

# Notice of Privacy Practices

This notice describes how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

## Your rights

### You have the right to:

- Get a copy of your paper or electronic medical record
- Provide us a written request to have your paper or electronic medical record corrected
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information. This is a list of certain disclosures other than treatment payment or healthcare operations where authorization was not required.
- Get a copy of this privacy notice
- Choose someone to act for you

## Your choices

### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition if they are involved in your care and treatment or ask about you by name
- Notify your primary care physician of services provided to you at the hospital
- Provide disaster relief
- Include you in a hospital directory unless you ask us not to
- Provide mental healthcare
- Market our services and sell your information with your permission or utilize it for fundraising purposes

## Our uses & disclosures

### We may use and share your information as we:

- Treat you
- Run our organization
- Seek payment for services provided to you
- Help with public health and safety issues
- Do research
- Comply with the law\*
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Respond to requests from workers' compensation, law enforcement and other government agencies
- Respond to lawsuits and legal actions

\* For more information, request an expanded version of our privacy policy.

## Your rights

We are required by law to protect the privacy of your information and notify you of certain breaches of your information. We are providing this notice to you so that we can explain our privacy practices. We will follow the practices described in this notice or the current notice in effect. We reserve the right to change our policies and notice of privacy practices at any time. If we should make a significant change, we will revise this notice and post a new one. You can also request a paper copy of our notice at any time.

**My HealthPoint** is UP Health System's Patient Portal. It is an exciting program designed to improve your healthcare and make office visits easier and more convenient. We will disclose demographic, insurance and medical information (collectively, your "health information") to My HealthPoint so that it can be viewed by you. This information will be viewable by you and/or anyone with whom you share it, Relay Health (the My HealthPoint portal provider) and the LifePoint Health Support Center (HSC), acting as business associates of LifePoint Health. Relay Health and the LifePoint HSC have been engaged to maintain, secure, monitor and evaluate the operation of the My HealthPoint patient portal. Relay Health and the LifePoint HSC also will be able to access your health information only for the purposes stated.

Additional Rights Under Michigan Law:

You may have additional rights under state law.

### Complaints

To file a complaint or report a concern or conflict, call the number listed below:

UP Health System

Privacy Officer - Beth Agen

(906) 483-1518

If you prefer to report an anonymous concern, you may call 1-877-508-LIFE (5433). You also may send a written complaint to the United States Department of Health and Human Services (HHS) if you feel we have not properly handled your complaint. You can use the contact listed above to provide you with the appropriate HHS address. Under no circumstance will you be retaliated against for filing a complaint.

### For More Information

Ask any patient registration representative to receive a comprehensive, detailed summary of our privacy practices.



UP Health System  
500 Campus Drive, Hancock, MI 49930  
(906) 483-1000