



## NOTICE OF PRIVACY PRACTICES

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

Michigan State University Health Care is a multi-specialty medical practice comprised of faculty from MSU's College of Human Medicine, College of Osteopathic Medicine and the College of Nursing. The MSU Health Care clinics located in the Greater Lansing area and in Detroit share a common electronic health record (EHR).

We are required by law to maintain the privacy of your protected health information and to provide you with information that describes our privacy practices. This Notice of Privacy Practices describes how MSU Health Care will use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are required or permitted by federal, state and local law. This Notice also contains information about your rights to access and control your protected health information.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS**

Federal privacy rules permit MSU Health Care to use and disclose your protected health information without your written authorization for the purposes of treatment, payment or health care operations.

**TREATMENT:** Your protected health information will be used and disclosed to provide, coordinate or manage your health care and any related services. This includes the coordination and/or management of your health care with another health care provider for treatment purposes. MSU Health Care participates in certain health information exchanges to facilitate the secure exchange of your health information electronically between health care providers and health care entities for your treatment, payment or other healthcare operations purposes. This means that we may share information we obtain or create about you with outside entities (such as hospitals, doctor's offices and pharmacies) or we may receive information they create or obtain about you so that each of us can provide better treatment and coordinate your health care services. This includes Surescripts, a national database of medication histories and prescriptions.

*Examples: MSU Health Care may disclose protected health information to other health care providers, such as your primary care physician or when we refer you to a specialist who will participate in your treatment. We may disclose your protected health information to a pharmacy in order to fill your prescription, or to coordinate referrals for other health care services such as radiology or physical therapy.*

**PAYMENT:** Your protected health information will be used and disclosed to obtain payment for the services we provide to you. This includes communicating with your insurance carrier about your insurance benefits.

*Examples: MSU Health Care will disclose protected health information to your insurance carrier in order to receive payment for our services. We may disclose protected health information in order to determine if you are eligible for specialized services, the range of services that can be provided and to obtain prior approval, if needed, for those services.*

**HEALTH CARE OPERATIONS:** Your protected health information will be used and disclosed in order to operate our practice. Health care operations include activities such as quality assessment and improvement; providing educational training programs for medical, nursing, and other allied health and non-health care professionals; accreditation, certification, and licensing activities; and general administrative, legal, and auditing activities.

*Examples: MSU Health Care may use protected health information in the training of health professions students who are working in our clinics. We may use protected health information to evaluate the quality of care that you receive from us, or to conduct cost-management and business planning activities. We may disclose protected health information to a business associate who performs a function or activity on our behalf, such as a typing services or collection services.*

**CERTAIN OTHER USES AND DISCLOSURES:** Your protected health information may be used to remind you of appointments, medication refills, treatment alternatives, and/or other health-related benefits and services that may be of interest to you. We may disclose limited protected health information to a family member or close personal friend that you designate as being involved in your care.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT ARE REQUIRED OR PERMITTED BY LAW**

**PUBLIC HEALTH ACTIVITIES:** We will use and disclose your protected health information for the following public health activities and purposes as required or permitted by law:

- To prevent, control or report disease, injury or disability.
- To report suspected child abuse or neglect.
- To conduct public health surveillance, investigations and interventions.

- To collect or report adverse events and product defects; enable product recalls, repairs or replacements to FDA-regulated products or activities; and to track FDA-regulated products or conduct post-marketing surveillance.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To report to an employer about an individual who is a member of the workforce if there is a work-related injury or illness or to conduct an evaluation relating to medical surveillance of the workplace.
- To report proof of immunizations to a school about an individual who is a student or prospective student of the school.

**TO REPORT SUSPECTED ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** We will use and disclose your protected health information to notify government authorities as required by law if we believe you are the victim of abuse, neglect or domestic violence. If we make such a disclosure, we will inform you unless we believe that this will place you at risk of serious harm.

**HEALTH OVERSIGHT ACTIVITIES:** We will disclose your protected health information to a health oversight agency for activities authorized by law including audits; civil, administrative, or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We will use and disclose your protected health information in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We may disclose your protected health information in response to a subpoena to the extent authorized by law.

**LAW ENFORCEMENT:** We will disclose your protected health information to a law enforcement official for law enforcement purposes as follows:

- As required by law for reporting certain types of wounds or other physical injuries.
- Pursuant to a court order, court-ordered warrant, subpoena, summons or similar process authorized under law.
- For the purposes of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain circumstances when there is a crime on our premises.
- In an emergency to report a crime.

**CORONERS, FUNERAL DIRECTORS AND ORGAN DONATION:** We may disclose your protected health information to a coroner or medical examiner for identification purposes, to determine cause of death, or to perform other duties authorized by law. We may disclose your protected health information to a funeral director in order for them to carry out their duties. We may disclose your protected health information if you are an organ donor for organ, eye or tissue donation purposes.

**RESEARCH:** We may use and disclose your protected health information for research purposes when our institutional review board or privacy board waives the requirement to obtain an individual authorization. We also may use your protected health information to see if you qualify for a research study or to prepare for a research study. You may be contacted and asked to participate in a study if you qualify. Your identifiable protected health information will not be used outside the MSU Health Care unless your privacy is protected.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may disclose your protected health information when necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health and safety of the public.

**SPECIALIZED GOVERNMENT FUNCTION:** We may use and disclose your protected health information to facilitate specific government functions relating to military and veteran activities, national security and intelligence activities, protective services to the President and others, medical suitability determinations, public benefit programs, correctional institutions and law enforcement custodial situations.

**WORKERS' COMPENSATION:** We may use and disclose your protected health information to comply with laws related to workers' compensation or similar programs established by law to provide benefits for work-related illnesses or injuries.

**OTHER AS REQUIRED BY LAW:** We will use and disclose your protected health information to the extent that such use or disclosure is required by laws not listed above.

Other than as stated in the previous paragraphs, we will not disclose your PHI without your written authorization. We are specifically required to obtain your written authorization for all treatment and health care communications (except face to face) if MSU Health Care receives financial remuneration from a third-party whose product or service is being marketed in exchange for making the communication. In addition, most uses and disclosures of psychotherapy notes will only be made with your written authorization. You may revoke your written authorization at anytime, except to the extent that action has been taken in reliance on the authorization.

#### **YOUR RIGHTS UNDER THE PRIVACY RULE:**

- **The right** to inspect and request a copy of your protected health information, to the extent allowed by law. You may inspect and obtain a copy (paper or electronic) of the protected health information that is contained in your designated record set for as long as we maintain the protected health information. The designated record set

contains both medical records and billing records. A fee may be charged to cover the copying, supplies and postage costs incurred in complying with your request.

- **The right** to request communication of your protected health information by an alternative means or at an alternative location. You may request that we communicate with you in certain ways and we will accommodate reasonable requests. We will not require you to provide an explanation for your request.
- **The right** to request a restriction on the use and disclosure of your protected health information for treatment, payment or health care operations purposes. With one exception, we are not required to agree to a restriction and will notify you if we deny the request. If we do agree, your protected health information will not be used or disclosed in violation of the restriction unless it is needed to provide you with emergency treatment. We are required to agree to the restriction if you pay 100% out of pocket for items or service and request that we do not disclose this to your health plan.
- **The right** to request amendments to your protected health information. This request must be in writing and you must provide a reason to support the requested amendment. In certain cases, we may deny your request. If we do, you have the right to file a statement of disagreement with us. If we prepare a rebuttal to your statement of disagreement, we will provide you with a copy.
- **The right** to receive an accounting of certain disclosures. You have the right to receive an accounting of certain disclosures of your protected health information by MSU Health Care. Your request for an accounting must be in writing and you are permitted one free accounting during any 12-month period, but subsequent requests for an accounting will incur a fee.
- **The right** to be notified of a breach of your protected health information. MSU Health Care must notify you as soon as possible and no later than 60 days following discovery of the breach.
- **The right** to obtain a paper copy of this Notice. You may ask for a copy of this Notice at any time. You may also access the Notice on our website at [www.healthcare.msu.edu](http://www.healthcare.msu.edu).

If you are interested in pursuing any of these rights, please discuss them with your health care provider or contact the MSU Health Care Privacy Officer at **(517) 355-1822**.

#### **CHANGES TO THIS NOTICE:**

We reserve the right to revise, change, or amend our Notice of Privacy Practices. Any revisions or amendments to this notice will be effective for all of the protected health information that we already have as well as any protected health information that we may create, receive, or maintain in the future. MSU Health Care will post a copy of our current Notice in prominent locations within our clinics and you may request a current Notice during any visit to our organization or by calling the MSU Health Care Privacy Officer at (517) 355-1822. In addition, you will find our current Notice on our website at [www.healthcare.msu.edu](http://www.healthcare.msu.edu).

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with the Michigan State University Privacy Officer or with the Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.

Effective Date: February 1, 2005; Revision Date: August 11, 2020

## NON-DISCRIMINATION NOTICE

Michigan State University (MSU) Health Care and its affiliates and subsidiaries comply with applicable Federal civil rights laws and do not discriminate, exclude people, or treat people differently on the basis of race, color, national origin, age, disability, or sex. Title IX of the Education Amendments of 1972 and Section 1557 of the Affordable Care Act protect both women and men from discrimination on the basis of sex (including but not limited to sexual harassment, sexual abuse and/or sexual assault) and are among the civil rights laws which protect students, employees, MSU Health Care patients, and other individuals.

MSU Health Care provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and free language interpretation services to people whose primary language is not English. If you need these services, contact the manager of your physician's office.

### Filing a grievance

If you believe that MSU Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you are strongly encouraged to file a grievance in person or by mail, email, or through the Public Incident Reporting Form with:

Office of Institutional Equity ("OIE")  
4 Olds Hall, 408 W. Circle Drive  
East Lansing, MI 48824  
Phone: (517) 353-3922  
Email: [oi@msu.edu](mailto:oi@msu.edu)

<https://oi@msu.edu/resources/reporting-options.html>

If you need help filing a grievance, or have questions about the non-discrimination provisions, in addition to OIE Staff, the following individuals are available to help you:

- Tanya Jachimiak, MSU Title IX Coordinator, Olds Hall, Suite 105, East Lansing, MI 48824, (517) 355-3960, [OCR.TanyaJachimiak@msu.edu](mailto:OCR.TanyaJachimiak@msu.edu)
- Tracy Leahy, Health Care Civil Rights Specialist, Olds Hall, Suite 4, East Lansing, MI 48824, (517) 353-3922, [OCR.TracyLeahy@msu.edu](mailto:OCR.TracyLeahy@msu.edu)

Individuals also have the right to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## LANGUAGE ASSISTANCE SERVICES ARE AVAILABLE

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-886-3885 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-886-3885 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-886-3885 (TTY: 711).

K\_U\_J\_D\_E\_S\_: \_N\_ës\_e\_f\_l\_i\_t\_n\_i\_s\_h\_q\_i\_p\_, \_p\_ër\_j\_u\_k\_a\_n\_ë  
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711)\_

주의: 한국어를 \_사용하시는 \_경우, \_언어 \_지원 \_서비스를 \_무료로 \_이용하실 \_수 \_있습니다. 1-877-886-3885 (TTY: 711) 번으로 \_전화해 \_주십시오.

লক্ষ্য\_করুনঃ\_যদি\_আপনি\_বাংলা,\_কথা\_বলতে\_পারেন,\_তাহলে\_নিঃখরচায়\_ভাষা\_সহায়তা\_পরিষেবা  
\_উপলব্ধ\_আছে।\_ফোন\_করুন\_১-৮৭৭-৮৮৬-৩৮৮৫\_(TTY: 711)\_।\_

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-886-3885 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-886-3885 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-886-3885(TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-886-3885 (TTY:711) \_まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-886-3885 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-886-3885 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-886-3885 (TTY: 711).