

NOTICE OF PRIVACY PRACTICES
UNITED PHYSICIANS CARE MANAGEMENT PROGRAM

- A. PURPOSE OF THIS NOTICE.** This Notice of Privacy Practices (“Notice”) describes how we may use and disclose the information we collect or generate as part of our Care Management program that can identify you and relates to your past, present, or future health or condition, the provision of health care to you, or payment for health care provided to you. This information is called “Protected Health Information” or “PHI.” We are required to provide you with this Notice of Privacy Practices (“Notice”), which explains our privacy practices and how, when, and why we may use and disclose your PHI, as well as your rights concerning your health information. **PLEASE REVIEW IT CAREFULLY.**
- B. OUR RESPONSIBILITIES.** We are required by law to maintain the privacy and security of your PHI. We will not use or disclose your PHI other than as described in this Notice, unless you have provided us written authorization. You can change your mind about a previous authorization at any time. We will promptly let you know if a breach occurs that compromises the security or privacy of your information. While we may change the terms of this Notice at any time, which will apply to all information we have about you, the new Notice will be available upon request.
- C. HOW WE MAY USE AND DISCLOSE YOUR PHI.** We use or share your PHI for various reasons, some of which require your prior specific authorization.
- 1. Uses and Disclosures for Treatment, Payment or Health Care Operations Do Not Require Consent.**
 - a. For Treatment.** We may use your PHI and share it with other health care personnel who are treating you or are involved in your care. *For example, a doctor treating you for an injury may disclose your PHI to your primary care physician to coordinate care.*
 - b. To Obtain Payment.** We may use and disclose your PHI to bill and get payment from health plans or other entities for the health care services we have provided to you. *For example, we may give some of your PHI to your health insurance plan so it will pay for services.*
 - c. For Health Care Operations.** We can use and share your PHI to run our practice, improve your care, and contact you when necessary. *For example, we may use your PHI as part of an evaluation of our processes to improve the quality of care we provide. We may also provide your PHI to individuals or entities that support our health care operations, such as accountants, attorneys, or companies that store our medical records.*
 - 2. Other Uses and Disclosures That Do Not Require Consent.** We are allowed or required to share your PHI in other ways, often to contribute to the public good, such as public health or research.
 - a. When Required by Law, Judicial or Administrative Proceedings, or Law Enforcement.** As required by federal, state, or local law; in response to a subpoena, discovery request, or court or administrative order; or to law enforcement personnel to report a crime, respond to a request for information about a suspected or actual crime victim, prevent or lessen a serious threat to your health or that of the public or another person.
 - b. Public Health and Safety Issues.** For public health reasons to prevent or control disease, including, as required under Michigan law, reporting information about patients with HIV/AIDS and cancer to central registries, and immunization information; or to report births, deaths, and suspected abuse, neglect, or domestic violence; or to report adverse reactions to medications or other problems with products.
 - c. Health Oversight.** To health oversight agencies for audits, investigations, or inspections of a health care provider or organization for compliance with government programs or civil rights laws.
 - d. Research.** For research activities in limited circumstances. While your PHI may be used to prepare a research project or to contact you about participation in a research project, it will not be further used or disclosed without your authorization. However, if permitted by federal law, approved by an institutional review board which reviews and approves human research activities, or if direct identifiers such as your name and address have been removed, PHI may be further used and disclosed for research activities.
 - e. Organ Donation.** To organ procurement organizations to assist them in organ, eye, or tissue donations and transplantation.
 - f. When Working with a Coroner, Medical Examiner, or Funeral Director.** To a coroner, medical examiner, or funeral director necessary information related to an individual’s death.
 - g. Workers’ Compensation.** To comply with laws relating to workers’ compensation or other work-related injury programs.

Effective Date: 7/24/17

Rev Dates: 7/24/18

