

PRIVACY NOTICE
Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW
PERSONAL AND MEDICAL
INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT
CAREFULLY.**

Information We Have.

We get information about you when you are enrolled in our health plan. Information includes your date of birth, sex, ID number and other personal information. We also get bills, doctor reports and other data about your medical care.

Our Privacy Policy.

We care about your privacy. Oral, written or electronic information we collect about you is private. We are required by law to maintain the privacy of that information and to give you this notice of our privacy practices. Generally, federal privacy laws regulate how we may use and disclose your health information. In some circumstances, however, we may be required to follow Michigan state law. In either event, we will comply with the appropriate law to protect your health information and to grant your rights with respect to your health information.

Only people who have both the need and the legal right may see your information. Unless you give us a written authorization, we will only disclose your information for purposes of treatment, payment, business operations or when we are permitted or required by law to do so. Disclosures for treatment, payment and business operations may also be made to our vendors and subcontractors.

The following sections describe how we may use and disclose your information. Examples are provided, but not every use or disclosure is listed.

- **Treatment.** We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.
- **Payment.** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.
- **Business Operations.** We may need to use and disclose information for our business operations. For

example, we may use information to review the quality of care you get.

Exceptions.

For certain kinds of records your permission may be needed even for release for treatment, payment and business operations.

As Required By Law.

We will release information when we are permitted or required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

Authorizations.

If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to change your mind and cancel that permission. This must be in writing, too. We cannot take back any

uses or disclosures already made with your permission.

Your Privacy Rights.

You have the following rights regarding the health information that we have about you.

Your Right to Inspect and Copy.

In most cases, if you ask in writing, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

Your Right to Amend.

If you ask in writing, you may ask us to change your records if you feel that the record is incorrect or incomplete. We can deny your request for certain reasons, but we must give you a written reason for our denial.

Your Right to a List of Disclosures.

If you ask in writing, you have the right to receive a list of certain disclosures of your information made after April 14, 2003. This list will not include information that was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was disclosed with your authorization.

Your Right to Request Restrictions on Our Use or Disclosure of Information.

If you ask in writing, you have the right to ask for limits on how your information is used or disclosed for treatment,

payment and business operations. We are not required to agree to such requests.

Your Right to Request Confidential Communications.

You have the right to ask that we share information with you in a certain way or in a certain place. Your request must be in writing. For example, you may ask us to send information to your work address instead of your home address.

How to Use Your Rights Under This Notice .

If you want to use your rights under this notice, you may call us or write to us. Your request to us must be in writing. We will help you prepare your written request, if you wish.

Changes to this Notice.

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published in our member newsletter. If the changes are material, a new notice will be mailed to you before it takes effect.

Complaints to the Federal Government.

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Region

IV, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Ste. 240, Chicago, Illinois 60601. Voicemail: 312-886-2359, Fax: 312-886-1807, TDD: 312-353-1807. We will not take any action against you for filing a complaint with the federal government.

Complaints and Communications to Us.

If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to: Privacy Officer, Physicians Health Plan of Mid-Michigan, PO Box 30377, Lansing, Michigan, 48909-7877. You can also call us at 517-364-8540 or 1-800-661-8299 (TDD: 1-800-649-3777). We will not take any action against you for filing a complaint with the federal government.

Copies of this Notice.

You have the right to receive an additional 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. Please call or write to us to request a copy.