

## Questions and Complaints

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at [www.bcbsm.com](http://www.bcbsm.com).

If you would like to receive one of the standardized request forms, please call or visit the Medical Records Department at the Family Health Center where you receive your care.

Family Health Center – Creyts Road  
1401 S. Creyts Road, Lansing, MI 48917  
Telephone: (517) 322-8047

Family Health Center – Lake Lansing Road  
1525 W. Lake Lansing Road, East Lansing, MI 48823  
Telephone: (517) 336-5606

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, call us at (800) 552-8278. You also may complete our form online at <http://www.bcbsm.com>.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint upon request. We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.

## Blue Care Network of Michigan



## Family Health Centers

## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

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### **Our Commitment Regarding Your Protected Health Information**

At the Family Health Centers of Blue Care Network (hereafter referred to as "FHC"), we understand the importance of your Protected Health Information (hereafter referred to as "PHI"), and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can reasonably be used to identify you and that relates to your past, present or future physical health or mental health condition, the provision of health care to you or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect August 1, 2004 and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. When we make a material change to our privacy practices we will revise this Notice of Privacy Practices, make it available for you to take with you, and post the current Notice in a prominent location in each FHC.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection. For example, if you authorize disclosure of substance abuse information to a third party, state law requires BCN to condition the disclosure on the recipient's promise to obtain your written permission to disclose to someone else.

NOTE: Members of Blue Care Network of Michigan (BCN) and Blue Care of Michigan, Inc. (BCMI) will receive a second Notice of Privacy Practices pertaining to use and disclosure of PHI by the health plans. If you are a BCN or BCMI Member you should also review the separate Notice that they will provide you.

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### **Our Uses and Disclosures of Protected Health Information**

- We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g., catalog or telemarketing firms).
- We must have your written authorization to use and disclose your PHI, except for the following uses and disclosures:
  - **To You and Your Personal Representative:** We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).
  - **For Treatment:** The FHC and its health care providers (for example, doctors, dentists, pharmacies, nurses) may use and disclose your PHI for our treatment purposes and the treatment purposes of another health care provider. For example, your PHI may be provided to a hospital to which you have been referred.

- **Payment:** We may use and disclose your PHI for our payment purposes. For example, we may disclose PHI to your health plan to obtain reimbursement for medical services provided to you by FHC.

We may also disclose your PHI to other health care providers and health plans for the payment activities of the entity that receives the information. For example, we may give your payment information to an ambulance service provider that transported you to a hospital in order for the ambulance provider to bill for its treatment services.

- **Health Care Operations:** We may use and disclose your PHI for our health care operations, including for example:
  - Conducting quality assessment and improvement activities, including peer review, credentialing of providers and accreditation
  - Training of clinical staff
  - Coordinating case and disease management activities
  - Communicating with you about treatment alternatives or other health-related benefits and services
  - Performing other general administrative activities, including customer service and business planning

We may also disclose your PHI to other health care providers and health plans who have a relationship with you for certain of their health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.

- **To Others Involved in Your Care:** We may under certain circumstances disclose to a member of your family, a relative, a close friend or any other person you identify, the PHI directly relevant to that person's involvement in your health care or payment for health care. For example, we may discuss treatment options with you in the presence of a friend or relative, unless you object.
- **When Required by Law:** We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court and administrative orders and subpoenas, and to comply with workers' compensation laws. We will disclose your PHI when required by the Secretary of Health and Human Services and state regulatory authorities.
- **For Matters in the Public Interest:** We may use or disclose your PHI without your written permission for matters in the public interest, including for example:
  - Public health and safety activities, including disease and vital statistic reporting, child abuse reporting, and Food and Drug Administration oversight
  - Reporting adult abuse, neglect, or domestic violence
  - Reporting to organ procurement and tissue donation organizations
  - Averting a serious threat to the health or safety of others
- **For Research:** We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place.
- **To Our Business Associates:** From time to time we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI. For example, we may share your information with a business associate who conducts a disease management program on our behalf.

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## Disclosures You May Request

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form. To receive our standard authorization form, please call or visit the Medical Records Department of the Family Health Center where you receive your care. Phone numbers are located at the end of this Notice.

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## Individual Rights

**You have the following rights regarding PHI that we maintain about you. To exercise these rights, you must make a written request on the standard form we provide to you. To obtain the required standard request form (for Access, Disclosure Accounting, Restriction Requests and Amendment) call or visit the Medical Records Department of the Family Health Center where you receive your care. Phone numbers are listed at the end of this notice.**

- **Access:** With certain exceptions, you have the right to look at or receive a copy of your PHI contained in the group of records that are used by or for us to make decisions about you, including your medical record (chart), billing records, appointment histories, and pharmacy, dental and vision records. We reserve the right to charge a reasonable cost-based fee for copying and postage. If you request an alternative format, such as a summary, we may charge a cost-based fee for preparing the summary. If we deny your request for access, we will tell you the basis for our decision and whether you have a right to further review.
  - **Disclosure Accounting:** You have the right to an accounting of certain disclosures of your PHI, such as disclosures made for matters in the public interest. This accounting requirement applies to disclosures we make beginning on and after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.
  - **Restriction Requests:** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment, or health care operations. We are not required to agree to these additional restrictions, but if we do, we will abide by them (except as needed for emergency treatment or as required by law) unless we notify you that we are terminating our agreement.
  - **Amendment:** You have the right to request that we amend your PHI in the set of records we described above under Access. If we deny your request, we will provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.
  - **Confidential Communication:** We will accommodate a patient's reasonable request to receive confidential communications from us, either at alternative locations or by alternative means. For example, you may request that we call you at your office, rather than at your home. To request confidential communications call or visit the Medical Records Department of the FHC where you receive your care. Phone numbers are listed at the end of this Notice.
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