NOTICE OF PRIVACY PRACTICES

Version effective: September 23, 2013

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. These 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 physician. Other health care providers providing treatment to you may have different practices or Notices regarding their use 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 in prominent locations in our facilities and on our Website at: www.mclaren.org/privacy.

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McLaren HEALTH CARE

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 and Michigan State law, 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.

Media Condition Reports: We may release your health information for an update to the media if the media requests information about you using your full name. The following information may be disclosed: your condition described in general terms such as "good", "fair", "serious", or "critical". You have the right to request that this information not be released.

Appointments Reminders: We may use your health information to contact you about upcoming appointments. These reminders may be communicated by using the following methods: text message, email, mail and telephone.

On-Site Contacts: While in our facilities, we may need to contact you by overhead page or ask you to write your name on a sign-in sheet. In these instances, we take reasonable precautions to protect your privacy.

Individuals Involved in Your Care or Payment for Care: We may share health information about you with a friend or family member who is involved in your medical care, with others whom you

designate as involved in your medical care or with disaster relief authorities so that your family can be notified of your location and condition.

Patient Directory: We may include certain limited information about you in the patient directory while you are a patient at any of our hospitals. This information may include your name, location in the hospital, your general condition as well as your religious affiliation and may also be released to people who ask for you by name. You have the right to opt out of being listed in our patient and/or religious directory.

Treatment Alternatives, Health Benefits, and Services: We may use and disclose your health information to tell you about treatment alternatives, and health-related benefits and services. We may use your information to tell you about our products or services or to provide gifts of nominal value to you or your family.

Fundraising Activities: We may use certain information, including, but not limited to, name, address, and phone number, to contact you to raise money for a McLaren hospital. The money raised will be used to expand and improve the services and programs we provide to the community. You have the right to opt out of fundraising communications.

Research: Under certain circumstances, we may use or disclose health information about you, for research purposes, without your authorization. However, the information would be limited to health information needed in preparation for conducting research (e.g., to help look through records with specific medical conditions to aide in finding a cure). Research projects must be cleared through a special approval process before any health information is disclosed to the researchers and the researchers will be required to protect the health information they receive.

Releases Required by Law: We may use health information about you without your prior permission for several other reasons. Subject to applicable law, we may give out health information about you to other persons or entities to carry out their duties for (a) public health purposes (such as, births, deaths, public health surveillance); (b) abuse, neglect or domestic violence reporting; (c) health oversight audits or inspections; (d) coroners or medical examiner services; (e) funeral arrangements; (f) organ donation; (g) tracking of FDA-regulated products; (h) worker's compensation purposes; (i) emergencies, such as disaster relief efforts; (j) data de-identification; and (k) data aggregation. We also share health information with others when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative order. We may share immunization records with schools if required by state law, and if you or a parent, guardian or other individual acting in the place of a parent agrees.

Releases Requiring Your Permission: We will not use or disclose your health information without your written authorization, except as listed above. Except in limited circumstances, use or disclosure of psychotherapy notes, or use and disclosure of health information for marketing purposes, or the sale of health information require specific written permission. If you give us written permission, you can cancel that permission, except for uses and disclosures already made based on your permission.

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 we use to make decisions about your care. If you request copies of the information, however, we

may charge a fee for cost of copying, mailing or other related supplies. If we deny your 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 your health information may not be available due to our retention policy.

Correct or Update: If you believe that information in our records about you is incorrect or if important information is missing, you have the right to request that we change the records, by submitting a request in writing and including your reason for requesting the change. We may deny your request to change a record if the information was not created by us; if it is not part of the health information kept by us; or if we determine the record is complete and correct. If we deny your request to change, you may submit a written request to review that denial.

List of Disclosures: You have the right to ask 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 you or your family, or information that was disclosed with your authorization.

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 ask 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 call or submit a report to our Compliance Line. 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.

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 www.mclaren.org/privacy. If you do not have access to a computer, then you may call our Compliance Line and request a form be mailed to you. Completed forms may be mailed to our address below, emailed to privacy@mclaren.org or faxed to 810-342-1450.

McLaren Health Care
Information Privacy Office, Suite C
G-3235 Beecher Road
Flint, MI 48532
Compliance Line: 1-866-642-2667