

Sparrow Health System Group Health Plans

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION AND YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

We (Sparrow Health System Group Health Plans, referred to as “Plan”, and the administrators and/or insurers of your health plans) are required by applicable law to maintain the privacy of your protected health information. This notice describes the protected health information Sparrow collects, how that information is used and when and to whom it may be disclosed.

The Plan creates record(s) of the services you receive from health care providers, mostly through billing information and data requested by or from these health care providers. The Plan needs these records to provide you with quality services and to comply with certain legal requirements. Your personal physician and/or other health care providers may have different policies or notices regarding their use and/or disclosure of your health information. This Notice will tell you about the ways in which the Plan may use and disclose health information about you. It will also describe your rights and certain obligations the Plan has regarding the use and disclosure of health information. The Plan is required by law to make every reasonable effort to keep health information that identifies you private. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. **This notice is effective 4/14/03 and will remain in effect until it is updated.**

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such a change. We reserve the right to make the changes in our privacy practices and the terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the change. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about privacy practices, or for additional copies of this notice, please contact the Sparrow Health System Group Health Plan at Sparrow Human Resources, 1200 E. Michigan Ave, Suite 235, Lansing, MI 48912 or at 517.364.5333.

Sparrow Health System Group Health Plans

This notice applies to the privacy practices of the group health plans and health insurers contracted with or maintained by Sparrow. Please see **Appendix A** for a detailed description of these plans.

Our Uses and Disclosures of Your Protected Health Information

Treatment: The Plan may disclose health information about you to a healthcare provider who coordinates or manages your health care and related services. For example, the Plan may share health information about you with health care providers in order to coordinate the services you need, such as prescriptions, lab work and x-rays.

Payment: The Plan may disclose health information about you so that the treatment, products and services you receive from health care providers may be paid for and payment may be collected from you, an insurance company or a third party, if applicable. For example, the Plan may tell your doctor whether you are eligible for coverage of a certain procedure and what percentage of the bill would be paid for by the Plan. In the event that payment is not made, we may also provide limited information about you to collection agencies, attorneys and credit reporting agencies to collect for services rendered.

Health Care Operations: The Plan may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run the Plan and provide coverage of health care to you. For example, the Plan may use health information

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to review your treatment and services and to evaluate the performance of health providers caring for you. The Plan may also combine health information about Plan participants to decide what additional services the Plan should cover.

We may also contact you or have the administrator of your health benefit plan contact you with information about alternative treatments or other health –related benefits and services that may be of interest to you.

You and Your Authorization: We must disclose your protected health information to you, as described below in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while in affect. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

Your Family and Friends: The Plan may release health information about you to someone who is involved in your health care or payment for your health care. For example, we may discuss with a parent of a minor child issues regarding payment for services rendered to the minor child.

Underwriting: We may receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your protected health information will be as described in this notice.

The Plan may disclose health information about you as permitted or required by state or federal laws and regulations relating to any or all of the following:

- We may use your protected health information to contact you with information about health-related products and services or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. You may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.
- We may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.
- We may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes regarding organ and tissue donation and transplants as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
- We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors and to public health authorities for public health purposes.
- We may disclose your protected health information when we are required to do so by law. We may disclose your protected health information when authorized by workers' compensation or similar laws.
- We may disclose your protected health information in response to a court order or other legal processes including law enforcement activities, custody of inmates, legal actions or national security activities.

Your Rights

You have the following rights regarding health information the Plan maintains about you. To use these rights, you must submit a request in writing to the Sparrow Group Health Plan Administrator at the Sparrow Human Resources Department, 1200 E. Michigan Avenue, Lansing, MI 48912. Forms are available upon request to assist you with making a written request.

- **Right to Inspect and Copy.** You have the right to look at and obtain a copy of health information that may be used to make decisions about payment for health care services you receive. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, mailing or other supplies associated

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

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures the Plan made of health information about you for reasons other than treatment, payment or operations and for which the Plan did not otherwise get your written authorization. Your request must state a time period which may not be longer than six (6) 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 twelve (12) month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan 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 health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. *The Plan is not required to agree to your request.* If the Plan does agree, the Plan will comply with your request unless the information is needed to provide you with emergency medical treatment.
- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail. The Plan will not ask you the reason for your request. The Plan 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. To obtain a paper copy of this Notice, please contact the Sparrow Group Health Plan Administrator at the Sparrow Human Resources Department at 1200 E. Michigan Avenue, Suite 235, Lansing, MI, 48912.
- **Right to Amend.** You have the right to request that we amend your protected health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request if we did not create the information that you want amended or for certain other reasons such as it was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by or for the Plan; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Questions and Complaints

If you want more information about our privacy practices, or have questions or concerns, please contact us using the information listed at the end of this notice.

The Plan reserves the right to change this Notice. The Plan reserves the right to make the revised or changed notice effective for health information that the Plan already has about you as well as any information the Plan receives in the future. The Plan will post a copy of the current notice on the Sparrow Intranet. The notice will contain, on the first page, the effective date.

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Plan, you must do so by putting it in writing to the Sparrow Group Health Plan Administrator at the Sparrow Human Resources Department, 1200 E. Michigan Avenue, Lansing, MI, 48912. All complaints must be submitted in writing. There will be no negative consequences due to your complaint.

Other uses and disclosures of health information not covered by this Notice or the laws that apply to the Plan will be made only with your written permission. If you provide the Plan with permission to use or disclose health information about you, you may cancel that

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permission, in writing, at any time. If you cancel your permission, the Plan will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures the Plan has already made with your permission and that the Plan is required to retain records of the care previously provided to you.

Contact Person: Executive Director – HR Operations
 Contact Office: Sparrow Human Resources
 Address: 1200 E. Michigan Ave, Suite 235, Lansing, MI 48912
 Telephone: 517.364.5333

Appendix A

This Notice describes the privacy practices of the following plans:

	Sparrow Health PPO Plan	Sparrow HSA Plan	Blue Cross and Blue Shield of Michigan	Physicians Health Plan	Delta Dental Plan of Michigan, Inc.	Midwestern Dental Plans, Inc.
Sparrow Hospital	X	X	X	X	X	X
Physicians Health Plan	X	X	X		X	X
Sparrow Community Care	X	X	X		X	X
Sparrow Specialty Hospital	X	X	X		X	X
Sparrow Clinton Hospital	X	X	X		X	X
Sparrow Ionia Hospital	X	X	X		X	
Sparrow Carson Hospital	X	X	X		X	X
Michigan Athletic Club	X	X			X	
Sparrow COBRA	X	X	X	X	X	X
Sparrow Retiree			X	X		

	Vision Service Plan	Sun Life Disability	Flexible Spending	Transamerica Retirement Solution	CARES Employee Assistance	Voluntary Benefits
Sparrow Hospital	X	X	X	X	X	X
Physicians Health Plan	X	X	X	X	X	X
Sparrow Community Care	X	X	X	X	X	X
Sparrow Specialty Hospital	X	X	X	X	X	X
Sparrow Clinton Hospital	X	X	X	X	X	X
Sparrow Ionia Hospital	X	X	X	X	X	X
Sparrow Carson Hospital	X	X	X	X	X	X
Mid-Michigan MRI	X	X	X	X	X	X
Michigan Athletic Club	X	X	X	X	X	X
Sparrow COBRA	X		X		X	
Sparrow Retiree						