

January 1, 2010

WESTERN MICHIGAN UROLOGICAL ASSOCIATES, P.L.C.,  
HH SERVICES BATES ET AL., L.L.C.  
NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

- If you have any questions about this Notice, please contact Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C.'s HIPAA Compliance Officer via telephone at (616) 392-1816.

**WE WILL COMPLY WITH THIS NOTICE**

This Notice describes the privacy practices of Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C health plans and any third parties that help us manage our plans.

We will adhere to the terms of this Notice, as will all third parties who assist us in managing our health plans. In addition, we may use and disclose your health information to these same parties to coordinate and oversee your medical treatment, pay your medical claims and assist in health care operations as described in this Notice. This use and disclosure of your health information ends when your coverage ends, except to pay for services received or to assist Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C in our health care operations relating to the time you were still covered.

**PRIVACY AND YOUR HEALTH INFORMATION**

We believe that information about you and your health is personal and are committed to protecting your health information. We (or our insurance carriers) maintain a record of all health care claims reimbursed under our health plans so that we can properly manage our health plans. This Notice applies to all of your health records that we maintain under our health plans. Please be aware that your health care providers, such as your doctor, dentist, or hospital, have their own policies regarding their use and disclosure of your health information created in their offices.

This Notice will tell you about the ways we may use and disclose your health information. This Notice also describes your rights, along with the obligations that we have regarding the use and disclosure of your health information.

Federal medical privacy law requires us to:

- make sure your health information is kept private;
- give you this Notice of our privacy practices with respect to your health information; and follow the terms of this Notice.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe different ways that we may use or disclose health information.

- **Treatment.** We may use your health information or disclose it to third parties to aid with treatment or services by your health care providers. We may disclose health information about you to doctors, nurses, technicians, medical students, or other persons who are involved in taking care of you. For example, we may provide information about your prior prescriptions to a pharmacist to determine whether you may safely take a current prescription in light of your prior prescriptions. In Michigan, your authorization is necessary for Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C to disclose substance abuse records to a health professional for your treatment.

- **Payment.** We may use your health information or disclose it to third parties in order to assist in obtaining payment for your treatment and services from health care providers, to determine your eligibility for benefits, or to coordinate your benefits with other health plans. For example, we may discuss your health information with your doctor to obtain a prior approval for a medical procedure or to determine whether our health plan will cover the treatment. Similarly, we may use or disclose your health information to others to assist with adjudication of health claims or to coordinate benefits with other health coverage you may have. Also, we may share information with a medical provider to determine whether a particular treatment is medically necessary, experimental, or investigational.

- **Health Care Operations.** We may use your health care information and disclose it to third parties who help us with the day-to-day work of managing our health plans. These uses and disclosures are necessary to maintain and operate our health plans and ensure that all of our plan participants, like yourself, receive quality care. For example, we may use your health information to conduct quality assessment and improvement activities, review the performance of our health plans, underwrite and rate premiums, conduct and arrange for medical review, legal services, and auditing activities, planning and development, and other general health plan administration activities.

- **As Required By Law.** We will disclose your health information to third parties when required to do so by federal, state or local law. For example, we may share your protected health information when required by a court order in a pending lawsuit, such as a medical malpractice lawsuit.

- **To Avert A Serious Threat To Health Or Safety.** We may use and disclose your health information to third parties when it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to assist in preventing the threat. For example, we may disclose your health records as part of a hospital's hearing to determine whether your doctor is fit to practice medicine.

- **Workers' Compensation.** We may release your health information to third parties so that they can determine your benefits under workers' compensation or similar programs that provide benefits for work related injuries or illness.

- **Public Health Risks.** We may disclose your health information to federal, state, and local government for the following public health activities:

- prevention or control of disease, injury or disability;
- reporting births and deaths;
- reporting child abuse or neglect;
- reporting reactions to medications or problems with products;
- notifying people of recalls of products they may be using;
- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- notifying the appropriate government authority if we believe you are the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when we are required or authorized by law.

- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure and other activities 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 your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after we make efforts to inform you of the request or to obtain an order protecting the requested information. If you are a party to a lawsuit in a Michigan court case, a court order or your authorization must be provided to release your health records (in addition to a subpoena).

➤ **Law Enforcement.** We may release your health information if requested by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct on our premises; and
- in emergency circumstances to report a crime; the location of the crime or victims of the crime; or the identity, description, or location of the person who committed the crime.

➤ **Funeral Directors, Coroners, and Medical Examiners.** We may release health information to a funeral director, coroner, or medical examiner to permit them to carry out their duties, for instance, to establish a cause of death or to identify a deceased individual.

➤ **National Security and Intelligence.** We may release your health information to certain federal authorities, as authorized by law, for intelligence, counterintelligence, and national security purposes.

➤ **Veterans and the Military.** If you are in the armed services, we may release your health information as required by military command authorities.

➤ **Organ Donation and Research.** If you are an organ donor, we may release your health information to facilitate organ donation and transplantation. We may also release health information, in very limited circumstances, for specific research purposes.

➤ **Correctional Institutions and Law Enforcement Custody.** If you are an inmate at a correctional institution or under the custody of a law enforcement authority, we may release your health information so the institution can provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution. In Michigan, your authorization is necessary for Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C to disclose substance abuse records to your parole officer or your probation officer.

➤ **Plan Sponsor.** We may disclose your health information to Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C personnel for purposes of administering your benefits under the health plans. Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C has contractually obligated itself to protect your health information in the same manner that the health plans are obligated to protect your health information. In no case may we use or disclose your health information for employment related decisions.

➤ **Health Insurers and HMOs.** Health information may be shared among the health plans of Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C and with the health insurance issuers or HMOs that provide coverage for our health plans.

We will use and disclosure your protected health information *not* falling within the categories listed above only if you provide us with a written authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

➤ **Right to Inspect and Copy.** You have the right to inspect and copy your health information maintained by our health plans. Usually, this includes your health and billing records. Prior arrangements must be made and an appointment set up in order to view your records.

➤ To inspect and copy your health information, you must submit your request in writing to Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C's HIPAA Compliance Officer. 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. Please allow ample time for this request as copying of records may take up to one week to complete.

Under federal law, we may deny your request to inspect and copy in very limited circumstances. If we deny your request to access your health information, you may request review of the denial.

➤ **Right to Request Amendments.** If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. Your request must be submitted in writing to Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C's HIPAA Compliance Officer. In addition, you must provide a reason that supports your request.

Under federal law, we may deny your request for an amendment if it is not in writing or you do not include a reason to support your request. We may also 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 your health information maintained by our health plan;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

➤ **Right to Request an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures of your health information that we made to third parties, *other than* disclosures you authorized or requested, and disclosures made to provide you with medical treatment, to provide payment for your medical treatment, or to assist us in managing our health care operations.

To request this accounting, you must submit your request in writing to Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C's HIPAA Compliance Officer, As we will need ample time to fulfill you request we will need one week's notice. Your request must state the time period for which you would like the accounting of disclosures. However, the time period may not be longer than four years and may not include dates before April 14, 1999. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of any costs and you may choose to withdraw or modify your request *before* we incur any costs.

- **Right to Request Additional Restrictions.** You have the right to request a restriction or limitation on health information that we use or disclose to third parties for your medical treatment, payment of your medical claims, or management of our health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, such as a family member or friend. For instance, you can request that we not disclose information to your spouse or children concerning a sensitive surgical procedure or a disease you have suffered.

*Please note that under federal law, we are not required to agree to your request. To request a restriction, you must make your request in writing to Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C.'s HIPAA Compliance Officer. 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; and (3) to whom you want the limits to apply, such as disclosures to your children or your spouse.*

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we contact you only at work, by email, or by mail at a specified address.

To request confidential communications, you must make your request in writing to Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C.'s HIPAA Compliance Officer. Your request must state that disclosure of all or part of your health information could endanger you. Your request must also specify how or where we may contact you. We will accommodate all reasonable requests that meet these requirements.

- **Right to a Paper Copy of This Notice.** You may ask us to give you a paper 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.

longer use or disclose health information about you for the reasons covered by your written authorization. Please remember that will be unable to take back any disclosures we have already made with your authorization.

## **CHANGES TO THIS NOTICE**

Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C has the right to change the terms of this Notice. We also have the right to make these changes apply to health information we already have about you, as well as any we receive or create in the future. We will revise and redistribute this Notice within 60 days of any material change to the uses and disclosures, privacy rights, legal duties, or other privacy practices stated in this Notice. We will post a copy of the most current Notice on our website. Please look at the top right hand corner of the Notice to determine the Notice's effective date.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Western Michigan Urological Associates, P.L.C., HH Services Bates et al., L.L.C.'s HIPAA Compliance Officer, and/or with the Secretary of the Department of Health and Human Services. You must submit all complaints in writing.

**You will not be penalized or retaliated against for filing a complaint.**

## **AUTHORIZATION TO USE YOUR HEALTH INFORMATION**

For any uses or disclosures of your health information that are *not covered* by this Notice, or the federal, state or local laws that apply to us, we will use or disclose your health information only with your written permission (called an "authorization"). If you provide us an authorization to use or disclose your health information to third parties, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no