

# **Business Products**

## McLaren Print System Order

Order No: 60817 Reprint Previous Order No: 6843

Order Date: 2021-03-04 **User: Kevin McNutt** Phone: 5179133810

Ship Location: MMP MGL Healthcare Associates

1540 Lake Lansing Rd. Suite 102

Lansing, MI 48912

**Forms** 

Quantity: 1000

Paragon Dept No: 54510

**Dept Name: MMP MGL Healthcare Associates** 

Company Number: 810

**Order Total Price: 69.00** 

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



#### 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 see use to make decisions about your care. If you request copies of the information, however, we may charge a fee for cost of copying, making or other related supplies. If we dray you 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 you related information may not be available due to our releterior policy.

Correct or Update: If you believe that information in our records about you is incorrect or if important information is making, you have the right to request that we change the records, by submitting a request is writing and including your reason for requesting the change. We may deny your request is change a record if the information was not created by u.t. if it is not part of the health advantages by u.t. if it is not part of the health advantages by u.t. or if we determine the record is complete and correct. If we deny your request is change, you may submit a settler request to invite that derind.

List of Disclowures: You have the right to sak 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 your family, or information that was disclosed with your sufficiently.

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 sell 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 out or sudmit a report to our Complaints Unit \*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 or the Complaints 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 season-described programs, if you do not have access to a computer, then you may call or Completed brins and request a form to mailed to you. Completed forms may be mailed to our address below, emailed to privacy@mclarun.org. or faxed to \$10-342-1450.

McLaren Health Care Information Privacy Office One McLaren Parkway Grand Blanc, MI 49439 Compliance Line: 1-896-942-2997

# NOTICE OF PRIVACY PRACTICES



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 (henrinafter 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 asset in providing treatment to you. These professionals may include, but are not limited to, physiciams, affed health professionals, and other licensed health care professionals;
  All subsidiaries and departments of our organization, except our health plans, including hospital, emergency disparament; outpatient services, michie units, skilled nursing, clinicalhospital-owned physician practices, urged care centers, home health hospito, cancer centers, and read outpits 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 Compilance Line.

## **DUR PLEDGE TO YOU**

We understand that health information about you is private and personal, and we are committed to protecting it. Each time you vait a hospital, physician or other health case provider, a record of your vait is made. This histore applies to the records of your one at Michaen, whether onested by solding said or your personal physician. Other health case providers providing treatment to you may have different practices of Notices regarding their use and disclosure of health information about you maintained in their out offices or claims.

are required by law to make sure that health information that identifies you is kept private, give you Notice of our legal duties and privacy practices concerning your health information, and follow the so 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 when 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 "Mediate at wew motives, originates."