Use form, we will use your information for treatment, payment and health care operations. If you give us permission to use your information, you still have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

◇ As Required by Law: We will release information when we are required by law to do so. Examples include a subpoena, communicable disease reporting, and government oversight agencies like state surveyors.

◇ Marketing, Research and Fundraising: On rare occasion we will participate in marketing, research or fundraising. We may contact you regarding these, and you have the right to ask us not to contact you for these.

YOUR PRIVACY RIGHTS

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to Manistee County Medical Care Facility at the [address](#) on this web page.

YOUR RIGHT TO INSPECT AND COPY:

In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

◇ Your Right to Amend: You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial. You may refute our denial and ask for a copy of your reasons with your records.

◇ Your Right to Request Confidential Communications: You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

◇ Your Right to a List of Disclosures: You have the right to ask for a list of disclosures made after April 14th, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.

◇ Your right to Request Restrictions on MCMCF's Use or Disclosure of Information: You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.

CHANGES TO THIS NOTICE:

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. You will be notified if any significant changes are made to this notice and the notice won't be in effect until after you are mailed the new notice.

HOW TO USE YOUR RIGHTS UNDER THIS NOTICE:

If you want to use your rights under this notice, you may call us or write to us. We use a form that you may fill out, or we can help you fill it out if you wish. Please see the contact information below or use our [contact page](#).

COMPLAINTS TO THE FEDERAL GOVERNMENT:

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Office of Civil Rights
Dept. of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201
Phone: [866.627.7748](tel:866.627.7748)
TTY: [886.788.4989](tel:886.788.4989)
Email: ocrprivacy@hhs.gov

You will not be penalized for filing a complaint with the federal government.

COMPLAINTS AND COMMUNICATIONS TO US:

If you want to exercise your rights under this notice, if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can call us at [231-723-2543](tel:231-723-2543) and ask for the Privacy Officer or write to us at:

Manistee County Medical Care Facility
Attn: Privacy Officer
1505 E. Parkdale Ave.
Manistee, MI 49660

You will not be penalized for filing a complaint, and questions are always welcome.