McLaren Business Products

McLaren Print System Order

Order No: 70462
Order Date: 2022-06-16
User: Diana Garver
Phone: 989-644-3329

Ship Location: McLaren Central-Weidman Clinic - Attn: Cassy
3520 N. Woodruff
Weidman, MI 48893
Brochures
Quantity: 500
Paragon Dept No: 50670
Dept Name: McLaren Central - Weidman Clinic
Company Number: 810

Order Total Price: 89.50

Item Number: MHCC-550
Item Description: Notice of Privacy Practice Flyer - English
Revision Date: 6/2022
Print: 2 sided full color
Paper: 32# Color Copy Text
Size: 8.5 x 11
Fold: None
Finish: None
Drill: None
Poster:
Misc Info: ds; color no bleed; 8,5x11

NOTICE OF PRIVACY PRACTICES

Version Effective: June 2022

McLaren

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. Those 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 [illegible] to you [illegible] 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 at prominent locations in our facilities and on our Website at: www.mclaren.org/privacy.

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

Your health information, linked with your name or other identifying information is used in many ways such as providing care, obtaining payment for your care and running our business. Disclosures of your health information for purposes described in this Notice may be made in writing, orally, electronically, or by facsimile. As permitted by HIPAA, Ohio and Michigan State laws, we may use or disclose your health information for several purposes. Here are some examples of how we may use or disclose your health information.

Treatment: We may use your health information to provide you with medical care in our facilities or in your home. We also may share your health information with others who provide care to you, such as hospitals, nursing homes, doctors, nurses, physician assistants, medical and nursing students, therapists, technicians, emergency service and transportation providers, medical equipment providers, pharmacies, and others involved in your care. For example, different hospital departments may share your health information to coordinate your prescriptions, laboratory, x-rays and other medical needs.

Payment: We may use and disclose your health information as needed to get paid for the medical care that we provide to you or to assist others who care for you to get paid for that care. For example, we may share your health information with a billing company or with your health insurance plan to obtain prior approval for your care or to make sure your plan will cover your care.

Health Care Operations: We may use or disclose your health information for our quality assurance activities and as needed to run our health care facilities. We may use your health information in combination with other patients' health information to compare our efforts and to learn where we can improve our care and services. We also may use or disclose your health information to get legal, auditing, accounting and other services and for teaching, business management and planning purposes. We may disclose your information to businesses and individuals (e.g., medical transcription service) who perform services for us involving health information as long as they agree to protect the privacy of that information.

Health Information Exchange (HIE): We participate in Health Information Exchanges such as Great Lakes Health Connect and CommonWell. As permitted by law, your health information is electronically shared with HIEs for the purpose of improving the overall quality of health care services provided to you (e.g., by avoiding unnecessary duplicate testing). Health Information Exchanges are required to maintain appropriate administrative, technical and physical safeguards to protect the privacy and security of your protected health information. Only authorized individuals may access the HIE and use your protected health information. You have the right to request in writing that we not disclose any of your protected health information to the HIE. Except for health information required by law to be shared with the HIE, you may 'opt-out' or restrict the sharing of your health information by contacting the Information Privacy Office listed at the end of this notice. Opting out may result in a health care provider not having access to information necessary for the provider to render appropriate care to you.

Media Condition Reports: We may release your health information for an update to the media if the media requests

Spec Info: Ship Via FedEx