

NOTICE OF PRIVACY PRACTICES

Please review this notice carefully, as it describes how Northwestern Michigan College (the Plan Sponsor) and any third party assisting in the administration of claims may use and disclose your medical information, and how you can access this information. If you have any questions about this notice, please contact Chris Keenan, the Privacy Officer at Northwestern Michigan College, at 1701 East Front Street, Traverse City, Michigan, 49686. Your health benefit plan has been amended to comply with the requirements described in this notice.

Our Pledge Regarding Medical Information. We are committed to protecting your personal medical information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes, and this notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the use and disclosure of your medical information created in his or her facility. This notice will describe how we may use and disclose medical information about you, as well as our obligations and your rights regarding this use and disclosure. We are required by law to keep all medical information that identifies you private, give you this notice of our legal duties and privacy practices regarding your medical information, and follow the terms of the notice currently in effect.

Use and Disclosure of Medical Information. The following categories describe different ways that we use and disclose medical information. We will explain and present examples for each category, but we will not list every possible use or disclosure. However, all of the permissible uses and disclosures fall within one of these categories.

- *Treatment.* We may use or disclose your medical information to facilitate medical treatment or services by providers. For example, we may disclose your medical information to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your care.
- *Payment.* We may use and disclose your medical information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may disclose your medical history to your health care provider to determine whether a particular treatment is medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with another health plan to coordinate benefit payments.
- *Health Care Operations.* We may use and disclose your medical information in order to operate the Plan. For example, we may use medical information in connection with the following: (1) conducting quality assessment and improvement activities; (2) underwriting, premium rating, and other activities relating to Plan coverage; (3) submitting claims for stop-loss coverage; (4) conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and (5) conducting general business management and development tasks.
- *As Required by Law.* We will disclose your medical information when required to do so by federal, state, or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding, such as a malpractice action.
- *To Avert a Serious Threat to Health or Safety.* We may use and disclose your medical information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. We would only disclose this information to someone able to help prevent the threat. For example, we may disclose your medical information in a proceeding regarding the licensure of a physician.

Special Situations. We may also use and disclose your medical information in the following special situations:

- *Health Plan Sponsor.* We may disclose medical information to another employer-sponsored health plan to facilitate claim payments under that plan, and to an employer's personnel department solely for purposes of administering benefits under a plan.
- *Organ and Tissue Donation.* We may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- *Military and Veterans.* If you are a member of the armed forces, we may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- *Workers' Compensation.* We may release medical information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illnesses.
- *Public Health Risks.* We may disclose medical information for public health activities, including the following: (1) prevention or control of disease, injury, or disability; (2) report of births and deaths; (3) report of child abuse or neglect; (4) report of reactions to medications or problems with products; (5) notification of product recalls; (6) notification of disease exposure or risk of disease contraction or proliferation; and (7) notification of patient abuse, neglect, or domestic violence to the appropriate government authority (only if you agree or when required or authorized by law).
- *Health Oversight Activities.* We may disclose medical information to a health oversight agency for activities authorized by law, e.g., audits, investigations, inspections, and licensure, which 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 your medical information in response to a court or administrative order or a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we have attempted to inform you of the request or to obtain an order protecting the information requested.
- *Law Enforcement.* We may release medical information if requested by a law enforcement official in the following circumstances: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime in emergency circumstances; and (4) to disclose information about the victim of a crime if (under certain limited circumstances) we are unable to obtain the person's agreement, about a death we believe may be the result of criminal conduct, and about criminal conduct at a hospital.
- *Coroners, Medical Examiners, and Funeral Directors.* We may release medical information to a coroner or medical examiner if necessary (e.g., to identify a deceased person or determine the cause of death), and we may release hospitalized patients' medical information to funeral directors as necessary for them to carry out their duties.
- *National Security and Intelligence Activities.* We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- *Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the institution or official to provide you with health care, to protect the health and safety of you or others, or for the safety and security of the correctional institution.

Rights Regarding Medical Information. You have the following rights regarding your medical information that we maintain, and you must submit requests to exercise these rights in writing to the Privacy Officer:

- *Right to Access.* You may request access to medical information that may be used to make decisions about your Plan benefits, including the right to inspect the information and the right to a copy of the information. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain very limited circumstances, and you may request that such denial be reviewed.
- *Right to Amend.* If you feel that our records of your medical information are incorrect or incomplete, you may request an amendment to the information for as long as the information is kept by or for the Plan. Your written request must include a supporting reason; otherwise we may deny your request for an amendment. In addition, we may deny your request to amend information that is not part of the medical information kept by or for the Plan; 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 information that you would be permitted to inspect and copy, or is accurate and complete.
- *Right to an Accounting of Disclosures.* You may request an accounting of disclosures where such disclosures were made for any purpose other than treatment, payment, or health care operations. Your written request must state a time period for the accounting not longer than six years (starting after **April 2004**) and indicate your preferred form (e.g., paper or electronic). We will provide for free the first accounting you request within a 12-month period, but we may charge you for the costs of providing additional lists (we will notify you prior to provision and you may cancel your request).
- *Right to Request Restrictions.* You may request a restriction or limitation on your medical information that we use or disclose for treatment, payment, or health care operations or that we disclose to someone involved in your care or the payment for your care (e.g., a family member or friend). For example, you could ask that we not use or disclose information about a surgery you had. Your written request must describe what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply (e.g., your spouse). We are not required to agree to your request.
- *Right to Request Confidential Communications.* You may request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only by mail or at work), and we will accommodate all reasonable requests. Your written request must specify how or where you wish to be contacted. You do not need to state the reason for your request.
- *Right to a Paper Copy of this Notice.* If you received this notice electronically, you may receive a paper copy at any time by contacting the Privacy Officer.

Changes to this Notice. We reserve the right to revise or change this notice, which may be effective for your medical information we already possess as well as any information we receive in the future.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan by contacting the Privacy Officer in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information. We will only use and disclose medical information not covered by this notice or the laws that apply to us with your written permission. If you permit us to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. However, we are unable to retract any disclosures we have already made with your permission, and we are required to retain our records of the care provided to you.