

This form is intended to serve as a sample for Michigan attorneys assisting clients with forms for HIPAA compliance. Under HIPAA preemption standards a HIPAA form is not intended to replace a current form being used in compliance with applicable Michigan law. Use of the sample HIPAA forms will require integration of the HIPAA sample form with existing forms currently in use. The attorney also may wish to consult the HIPAA Matrix to determine if any preemption issue under Michigan law needs to be addressed in the form. This form is for educational purposes only and does not constitute, and may not be relied upon, as legal advice.

**SAMPLE HMO PRIVACY NOTICE**  
**(Combined Gramm Leach Bliley & HIPAA Notice)**  
**(Effective April 14, 2003)**

**Drafted by William M. Brodhead, Attorney at Law**  
**31700 Middlebelt Road, Suite 150**  
**Farmington Hills, MI 48334-2374**

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

**Information We Have.** We receive enrollment information about you which includes your date of birth, sex, identification number and other personal information. We also receive bills, physician reports and other information about your medical care.

**Our Privacy Policy.** We care about your privacy and we guard your information carefully. We are required by law to maintain the privacy of that information and to provide you with this notice of our legal duties and our privacy practices. We will not sell any information about you. Only people who have both the need and the legal right may see your information. Unless you give us a written authorization, we will only disclose your information for purposes of treatment, payment, business operations or when we are required by law to do so. Disclosures for treatment, payment and business operation may be made to our vendors and subcontractors.

**Treatment.** We may disclose medical information about you for the purpose of coordinating your healthcare. For example, we may notify your personal doctor about treatment you receive in an emergency room.

**Payment.** We may use and disclose medical information about you so that the medical services you receive can be properly billed and paid for. For example, we may ask a hospital emergency department for details about your treatment before we pay the bill for your care.

**Business Operations.** We may need to use and disclose medical information about you in connection with our business operations. For example, we may use medical information about you to review the quality of services you receive.

**As Required By Law.** We will release information about you when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

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**Authorizations.** If you give us a written authorization to do so, we may use and disclose your personal information. If you give us a written authorization, you have the right to change your mind and revoke that authorization.

**Copies of this Notice.** You have the right to receive an additional 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. Please call or write to us to request a copy.

**Changes to this Notice.** We reserve the right to revise this Privacy Notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published in our enrollee newsletter.

**Your Right to Inspect and Copy.** Upon written request, you have the right to inspect the information we have about you and to get copies of that information.

**Your Right to Amend.** If you feel that the information about you which we have is incorrect or incomplete, you can make a written request to us to amend that information. We can deny your request for certain limited reasons, but we must give you a written reason for our denial.

**Your Right to a List of Disclosures.** Upon written request, you have the right to receive a list of our disclosures of your information, except when you have authorized those disclosures or if the disclosures are made for treatment, payment or health care operations. We are not required to give you a list of disclosures made before April 14, 2003.

**Your Right to Request Restrictions on Our Use or Disclosure of Information.** If you do so in writing, you have the right to request restrictions on the information we may use or disclose about you. We are not required to agree to such requests.

**Your Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Your request must be in writing. For example, you can ask that we only contact you only at home or only at a certain address or only by mail.

**How to Use Your Rights Under This Notice.** If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

**Complaints to the Federal Government.** If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to: Office of the Secretary, Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. You will not be penalized for filing a complaint with the federal government.

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**Complaints and Communications to Us.** If you want to exercise your rights under this Notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to: Chief Privacy Officer (address). You can also call us at \_\_\_\_\_ . You will not be penalized for filing a complaint.