



Health, Wellness and Quality of Life

Effective Revised Date: Oct. 2018

THE WELLNESS PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION (SOMETIMES REFERRED TO AS PROTECTED HEALTH INFORMATION OR “PHI”) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). We are legally required to protect the privacy of your health information. We call this information “Protected Health Information” or “PHI” and it includes information that can be used to identify you that we have created or received about your past, present or future health or condition, the provision of healthcare to you, or the payment for this healthcare. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice at each health center. You can also request a copy of this notice by contacting the Corporate Compliance Department. (See section 9).

WHO WILL FOLLOW THIS NOTICE: This notice describes the practices of the employees, medical staff, volunteers, departments and units of The Wellness Plan.

HOW WE MAY USE AND DISCLOSE MEDICAL AND PERSONAL INFORMATION ABOUT YOU: We may use and disclose health information for many reasons. For some of these uses and disclosures, we need your prior specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples.

3.1 For Treatment. We may use health information about you to provide you with health care treatment or services at our health centers, or to determine the nature and extent of medical treatment and services you may need from outside health care providers. We may disclose health information about you to doctors, nurses, technicians, medical students, and others involved in your care. Different areas of the Health centers also may share health information about you to people outside the Health centers who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.

3.2 For Payment. We may use and disclose health information about you to bill and collect payment from you, your insurance company, including Medicaid or Medicare, or other third party that may be available to reimburse us for some or all of your health care. We may also disclose health information about you to other health care providers or to your health plan so that they can arrange for payment relating to your care. For example, if you have health insurance, we may need to share information about your office visit with your health plan in order for your health plan to pay us or reimburse you for the visit. We may also tell your health plan about treatment that you need to obtain your health plan’s prior approval or to determine whether your plan will cover the treatment.

3.3 For Health Care Operations. We may use and disclose health information about you for day-to-day operations. These uses and disclosures are necessary to run the Health centers and make sure that all of our patients receive quality care, and to assist other providers and health plans in doing so as well. We may also disclose information to doctors, nurses, technicians, medical students and other Health center personnel and health care providers for review and learning purposes. We may also combine health information about our patients with health information from other health care providers to decide what additional services the Health center should offer, what services are needed, whether new treatments are effective or to compare how we are doing with others and to see where we can make improvements. We



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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 patients are.

Certain Other Uses and Disclosures That Do Not Require Your Consent

4.1 To Prevent a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

4.2 For Worker's Compensation Purposes. We may release PHI about you in order to comply with workers' compensation laws.

4.3 For Organ and Tissue Donation. We may notify organ procurement organizations to assist them in organ, eye or tissues donations.

4.4 For Health Oversight Activities. We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

4.5 As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

4.6 For Lawsuits and Disputes. We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you to a subpoena discovery request or other lawful process that is not accompanied by a court or administrative order, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

4.7 For Law Enforcement. We may release health information about you if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process, to identify or locate a suspect, fugitive, material witness or missing person, under certain limited circumstances, about the victim of a crime, about a death we believe may be the result of criminal conduct, about criminal conduct at the Health center in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

4.8 For Public Health Activities. We may disclose health information about you for public health activities. These activities generally include the following to prevent or control disease, injury or disability; to report births and deaths; to report child abuse and neglect; to report reactions to medications or problems with products; to notify people of recalls of products; to notify a person who may have been exposed to as disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. In addition, we may release information to coroners, medical examiners and funeral directors as necessary to carry out their duties.

4.9 For Research Purposes. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another for the same condition. All research projects, however, are subject to a special approval process. Before we use or disclose health information for research, the project will have been approved through this special approval process, although we may disclose health information about you to people preparing to conduct a research project. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or will be involved in your care.



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4.10 For Specific Government Functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States of conducting intelligence operations.

4.11 Inmates. 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 corrections institutions or law enforcement official. This release would be necessary (1) for the institutions to provide you with healthcare, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

4.12 Appointment Reminders and Health-related Benefits or Services. We may use PHI to provide appointment reminders through the mail or by telephone or give you information about treatment alternatives, or other health care services or benefits we offer.

Uses and Disclosures to Which You Have an Opportunity to Object

5.1 Disclosure to Family, Friends, or Others. We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or part.

All Other Uses and Disclosures Require Your Written Authorization. In any other situation not described in this section, we will ask for your written authorization before using or disclosing any of you PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization)

WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

7.1 You have the following rights with respect to your PHI:

7.2 Right to a Notice of Privacy Practices. You have a right to receive an additional copy of our Notice of Privacy Practices. We will post it at each health center and provide it to you upon request.

7.3 The Right to See and Get Copies of Your PHI. In most cases you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing, our reasons for the denial and explain you right to have the denial reviewed. If you request copies of your PHI, we will charge you a reasonable fee for the cost of copying, mailing or other supplies associated with the request. (This right does not include the right to look at and copy psychotherapy notes, although we may at your request and on payment of the applicable fee, provide you with a summary of these notes.)

7.4 The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing of the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement or disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of you PHI. If we approve your request, we will make the change in your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

7.5 The Right to Choose How We Communicate PHI to You. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. You must make the request in writing. For example, you



Corporate Headquarters: 7700 Second Avenue, Detroit, MI 48202 313.202.8500

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may request we contact you at work or by mail to a specified address. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

7.6 The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You must make the request in writing. You may not limit the uses and disclosures that we are legally required or allowed to make.

7.7 The Right to Get a List of the Disclosures We Have Made. You have a right to get a list of instances in which we have disclosed you PHI. This list will not include any of the uses or disclosures listed in sections 3 and 4. The list also will not include any uses and disclosures made before April 14, 2003. You must make the request in writing. We will respond within 60 days of receiving your request. The list will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request within a 12 month period, we may charge a fee covering the cost of providing the list.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with: The Wellness Plan Corporate Compliance Department (See section 9 of this notice). You may also send a written complaint to:

Office of Civil Rights
Department of Health and Human Services
233 N. Michigan Avenue, Ste 240
Chicago, IL 60601

PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact The Wellness Plan Corporate Compliance Dept. at 313-875-4200. All complaints must be submitted in writing to:

The Wellness Plan
Corporate Compliance Department
7700 Second Avenue
Detroit, MI 48202

Effective Date of this Notice: April 14, 2003

GATEWAY MEDICAL CENTER
2888 West Grand Blvd.
Detroit, MI 48202 / 313.875.4200

NORTHWEST MEDICAL CENTER
21040 Greenfield
Oak Park, MI 48237 / 248.967.6500

EAST MEDICAL CENTER
4909 East Outer Drive
Detroit, MI 48234 / 313.313.366.2000

HENDERSON MEDICAL CENTER
44405 Woodward Avenue
Pontiac, MI 48341 / 248.858.3126

PONTIAC MEDICAL CENTER
46156 Woodward Avenue
Pontiac, MI 48341/248.897.0900

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35+ YEARS CARING FOR THE COMMUNITY