

# **HIPAA**

## **Joint Notice Of Privacy Practices**

This notice describes how medical information about you may be used and disclosed by Holland Hospital, and how you can access this information. Please review it carefully. If you have any questions about this notice, please contact Holland Hospital's Privacy Officer at (616) 494-4180.





## Who Will Follow This Notice

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart including physicians, their employees and other non-employees of Holland Hospital (hospital) who have been approved to provide services at the hospital.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other Holland Hospital personnel including the staff of hospital owned clinics.

All these people follow the terms of this notice. In addition, these people, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes (described in this notice). In this notice, each reference to "we" is meant to include all of the above entities, providers, sites and locations.

## Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. We also use your medical record to obtain payment for treatment provided you, for administrative and operational purposes and to evaluate the quality of care provided you. This notice applies to all records the hospital generates about your care, whether made by hospital personnel, your personal doctor or other independent health care professionals privileged to work at or for the hospital. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in his/her office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

## How We May Use And Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing

process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy, primary care physicians or others we use to provide services that are part of your care.

- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this medical information so others may use it to study health care and health care delivery without learning who the patients are.
- **Health Information Exchange:** We may participate in one or more health information exchanges, which permits us to securely exchange health information about you with other participating providers and their business associates through an electronic network. For example, your doctors can use a health information exchange to access your

health records to obtain current information for a better picture of your health needs. Participation in a health information exchange lets us access health information from other participating providers and health plans for treatment, payment, and health care operations purposes. We may also use the health information exchange to disclose information for research or public health reporting purposes, for example, immunization reporting. Your participation in a health information exchange is voluntary, and you may opt-out at any time by notifying the Medical Records Department. Please note, your opt-out will only apply prospectively and will not affect health information that was disclosed through the health information exchange prior to the time that you opted out.

- **Sale and Marketing.** We do not sell your medical information or disclose it to companies that wish to sell you their products. We may engage in face-to-face communication with you about alternative treatment options available to you, or communicate to you our health related services. We may also give you promotional gifts of nominal value as a method of marketing our services. Before we can use medical information for other marketing purposes or receive payment for sending marketing communications, we must first obtain your written authorization.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Business Associates.** We may disclose your health information to our business associates, such as a computer consultant or copy service, so that they can perform the job we have asked them to do. To protect your health information, we require all business associates to appropriately safeguard your information.

- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and phone number. We may also release age and gender and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify Holland Hospital Fund Development by calling or writing them. See contact list on page 18.
- **Patient Satisfaction Surveys.** We may use your medical information to contact you to get your opinions on the care you received from the hospital. We may disclose medical information about you to a contracted survey/research firm who may contact you to get your opinions on the care you received from the hospital. If you do not want the hospital to contact you for a satisfaction survey, you must notify Patient Relations by calling or writing them. See contact list on page 18.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital, including your name, location in the hospital, general condition (e.g., fair, good, etc.) and religious affiliation. Your name, location and general condition may be released to people who ask about you by name. Your religious affiliation will only be disclosed to members of the clergy of your own faith group even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you choose to not be included in the hospital directory, we will not give out any information to anybody including family and friends who may call and ask for you by name. Example, if you choose to not be included in the hospital directory and a family member calls from out of state we will not tell them you are here, your condition or any other information. If you do not want to be included in the hospital directory, you must notify hospital staff at the time of registration or by calling or writing Registration. See contact list on page 18.
- **Special Notice Regarding Substance Use Disorder (“SUD”) Records.** Some records related to the diagnosis, treatment, or referral for treatment of an SUD are protected by federal confidentiality rules at 42 CFR Part 2 (“Part 2”). When we create, receive, or maintain SUD records protected by Part 2, those records are subject to protections



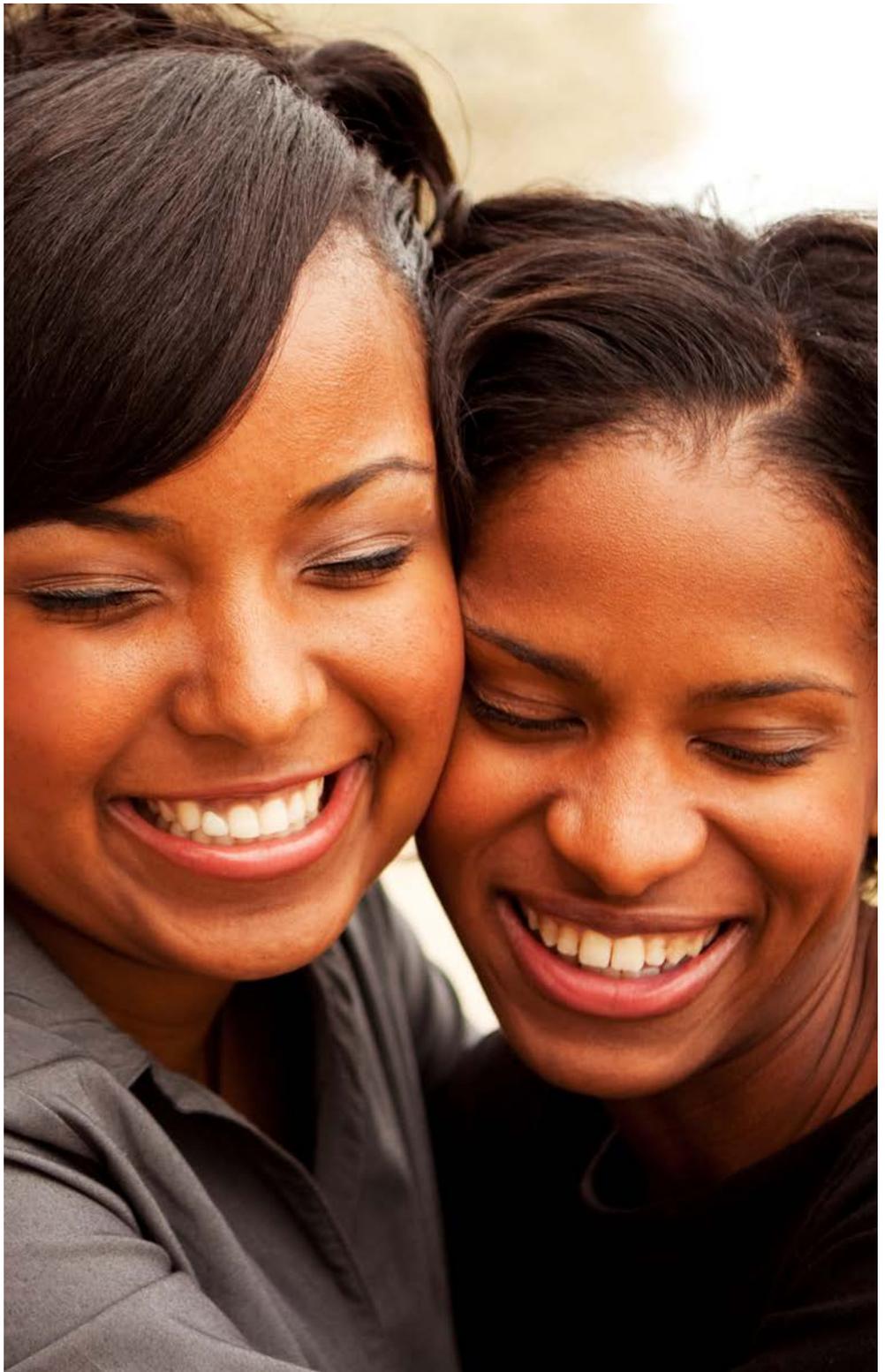
that may be more restrictive than HIPAA. Where Part 2 applies, we will follow the more stringent requirements for use and disclosure of those records.

Part 2 treatment records that we receive from a Part 2 program—or testimony relaying the content of such records—may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless you provide written consent or a court orders the disclosure after notice and an opportunity to be heard are provided to you or the record holder, consistent with Part 2. Any court order authorizing such use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the record is used or disclosed. If we create or maintain Part 2-protected records and intend to use or disclose those records for our own fundraising, we will first give you a clear and conspicuous opportunity to elect not to receive any fundraising communications. You may opt out at any time, and your decision will not affect your care.

Information that we disclose in accordance with HIPAA may be redisclosed by the recipient and may no longer be protected by HIPAA. However, records protected by Part 2 remain subject to the restrictions of Part 2 and may include a prohibition on redisclosure except as permitted by those rules.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same conditions, or analyzing de-identified blood samples for certain markers. However, research projects, involving human subjects are subject to a special approval process.

- **As Required By Law.** We will disclose medical information about you when requested to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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.
- **Psychotherapy Notes.** Psychotherapy notes about you may be used and disclosed without your written authorization in the following situations:
  - The mental health professional who created the notes may use them to provide you with further treatment;
  - The mental health professional who created the notes may disclose them to students, trainees or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling; the mental health professional who created the notes may disclose them as necessary to defend his or herself or Holland Hospital in a legal proceeding initiated by you or your personal representative;
  - The mental health professional who created the notes may disclose them as required by law;
  - The mental health professional who created the notes may disclose the notes to appropriate government authorities when necessary to avert a serious and imminent threat to the health or safety of you or another person;
  - The mental health professional who created the notes may disclose them to the United States Department of Health and Human Services when that agency requests them in order to investigate the mental health professional’s compliance, or Holland Hospital’s compliance, with Federal privacy and confidentiality laws and regulations;
  - The mental health professional who created the notes may disclose them to medical examiners and coroners, if necessary, to determine your cause of death.
  - Any other use or disclosure of psychotherapy notes requires special written authorization.



## Special Situations

- **Organ and Tissue Donation.** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.
- **Public Health Risks.** We may disclose medical 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 or neglect.
  - To report reactions to medications or problems with products.
  - To notify people of recalls of products they may be using.
  - To notify a person who may have been exposed to a 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.
- **Health Oversight Activities.** We may disclose medical information 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.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protesting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process.
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct at the hospital.
- **Coroners, Medical Examiners and Funeral Directors.** We may verbally release medical information to a coroner, medical examiner or funeral director for the purpose of reporting a death, identifying the deceased person or other duties. We may also release your medical records to a coroner or medical examiner for the purpose of determining the cause of death, but we will only do so with proper authorization or pursuant to a court ordered subpoena.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care (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.



# Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may exclude records such as psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Correspondence Desk in the Medical Records Department. See contact list on page 18.

Someone from this department will contact you within 30 days about your request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

If your medical information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your medical information in the form or format you request, if it is readily producible in such form or format. If the medical information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may, under certain circumstances, request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the one who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to our Correspondence Desk in the Medical Records Department. See contact list on page 18. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the medical information kept by or for the hospital.
  - Is not part of information which you would be permitted to inspect and copy.
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to obtain an “accounting of disclosures” for your health information when such disclosures are made for other than treatment, payment or related administrative or operative purposes as described above.

To request an accounting of disclosures, you must submit your request in writing to our Correspondence Desk in the Medical Records Department. See contact list on page 18.

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations except when specifically authorized by you, when required by law, or emergency circumstances. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your medical information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your

request in writing to our Correspondence Desk in the Medical Records Department. See contact list on page 18.

In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure or both (3) to whom you want the limits to apply.

You do have the right to request a limit on the medical information we disclose about you to those involved in your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to your spouse. You will be given the opportunity to request such a restriction at admission.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must notify hospital staff at the time of registration or by calling or writing the Registration Department. See contact list on page 18.

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: [hollandhospital.org](http://hollandhospital.org)

You may also receive a paper copy of this notice by contacting our Medical Records Department by phone or in writing. See contact list on page 18.

- **Right to Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured medical information.

## Changes To This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top left-hand corner, the effective date.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the US Department of Health and Human Services/Office of Civil Rights. To file a complaint with the hospital, contact the Patient Relations Department at (616) 394-3742.

You will not be penalized for filing a complaint.

## Other Uses Of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

## Contact List

Holland Hospital  
602 Michigan Avenue  
Holland, Michigan 49423

Holland Hospital Fund Development  
(616) 355-3973

Patient Relations Department  
(616) 394-3742

Registration Department  
(616) 394-3172

Medical Records Department  
Correspondence Desk  
(616) 394-3154

If you have any questions about this notice, please contact Holland Hospital's Privacy Officer at (616) 494-4180.

Effective Date: 2/16/2026



602 Michigan Ave | Holland MI 49423 | (616) 392-5141 | [hollandhospital.org](http://hollandhospital.org)

