

McLaren Print System Order

Order No: 43971  
Order Date: 2019-03-27  
User: Ashley Slayton  
Phone: 989-894-6924

Ship Location: Bay Heart and Vascular  
1100 S. Van Dyke  
Bad Axe, MI 48413

Brochures  
Quantity: 1  
Paragon Dept No: 69480  
Dept Name: Bay Heart and Vacular  
Company Number: 810

Order Total Price: 25.00

Item Number: MHCC-550-K  
Item Description: Notice of Privacy Practices Sign (18 x 24) with Lamination  
Revision Date: 5/2018  
Print:  
Paper:  
Size:  
Fold:  
Finish:  
Drill:  
Misc Info: Finish size: 18 x 24 inches; CLC; no bleed; with 5 mill lam 1/8 trim and 4 grommets

### 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) and its affiliated entities (collectively, "we," "us," or "our") are committed to protecting your privacy. This notice describes how we use and disclose your health information and how you can get access to this information. Please review it carefully.

- We will use and disclose your health information in an appropriate health care situation with a patient, family member, or caregiver. These practices also include how we will use and disclose your health information in research, public health, and health care operations.
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#### OUR PLEDGE TO YOU

We understand that health care decisions can be difficult and we are committed to providing you with the highest quality of care. We will use and disclose your health information in an appropriate health care situation with a patient, family member, or caregiver. These practices also include how we will use and disclose your health information in research, public health, and health care operations.

#### CHANGES TO THIS NOTICE

We may change this notice from time to time. We will post any changes to this notice on our website and in our offices. We will also notify you of any changes to this notice by email or by other means.

#### OUR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH-CARE OPERATIONS

We use your health information to provide you with the highest quality of care. We will use and disclose your health information in an appropriate health care situation with a patient, family member, or caregiver. These practices also include how we will use and disclose your health information in research, public health, and health care operations.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

**Access and Copies:** You have the right to access and obtain a copy of your health information. You may also request a copy of this notice. We will provide you with a copy of this notice upon request.

**Amend or Update:** You have the right to amend or update your health information. We will make any amendments to your health information as soon as possible.

**Use of Resources:** You have the right to use our resources to help you understand your health information. We will provide you with the resources you need to understand your health information.

**Complaints:** You have the right to file a complaint if you believe we have violated your health information. We will investigate any complaints and take appropriate action.

**Why is this important?** To ensure you are fully informed about your health information, we have provided this notice. Please review it carefully. If you do not understand it, please contact us for help. We will be happy to help you understand it.