

Effective Date: April 14, 2003

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.

At Upper Great Lakes Family Health Center, your health information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are required by law to respect your confidentiality.

This notice describes the privacy practices of Upper Great Lakes Family Health Center and applies to all the health information that identifies you and the care you receive at our facilities.

Your health information may consist of paper, digital, or electronic records but could also include photographs, videos, and other electronic transmissions or recordings that are created during your care and treatment.

Federal and state laws require us to protect your health information and federal law requires us to describe to you how we handle that information. When federal and state privacy laws are different and conflict, and the state law is more protective of your information or provides you with greater access to your information, then we will follow state law.

*We may change this notice at any time. Any change in the notice could apply to health information we already have about you, as well as any information we receive in the future. We will have a copy of the current Notice at each of our facilities and on our website, www.uglhealth.org.

Upper Great Lakes Family Health Center (UGL) is a Federally Qualified Health Center and is a Federal Tort Claims Act (FTCA) Deemed Facility.

UGL receives funding from The U.S. Department of Health and Human Services and has Federal Public Health Service deemed status with respect to certain health or health-related claims, including medical malpractice claims for itself and its covered individuals.

Locations

Calumet Family Health Center
56720 Calumet Avenue, Calumet, MI 49913
906-483-1177

Gwinn Family Health Center
135 E. M-35, Gwinn, MI 49841
906-346-9275

Hancock Family Health Center
500 Campus Drive, Hancock, MI 49930
Family Practice: 906-483-1060
Pediatrics: 906-483-1700
OB/GYN: 906-483-1050

Houghton Family Health Center
600 MacInnes Drive, Houghton, MI 49931
906-483-1860

Ice Lake Family Health Center
1500 West Ice Lake Road, Iron River, MI 49935
906-265-5378

Lake Linden Family Health Center
945 9th Street, Lake Linden, MI 49945
906-483-1030

Marquette Family Health Center
1414 W. Fair Ave., Ste. 249, Marquette, MI 49855
906-449-2900

Menominee Family Health Center
1110 10th Avenue, Menominee, MI 49858
906-290-5000

Ontonagon Family Health Center
751 South 7th Street, Ontonagon, MI 49953
906-884-4120

Sawyer Family Health Center
301 Explorer Street, Gwinn, MI 49841
906-346-9275



Upper Great Lakes Family Health Center

506 Campus Drive
Hancock, MI 49930
(906) 483-1705

www.uglhealth.org

Revised 07/2024

Notice of Privacy Practices



UPPER GREAT LAKES
FAMILY HEALTH

***Providing exceptional health care services
for all people in the Upper Great Lakes
region regardless of their ability to pay.***

How We May Use and Disclose Your Health Information

Treatment.

We use your health information to provide you with health care services. We may disclose your health information to staff who need the information to take care of you. We also may disclose your health information to others not employed by us, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

Payment.

We may use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for the treatment.

Health Care Operations.

We may use your health information and disclose it outside the clinic for our health care operations. These uses and disclosures help us operate to maintain and improve patient care. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may disclose information to doctors, nurses, technicians, medical students, and other persons for learning and quality improvement purposes. We may remove information that identifies you so people outside the clinic can study your health data without knowing who you are.

Contacting You.

We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email.

Health Information Exchanges.

We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment.

Organized Health Care Arrangements.

We may participate in joint arrangements with other health care providers or entities whereby we may disclose your health information, as permitted by law, to participate in joint activities involving treatment, review of health care decisions, quality assessment or improvement activities, or payment activities.

Health-Related Services.

We may use and disclose health information about you to send you mailings about health-related products and services available at the clinic.

Philanthropic Support.

We may use or disclose certain health information about you to contact you to raise funds to support the organization and its operations. You have a right to choose not to receive these communications and we will tell you how to cancel them.

Public Health and Safety.

We will disclose information about you outside the clinic when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health and safety reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products.

We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by law, such as for audits, investigations, inspections, and licensure. We also may disclose health information about you in the event of an emergency or for disaster relief purposes.

Authorizations for Other Uses and Disclosures.

We will use your health information and disclose it outside the clinic for treatment, payment, health care operations, and when required or permitted by law. We will not use or disclose your health information for other reasons without your written authorization. Other reasons may include psychotherapy notes, disclosures for marketing purposes, and disclosures that constitute a sale of health information. These kinds of uses and disclosures will be made only with your written authorization. You may revoke authorization in writing at any time, but we cannot take back any uses or disclosures of your health information already made with your authorization.

State and federal law may require that we obtain your consent for certain disclosures of health information about HIV/Aids, genetic test results, behavioral health treatment, and drug or alcohol treatment.

Your Rights Regarding Health Information

Right to Accounting.

You may request an accounting, which is a listing of the entities or persons (other than yourself) to whom we have disclosed your health information without your written authorization. The accounting would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. Your request for an accounting of disclosures must be in writing, signed, and dated. It must identify the time period of the disclosures. We will not list disclosures made earlier than six (6) years before your request. Your request should indicate the form in which you want the list (paper or electronic). You must submit your written request to 301 Explorer Street, Gwinn, MI 49841 Attention: Privacy Officer. We will respond to you within 60 days. We will give you the first listing within any 12-month period free of charge, but we will charge you for all other accountings request within the same 12 months.

Right to Amend.

If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask us to amend your medical records. Your request for an amendment must be in writing, signed, and dated. It must specify the records you wish to amend, identify the clinic you were seen in, and give the reason for your request. We may deny your request; if we do, we will tell you why and explain your options. We will respond to you within 60 days. You must submit your written request to 301 Explorer Street, Gwinn, MI 49841 Attention: Privacy Officer.

Right to Inspect and Obtain Copy.

You have the right to inspect and obtain a copy of your completed health records unless your provider believes that disclosure of that information to you could harm you. You may not see or get a copy of information gathered for a legal proceeding while ongoing. Your request to inspect or obtain a copy of the records must be submitted in writing, signed, and dated. You must submit your written request to 301 Explorer Street, Gwinn, MI 49841 Attention: Privacy Officer.

We may charge a fee for processing your request. If we deny your request to inspect or obtain a copy of the records, you may appeal the denial in writing to 56901 South 6th Street, Suite 1 & 2, Calumet, MI 49913 Attention: Compliance Officer.

Right to Request Restrictions.

You have the right to ask us to restrict the uses or disclosures we make of your health information for treatment, payment, or health care operations, but we do not have to agree in most circumstances. However, if you pay out of pocket and in full for a health care item or service, and you ask us to restrict the disclosures to a health plan of your health information relating solely to that item or service, we will agree to the extent that the disclosure to the health plan is for the purpose of carrying out payment or health care operations and the disclosure is not required by law. You also may ask us to limit the health information that we use or disclosure about you to someone who is involved in your care or the payment for your care, such as a family member or friend. Again, we do not have to agree.

A request for restriction must be signed and dated and must describe the information you want restricted, say whether you want to limit the use or the disclosure of the information or both, and tell us who should not receive the restricted information. You must submit your request in writing to 301 Explorer Street, Gwinn, MI 49841 Attention: Privacy Officer. We will tell you if we agree with your request or not. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request for confidential communications must be in writing, signed, and dated. It must identify how or where you wish to be contacted. You need not tell us the reason for your request, and we will not ask. You must send your written request to 301 Explorer Street, Gwinn, MI 49841 Attention: Privacy Officer. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice.

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. You may obtain a paper copy of this Notice at any of our facilities or by calling your clinic. You can also view this Notice at our website: www.uglhealth.org.

Complaints.

If you believe your privacy rights have been violated, you may file a complaint with the Compliance Officer or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Compliance Officer, you must submit your complaint in writing to 56901 South 6th Street, Suite 1 & 2, Calumet, MI 49913 Attention: Compliance Officer. You will not be penalized for filing a complaint.

Questions.

If you have questions about this Notice, you may visit our website and submit a contact form or call your local clinic.