



**BRONSON**  
Bronson Healthcare Group  
Notice of Privacy Practices

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

If you have any questions about this Notice, please contact our Privacy Office: Bronson Healthcare Group, 601 John Street, Kalamazoo, Michigan 49007, (269) 341-8590.

All providers affiliated with Bronson Healthcare Group, including Bronson Methodist Hospital, Bronson Vicksburg Hospital, Bronson Physician Services, Inc., Bronson Practice Management (also known as Bronson Medical Group), Bronson Home Health Care, Bronson Staffing Services, Inc. will comply as the "Bronson family of providers" with the information privacy practices in this Notice. In addition, Bronson Methodist Hospital and Bronson Vicksburg Hospital each offer you care in an integrated setting with area physicians who serve on our medical staffs. The independent members of the Medical Staff are neither employees nor agents of the Bronson family of providers, but are joined under this Notice of Privacy Practices for the convenience of explaining to patients their rights relating to the privacy of the protected health information. Medical staff members associated with Bronson hospitals will also follow the information privacy practices described in this Notice while working in the hospitals. **Your physicians, however, may have a different Notice of privacy practices when working out of their own clinics.**

The Bronson family of providers, including Bronson Methodist Hospital and Bronson Vicksburg Hospital, may share your health information among each other and with the physicians on our respective medical staffs for purposes of providing you with treatment, obtaining payment for health care services, and for the health care operations of Bronson hospitals. Examples of sharing information for purposes of treatment, payment, and health care operations are described below.

OUR PLEDGE TO YOU:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care, bill for your care, and comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether made by our staff and authorized trainees, or by your personal doctor. Your personal doctor may have different policies or notices regarding use and disclosure of your health information created in the doctor's office. All Bronson affiliated providers, as well as the medical staff members of Bronson Methodist Hospital and Bronson Vicksburg Hospital, are required by law to maintain the privacy of your health information, to provide you with notice of their legal duties and privacy practices with respect to your health information, and to abide by the terms of this notice currently in effect. This Notice tells you about the ways in which all Bronson affiliated providers, including Bronson Methodist Hospital and Bronson Vicksburg Hospital and their medical staff members, may use and disclose health information about you, and our legal duties with respect to your health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Our doctors, nurses, pharmacists, laboratory technicians, and other health care professionals may use health information about you to provide you with health care **treatment** or services. We may also disclose health information about you to others who are involved in taking care of you. For example, we may send health information about you to a specialist as part of a referral.

We may use and disclose health information about you to obtain **payment** for the treatment and services you receive from us. For example, we may send billing information to your insurance

company or Medicare. We may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We may use and disclose health information about you to support our health care **operations**. For example, we may use health information to review the treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to decide what additional services we should offer. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific patients are.

We may disclose information to notify **a family member or other person responsible for your care** about your condition, status, and location.

Unless you tell us otherwise, we will include your name, location in the hospital, and your general condition (good, fair, etc) in our **patient directory** and make this information available to anyone who asks for you by name. We will also include your religious affiliation and disclose that to a member of the clergy or our chaplain.

We may use and disclose health information to contact you for an **appointment reminder**, to tell you about **health-related services** or recommend **possible treatment options or alternatives** that may be of interest to you, or contact you about supporting **our fund raising efforts**.

Subject to certain requirements, we may use or disclose health information about you **without your prior authorization** for other reasons:

We may give out health information about you for **public health** purposes; to **report abuse or neglect**; for **health oversight reviews**; in **research** studies (We may disclose your health information to researchers if an institutional review board has established protocols to ensure the privacy of your health information.); for **funeral arrangements** and **organ donation**; in response to special **law enforcement** requests, valid judicial or administrative orders, or for authorized national security and intelligence activities; for **workers' compensation** purposes; to **avert a serious threat** to your health or safety or those of the public or another person; and when **required by law**. If you are or were a member of the armed forces, we may release information about you as required by military command authorities or the Department of Veterans Affairs. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official.

In some circumstances, Michigan state law may be more stringent than federal law in restricting how we may use or disclose your health information. In such situations, we will comply with the law that is more protective of your health information or that gives you additional rights with respect to your health information.

In any other situation not covered by this Notice, we will ask for your written **authorization** before using or disclosing your health information. You may **revoke** this authorization for any subsequent disclosures by notifying us in writing.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the right to request in writing that you **inspect and obtain a copy** of the health information that we use to make decisions about your care. We may charge a fee for the costs of

copying, mailing, or other supplies and services associated with your request. If we deny your request to inspect or obtain a copy in certain limited circumstances, you may request that the denial be reviewed. Another licensed healthcare professional chosen by **Bronson Healthcare Group** will review your request and the denial and we will comply with the outcome of that review.

If you believe that health information we have about you is incorrect or incomplete, you may make a written request to ask us to **amend information**. The request should state the reason for the amendment and specific information to be amended. The amendment must be contained on one page of paper legibly handwritten or typed in at least 10 point font size. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously noted.

We may deny your request for an amendment if the information to be amended was not created by us, is no longer maintained by us, is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. We will notify you if we deny your request for amendment and you may appeal, in writing, our decision. Any statements of disagreement or rebuttal will be linked to our health information and made a part of any subsequent disclosure we make of such information.

You have the right to make a written request for a **list of disclosures** we have made of your health information, except for uses and disclosures for treatment, payment, and health care operations, as previously described, and those for which you have authorized disclosure. Your request must state a time-period which may not be longer than six years and may not include dates prior to April 14, 2003. We will not charge you for the first list you request within a 12-month period, additional requests will be charged according to our cost of producing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to **request a restriction** on the health information we use or disclose about you for treatment, payment, or health care operations. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You have the right to request, in writing without requiring you to state a reason, that **confidential communications** with you be made in an alternative manner or location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

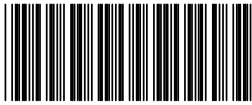
#### WRITTEN REQUESTS AND COMPLAINTS

For all written requests, or appeals, or if you are concerned that your privacy rights may have been violated or if you disagree with a decision we make about your health information, you may contact our privacy office at: Bronson Healthcare Group, 601 John Street, Kalamazoo, Michigan 49007, (269) 341-8590. You may also send a written complaint to the U.S. Department of Health and Human Services. Our Privacy Office can provide you the address.

#### COPIES OF NOTICE AND CHANGES

Bronson Healthcare Group reserves its right to make changes to this document. Upon your request, we will provide you with any revised notice of privacy practices. A revised Notice will also be posted in waiting areas throughout our facilities.

**Under no circumstances will we ever ask you to waive your rights under this notice or retaliate against you in any manner for filing a complaint.**



Please sign below that you have received Bronson Healthcare Group's Notice of Privacy Practices effective April 14, 2003.

Print Name: \_\_\_\_\_

Patient Account Number: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship if other than Patient: \_\_\_\_\_

For Office User Only:

By: \_\_\_\_\_ Date: \_\_\_\_\_

Action:

\_\_\_\_\_ Provided - Without Signature

\_\_\_\_\_ Previously Signed

\_\_\_\_\_ Other