

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

## NOTICE OF PRIVACY PRACTICES

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

### Healthcare Components Covered by this Notice

Central Michigan University is a covered entity under HIPAA law. Because only some of its units handle medical information that is subject to HIPAA (referred to as Protected Health Information), CMU has designated itself as a hybrid entity. This notice applies to the privacy practices of CMU's health care components and its self-funded group health plan included in its hybrid entity. CMU's hybrid entity may use and share your Protected Health Information as needed for treatment, payment or health care operations as described in this notice.

### Our Commitment Regarding Your Protected Health Information

We are committed to protecting the privacy of your Protected Health Information or "PHI." PHI is information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment for health care. We are required to provide you with this notice to explain our privacy practices and how, when, and why we use and disclose your PHI. In general, we may not use or disclose any more of your PHI than necessary to accomplish the purpose of the use or disclosure, although there are some exceptions. We are legally required to follow the privacy practices described in this notice and notify you following a breach of your unsecured PHI.

We are required to provide you with a summary of our Notice of Privacy Practices, and a copy of the Notice of Privacy Practices upon request. We must follow the privacy practices described in this notice while it is in effect. This notice took effect April 14, 2003, and was most recently revised April 6<sup>th</sup>, 2026, and will remain in effect until we replace or modify it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. These revised practices will apply to your PHI regardless of when it was created or received. When we make a material change to our privacy practices, we will provide you with a revised Notice of Privacy Practices.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide the greatest privacy protection. For example, when you authorize disclosure to a third party, state law may require us in certain circumstances to condition the disclosure on the recipient's promise to obtain your written permission to disclose to someone else.

Other laws, such as the Federal Education Rights and Privacy Act of 1974 (FERPA) may govern your health information. By reading and acknowledging this Notice, you consent to your information being used and disclosed for purposes permitted by and outlined in such Notice.

### Our Uses and Disclosures of Protected Health Information

Your authorization is not required for us to use and disclose your information for the following purposes. Other uses and disclosures not described in this notice will be made only with your written authorization. Examples of uses and disclosures that require your authorization include uses and disclosures of psychotherapy notes or for marketing purposes. We do not sell your PHI to anyone or disclose your PHI to other companies who may want to sell their products to you (e.g., catalog or telemarketing firms).

#### 1. For Treatment

- a. We may use and disclose your PHI to provide you with medical treatment, products, or services. For example, we may disclose information about you to physicians, nurses, students, and other health care personnel who are involved in your care at CMU. We may disclose information about you to people outside of CMU who are involved in your care. CMU is a teaching facility, and clinical students may be involved with your care under the supervision of a staff clinical provider.
- b. Health Information Exchange (HIE): We may make your information available electronically through health information exchanges (HIEs) to other healthcare providers who attest to having a treatment relationship with you. Participation in an HIE also allows us to obtain information about you from other organizations that also participate in HIE.
- c. CMU's self-funded health plan may use or disclose your PHI for treatment activities, including for example, determining eligibility for treatment.

#### 2. For Payment

- a. We may use and disclose medical information about you in order to bill and collect payment for the health care services you receive at a CMU clinic. For example, in order to receive payment from your insurance company, we might need to provide specific health information to your health insurance plan about your diagnosis or health services you received from CMU. We

may tell your health insurance plan about a treatment or service you are going to receive and your diagnosis in order to obtain pre-authorization or to determine whether your plan covers the treatment or service.

- b. CMU's self-funded health plan may use or disclose your PHI for payment-related activities, including for example, determining eligibility for benefits (however, we will not use your genetic information to determine eligibility or for other underwriting purposes.)

### **3. For Health Care Operations**

- a. We may use and disclose your health information for our health care operations purposes. These uses and disclosures are necessary to run CMU clinics and help to ensure that we provide quality services to all of our patients. For example, we may review your medical records to evaluate the performance of the staff caring for you and to assist us in making improvements in the care and services we offer. We may also disclose information to doctors, nurses, technicians, medical students, other health care providers and personnel for educational purposes.
- b. We may also disclose your health information to other providers and health plans who have a relationship with you for their health care operations. For example, we may disclose your PHI for their quality assessment and improvement activities or for health care fraud and abuse detection.
- c. CMU's self-funded health plan may use or disclose your PHI, to operate the health plan. For example, we may use your records to audit billing processes.

### **4. To Others Involved in Your Care**

- a. We may disclose your health information to someone who has the legal right to act on your behalf. We may, under certain circumstances, disclose to a designated contact person (e.g.: a member of your family, a relative, a close friend or any other person you identify with), your health information directly relevant to that person's involvement in or payment for your health care. For example, we may discuss claim determination with you in the presence of a friend or relative, unless you object.

### **5. When Required by Law**

- a. We will use and disclose your health information if we are required to do so by law. For example, we may use and disclose your health information:
  - i. To report infectious diseases,
  - ii. To respond to court and administrative orders and subpoenas,
  - iii. To comply with workers' compensation laws,
  - iv. To report congenital hearing losses in infants and children,
  - v. To report occupational noise induced hearing loss,
  - vi. To report suspected abuse and neglect to the proper authorities,
  - vii. To report PHI as required by the Secretary of Health and Human Services and state regulatory authorities, or
  - viii. To report threats to safety of self or others.

### **6. For Public Health Activities**

- a. We are, at times, required to report your health information to authorities for public health purposes. For example, we may be required to disclose information to help prevent or control disease, injury, or disability, report birth or death information to the Health Department, report information of concern to the Food and Drug Administration, or report information related to child or vulnerable adult abuse or neglect.

### **7. For Health Oversight Activities**

- a. We may disclose your health information to a health oversight agency for monitoring and oversight activities authorized by law. This might include release of information to the State agency that licenses the CMU facility for the purpose of monitoring or inspecting the facility related to that license. This will also include the release of information to organizations responsible for governing benefit programs such as Medicare or Medicaid.

### **8. To Communicate About Our Services and Your Treatment Options**

- a. Without your prior authorization, we may also engage in face-to-face communication with you about alternative treatment options available to you or communicate with you about services and health plans available to you.

### **9. For Research**

- a. Under certain circumstances, we may use and disclose your health information for research purposes. This research generally is subject to oversight by an institutional review board to protect patient safety, welfare, and confidentiality. The institutional review board evaluates a proposed research project and its use of health information to balance the benefits of research with the need for privacy of health information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any health information. Your health information may be used or disclosed for research as "limited or de-identified data sets" which do not include your name, address, or other direct identifiers.

### **10. To Our Business Associates**

- a. From time to time, we engage third parties to provide various services for us. Whenever an arrangement with such a third party involves the use or disclosure of your health information, we will have a written contract with that third party designed to protect the privacy of your health information. For example, we may share your information with business associates who process claims or conduct disease management programs on our behalf.

## **11. Substance Use Disorder (SUD)**

- a. If a CMU self-funded health plan participant receives substance use disorder treatment under a Part 2 program, CMU may receive that information for treatment, payment, and operational purposes under the plan. This information is used and disclosed in the same way as your other health information for treatment, payment, and health care operations. We will not disclose your SUD information in legal proceedings unless you provide written permission, or court orders disclosure after notice and opportunity for you to object (unless law requires otherwise).

### **Disclosures You May Request**

You may instruct us and give your written authorization to disclose your PHI to designated individuals or agencies for any purpose. We require that your authorization be on our standard form. To obtain the form, contact the clinic you receive care at or the Office of HIPAA Compliance. Contact information is available online at [HIPAA.cmich.edu](http://HIPAA.cmich.edu).

### **Individual Rights**

You have the following rights. To exercise these rights, you must make a written request on our standard form. We must generally act upon your written request within sixty (60) days. To obtain the form, contact the clinic you receive services through or the Office of HIPAA Compliance. Forms are also available online at [HIPAA.cmich.edu](http://HIPAA.cmich.edu).

#### **1. Right to Inspect and Copy Your Health Information**

- a. With a few exceptions, you have the right to inspect and obtain an electronic or paper copy of your protected health information. This includes medical and billing records but, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. We may charge you a reasonable fee, as permitted by law, for certain costs associated with producing the copy. We have 30 days to make your protected health information available to you and may deny your request in certain limited circumstances. If your request is denied, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

#### **2. Right to Request an Amendment to Your Health Information**

- a. If you believe the health information we have about you is incorrect, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CMU. We are not required to honor your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) we did not create, unless the person or entity that created the information is no longer available to make the amendment, (b) is not part of the health information kept by us, (c) is not part of the information which you would be permitted to inspect and copy or (d) we determine that the information is accurate and complete.

#### **3. Right to Receive Confidential Communication of Health Information**

- a. You have the right to ask that we communicate your health information to you in a certain way or at a certain location. For example, you may ask to receive information about your health status in a special, private room or through correspondence sent to a private address. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

#### **4. Right to Request Restrictions on Certain Uses and Disclosures**

- a. You have the right to ask for restrictions or limitations on the health information about you that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we do not use or disclose information to a family member about a procedure you had. We are not required to agree to your request for a restriction if it involves treatment, payment or disclosures we are required to make by law, except that we must agree to a requested restriction on the disclosure of protected health information to a health plan for payment or health care operations not required by law if the information pertains to an item or service for which you or someone other than the health plan has paid in full. If we do agree to other requested restrictions, we will comply with your request unless the information is needed to provide you with emergency medical treatment.

#### **5. Right to Receive a Record of Disclosures of Your Health Information**

- a. You have the right to ask for a list of certain disclosures we made of your protected health information in the last six years for purposes, other than treatment, payment, and health care operations and for which you have provided written authorization or for which we only needed to give you an opportunity to object (e.g., facility directory and disclosures to family and friend during your care). Your request must state a time period that may not be longer than six (6) years from the date of your request. 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, we may charge for the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### **6. Revoke Prior Authorization**

- a. You may revoke your authorization, except to the extent that we have already taken action upon it.

**7. Right to Receive Notification of a Breach**

- a. We will provide you with timely notification if we discover a breach of your unsecured protected health information.

**8. Right to Obtain a Paper Copy of this Notice**

- a. Upon your request, you may at any time receive a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Copies of our Notice are available at the registration desk at any of our facilities.

**9. Choose Someone to Act for You**

- a. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Questions and Complaints**

If you need more information about our privacy practices, or a written copy of this notice, please contact us. Our contact information is available online at [HIPAA.cmich.edu](http://HIPAA.cmich.edu).

For your convenience, you may also obtain an electronic (downloadable) copy of this notice online at [HIPAA.cmich.edu](http://HIPAA.cmich.edu).

If you are concerned that we may have violated your privacy rights, or you believe that we have inappropriately used or disclosed your PHI, please contact:

HIPAA Privacy Officer, Office of HIPAA Compliance, Central Michigan University Mt. Pleasant, Michigan 48859 (989) 774-2929.

You may also submit a written complaint to: Region V, Office of Civil Rights

Office for Civil Rights  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

*We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Department of Health and Human Services.*