

## McLaren Print System Order

Order No: 42105 Reprint Previous Order No: 6843  
Order Date: 2019-01-21  
User: Diana Garver  
Phone: 989-779-5230

Ship Location: McLaren Central - Medical Arts Bldg-Dr. Persson-Attn: Kayla  
1201 South Drive, Suite 352  
Mt Pleasant, MI 48858

### Forms

Quantity: 100  
Paragon Dept No: 75300  
Dept Name: Medical Arts-Surgical Services-Dr. Persson  
Company Number: 810

Order Total Price: 7.28

Item Number: MHCC-10327  
Item Description: Notice of Privacy Practices (English)  
Revision Date: 5/2018  
Print: 2 sided black and white  
Paper: 70# White Text  
Size: 11 x 17  
Fold: Bi-Fold (1/2)  
Finish: None  
Drill: None  
Misc Info: 11x17 folds to 8.5x11

### NOTICE OF PRIVACY PRACTICES

Version effective May 2018



#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

**Access and Copies:** In most cases, you have the right to look at or get a copy of health information that we use to make decisions about your care. If you request copies of the information, however, we may charge a fee for cost of copying, mailing or other related supplies. If we deny your request to look at the information or get a copy of it, you may give us a written request for a review of that decision. In some instances your health information may not be available due to our retention policy.

**Correct or Update:** If you believe that information in our records about you is incorrect or if important information is missing, you have the right to request that we change the records, by submitting a request in writing and including your reason for requesting the change. We may deny your request to change a record if the information was not created by us, if it is not part of the health information kept by us, or if we determine the record is complete and correct. If we deny your request to change, you may submit a written request to review that denial.

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

**Confidentiality:** You have the right to request that health information about you be shared with you in a confidential manner, such as sending mail to an address other than your home.

**Notification of a Breach:** If our actions result in a breach of your unsecured health information we will notify you of that breach.

**Restrict Disclosures to Your Health Plan:** You may request that we not share health information with your health plan about care or services you received, if you pay in full out of pocket for those services and make the request in writing at the time the services are provided.

**Copies of Our Notice of Privacy Practices:** You may ask for a copy of our current Notice at any time. If the Notice was sent to you electronically, you may request a paper copy.

**Complaints:** If you have any questions about this Notice of Privacy Practices, or questions or complaints about the handling of your health information, you may contact the Information Privacy Office, in writing or call or submit a report to our Compliance Line. You may also send a written complaint to the Secretary of the United States Department of Health and Human Services. You will not be penalized for filing a complaint.

**Who to Contact:** To exercise any of the rights described above, please send a written request to our Information Privacy Office at the address listed below, or download and complete the Privacy Request form located on [www.mclaren.org/privacy](http://www.mclaren.org/privacy). If you do not have access to a computer, then you may call our Compliance Line and request a form be mailed to you. Completed forms may be mailed to our address below, emailed to [privacy@mclaren.org](mailto:privacy@mclaren.org) or faxed to 810-342-1450.

McLaren Health Care  
Information Privacy Office  
One McLaren Parkway  
Grand Blanc, MI 48439  
Compliance Line: 1-866-642-2667

### NOTICE OF PRIVACY PRACTICES

Version effective May 2018



**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.**

#### WHO WILL FOLLOW THE PRACTICES OUTLINED IN THIS NOTICE?

McLaren Health Care ("McLaren") provides health care to our patients in partnership with physicians, health care providers, and other professionals and organizations in an organized health care arrangement (hereinafter referred to as we, our or us). This is a joint Notice of our information privacy practices. The practices in this Notice will be followed by:

- Any health care professional who participates in an organized health care arrangement with us to assist in providing treatment to you. These professionals may include, but are not limited to, physicians, allied health professionals, and other licensed health care professionals.
- All subsidiaries and departments of our organization, except our health plans, including hospital, emergency department, outpatient services, mobile units, skilled nursing, clinics/hospital-owned physician practices, urgent care centers, home health, hospice, cancer centers, and retail outlets as well as those outside our system with whom we've contracted for assistance in providing services.
- Our employees, staff and volunteers, including corporate offices and affiliates.

A complete list of McLaren organizations covered by this Notice may be found on our Website. If you do not have a computer you may request a list by calling our Compliance Line.

#### OUR PLEDGE TO YOU

We understand that health information about you is private and personal, and we are committed to protecting it. Each time you visit a hospital, physician or other health care provider, a record of your visit is made. This Notice applies to the records of your care at McLaren, whether created by facility staff or your personal physician. Other health care providers providing treatment to you may have different practices or Notices regarding their use and disclosure of health information about you maintained in their own offices or clinics.

We are required by law to make sure that health information that identifies you is kept private, give you this Notice of our legal duties and privacy practices concerning your health information, and follow the terms of the Notice that is currently in effect.

#### CHANGES TO THIS NOTICE

We may change our practices from time to time. Changes will apply to health information we already hold, as well as new information after the change occurs. If we make a significant change in our practices, we will change our Notice and post the new Notice in prominent locations in our facilities and on our Website at: [www.mclaren.org/privacy](http://www.mclaren.org/privacy).