



WELCOME TO STRAITH HOSPITAL

During your stay with us, our goal is to make your hospital experience as favorable as possible by providing information and open channels of communication. In order to meet your needs, please know that your comments, observations, compliments or complaints enable us to improve our services and our employees.

OUR PHILOSOPHY

Straith Hospital for Special Surgery believes that:

- Our high quality services and competitive pricing are a result of our focus on a relatively narrow band of services and will always be important considerations to the community we serve.
- A specialized hospital should exist for the purpose of surgical repair of patients whose appearance or functions have been altered or damaged.
- No patient shall be denied needed and appropriate surgical or medical care because of race, creed, color, national origin, religion, sex, age, handicap or ability to pay. We support a patient safety culture that reduces risks to patients, staff and visitors through a safe environment.

JOINT NOTICE OF PRIVACY PRACTICES **WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

We are legally required to protect the privacy of your health information. We call this health information “protected health information”, or “PHI” for short and it includes information that can be used to identify you that we’ve created or received about your past, present or future health or condition, the provision of health care to you, or the payment for this health care. We must provide you with this notice about our privacy practices that explain how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. The terms of the Joint Notice of Privacy Practices may change from time-to-time; therefore, to obtain a revised Joint Notice of Privacy Practices, go to the Straith Hospital website at www.straithhospital.org.

This is to inform you that the following groups may use and disclose PHI that identifies you and that consists of your past, present or future physical or mental health or condition, the provision of your health care and of the past, present or future payment for the provision of your health care:

Treatment providers collectively called “Straith Hospital for Special Surgery” may include physicians, radiologists, radiology technicians, pathologists, laboratory services, nurse practitioners, surgical technicians, physician assistants, registered nurses, certified registered nurse anesthetists, pharmacists, rehabilitation therapists, social

workers, dieticians, and other personnel who may or may not be employed by Straith Hospital for Special Surgery.

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.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We use and disclose PHI for many different reasons. Following, we describe the different categories of our uses and disclosures and give you some examples of each category.

Uses and disclosures relating to treatment, payment or healthcare operations do not require your prior written consent. We may use and disclose your PHI without your consent for the following reasons:

- 1. For Treatment.** We may disclose your PHI to physicians, nurses, medical students and other healthcare personnel who provide you with healthcare services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the healthcare services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our healthcare claims.
- 3. For healthcare operations.** We may disclose your PHI in order to operate this hospital. For example, we may use your PHI in order to evaluate the quality of healthcare services that you received or to evaluate the performance of the healthcare professionals who provided healthcare services to you. We may also provide your PHI to our accountants, attorneys, consultants and others in order to make sure we're complying with regulations or other applicable laws.
- 4. For emergency treatment.** We do not require your consent for emergency treatment, as long as we try to get your consent after treatment or we try to get your consent but you are unable to communicate with us. For example, if you are unconscious or in severe pain and we think you would consent if you were able to do so.

OTHER USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT

We may use and disclose your PHI without your consent or authorization for the following reasons:

- 1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report PHI to governmental agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds or when ordered in a judicial or administrative proceeding.
- 2. For public health activities.** For example, we report PHI about births, deaths and various diseases to government officials in charge of collecting that information and we provide coroners and medical examiners necessary information relating to an individual's death.
- 3. For health oversight activities.** For example, we will provide PHI to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.
- 4. For purposes of organ donation.** We may notify organ procurement organizations of PHI to assist them in organ, eye or tissue donation and transplants.
- 5. For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.

6. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
7. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes such as protecting the President of the United States or conducting intelligence operations.
8. **For worker's compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
9. **Appointment reminders and health related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other healthcare services or benefits we offer.

TWO USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT

1. **Patient Directories.** We may include your name, location in this facility, general condition and religious affiliation in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. **Disclosures to family, friends or others.** We may provide your PHI to a family member, friend or other person that you indicate is involved in your care or the payment for your healthcare unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

In any other situation not described, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION (PHI)

1. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
2. **The right to choose how we sent PHI to you.** You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate secured methods. We must agree to your request so long as we can easily provide it in the specified format.

3. **The right to see and get copies of your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, the fee will be in compliance with the Michigan Medical Records Access Act. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to a summary report and to the cost in advance.
4. **The right to get a list of the disclosures we have made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or healthcare operations, directly to you, to your family or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel on or before April 14, 2003. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed and the reason for the disclosure. We will provide the list to you at no charge. Additional requests in the same year will incur a fee of \$15.00 for each request.
5. **The right to correct or update your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it and tell others that need to know about the change to your PHI.
6. **The right to get this notice by e-mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

CONTACTS FOR CONCERNS REGARDING THE JOINT NOTICE OF PRIVACY PRACTICES

If you have questions about privacy practices, information contained in this notice or think that your privacy rights have been violated, contact the Compliance/Grievance Coordinator at (248) 357-3360, Extension 172, between 9:00am and 5:00pm, Monday through Friday. A written complaint can be sent to the Secretary of the Department of Health and Human Services, 200 Independence Avenue SW, Washington DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

**THIS NOTICE WENT INTO EFFECT ON APRIL 14, 2003;
UPDATED SEPTEMBER, 2012.**

YOUR RIGHTS AS A HOSPITAL PATIENT

During your hospitalization at Straith Hospital for Special Surgery, you have rights regarding the care and treatment that you receive.

- You have the right to expect that the Hospital will give you necessary health services in a safe environment to the best of its ability.
- You have the right to care that is considerate and respectful of your personal values and beliefs.
- You have the right to be cared for in an environment that preserves dignity and contributes to a positive self image.
- You have the right to participate in discussions that effect care, treatment and services.
- You have the right to know the names and roles of people treating you and to participate in the decisions regarding your care.
- You are entitled to receive understandable information regarding your condition and proposed treatment. If you do not understand something, it is your responsibility to ask for it to be explained in a way you can understand.
- You have the right to be well informed about your illness, possible treatments, likely outcomes and significant unanticipated outcomes. Discuss this information with your doctor.
- You have the right to information about pain and pain relief measures. The staff is committed to effectively managing pain.
- You have the right to be free of restraint or seclusion not deemed medically necessary.
- You have the right to know about the Hospital rules that affect you and your treatment and about charges and payment methods.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital stay. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the Hospital otherwise provides.

YOUR RIGHTS AS A HOSPITAL PATIENT

- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to have an advance directive, such as a living will or healthcare proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to the Hospital, your family or personal representative and your doctor.
- You have the right to be free from mental, physical, sexual and verbal abuse, neglect and exploitation.
- You have the right to access protective services or community resources. You may ask to speak with the social worker or notify a member of the nursing staff with your request.
- You have the right to know about the Hospital resources, such as patient representatives or ethics committees that can help you resolve problems and questions about your hospital stay and care.
- You have the right to privacy. The Hospital, your doctor and others caring for you will protect your privacy in accordance with the Hospital Joint Notice of Privacy Practices (see pages 2-4).
- You have the right to review your medical records and to have the information explained, except when restricted by law.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the Hospital releases records to others, such as insurers, it emphasizes that the records are confidential. In general, you may review, have copied and authorize information to be released from your hospital record. (Note: There is a charge for copying medical records.)
- You have the right to know if the Hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other healthcare providers or insurers.

YOUR RIGHTS AS A HOSPITAL PATIENT

- If you have a concern about the surgical or medical treatment you are receiving, discuss your concern with the employee providing the care. If the concern is not resolved, contact the employee's supervisor. If you feel the concern has not been handled in an appropriate manner, please contact the Compliance/Grievance Coordinator at (248) 357-3360, Extension 172, between 9:00 a.m. and 3:00 p.m. – Monday through Friday.
- If, after talking with the Compliance/Grievance Coordinator, you still feel the concern has not been resolved, you may contact the Michigan Department of Consumer and Industry Services at (800) 882-6006 and/or The Joint Commission at (800) 994-6610.

YOUR RESPONSIBILITIES AS A HOSPITAL PATIENT

During your hospitalization at Straith Hospital for Special Surgery, you have responsibilities regarding your care and conduct.

- You are responsible to respect the rights and property of the other patients and the Hospital.
- You are responsible for providing a complete and accurate medical history.
- You are responsible for providing information about medical complications that occurred previous to this admission or which occur during the course of this admission.
- You are responsible for making it known whether you clearly comprehend a planned course of action and the things you are expected to do.
- You are responsible for following the recommendations and advice prescribed in a course of medical treatment by the physician who is providing your care.
- You are responsible for asking your physician or nurse what to expect regarding pain and pain management and to work with the care team to develop a pain management plan.
- You are responsible for your actions, should the physicians' orders or recommended treatment be refused or not followed.
- You are responsible for providing the Hospital with accurate and timely information concerning your source of payment and your ability to meet financial obligations. A bill will be submitted directly to your insurance company for payment.
- You are responsible for amounts not covered by your insurance company. You should become familiar with your insurance coverage. However, the Hospital Admitting Department may provide an estimate of what you may owe prior to surgery. Your treatment and care will not be affected by your ability to pay.