Hello,

The Michigan Medicine Home Care Services is pleased to provide you with the health care services and equipment that will assist with your health treatment program.

Comprised of five distinct departments, Home Care Services is responsible for providing equipment, supplies and care for our patients once they leave any of our hospitals or clinics.

Our departments include:

- HomeMed – specialty pharmacy providing compounded therapies
- MedEQUIP – medical equipment and supplies
- Michigan Visiting Care – private duty nursing, in-home health aides, GRACE Program and House Calls
- Michigan Visiting Nurses – skilled nursing services, physical therapy, speech therapy, occupational therapy, home health aides, social work and nutrition services.
- Wheelchair Seating Service (WSS) – custom mobility devices

We are dedicated to providing you with the highest quality services and products in the home. We will coordinate your home care needs with your physician to ensure you receive the personalized care and treatment you deserve.

Please review this booklet as it provides important information for you or your caregiver.

Thank you for allowing us to assist with your care.

Sincerely,

The Management and Staff
Michigan Medicine
Home Care Services
**Mission:** The University of Michigan Home Care Services enhances the quality of life for our patients and their families by designing and providing innovative, high quality programs and services extending the continuum of care into the home and community.

**Vision:** We will be the provider of choice for high quality, coordinated, safe and cost-effective patient care by creating an environment that inspires trust, creativity, and commitment in our employees.
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Home Care Services and Patient Safety in the Home

Did you know serious injuries are caused by accidents in and around the home? We all want to be safe at home. When you or someone you care for becomes sick and requires care at home it is even more important to learn how to keep everyone safe.

TIP: Please take time to check your surroundings for potential hazards.

Fire Safety

How can I reduce my risk of a fire in the home?

- Do not cover equipment with materials (curtains, clothes, etc.)
- Read your equipment manual and learn how to operate it safely.
- **Never** smoke in bed or especially when taking medications that make you drowsy.
- Place smoke detectors, carbon monoxide detectors, and all-purpose fire extinguishers on each floor.
- Check your smoke detector batteries at least twice per year. (Hint: remember to do this when you change your clocks for Daylight Savings Time).
- Identify at least 2 fire escape routes. Keep these routes and exits clear at all times. Find a place to meet when you are safely outside your home.
- Contact your local fire department for more information.

To learn more, visit:

Home Security

Did you know that all Home Care Services staff wear identification badges with their picture on the front?

- Ask for identification before letting someone into your home.
- Keep your doors and windows locked to keep you and your equipment safe.
- Keep outdoor areas around your home well-lit, for yourself as well as any Home Care Services staff particularly when expecting a visit or delivery.

Children’s Safety

Did you know poisoning by accidentally taking medications or other substances is the most common cause for injury and death and among children?

TIP: Children are curious and interested in new and different things that appear in your house, such as your equipment or medications.

- Keep all medications, needles, and other hazardous substances in their original containers and away from children’s reach.
- Consider using safety latches on drawers/cupboards.
- Have important numbers listed. If a child does ingest a poison, contact Poison Control immediately (800) 222-1222.
- Check expiration dates on medicines and food regularly.
- Keep equipment tubing and cords out of reach.

Fall prevention for children

- Never leave infants or toddlers unattended.
- Use safety gates at stairways.
- Use safety belts for swings and high chairs.

To learn more about children’s safety, visit:

Fall Prevention for Adults

Did you know more than one in three people age 65 years or older falls each year? Having a chronic illness or weakened physical condition because of an accident increases your risk of falling. Falls can lead to fractures, hospital admission, loss of independence, and even death.

TIP: The following suggestions will help you minimize the risk of falls and prevent injury.

What do I need to know about medications and my risk for falls?

- Many medications have side effects that cause drowsiness and impair judgment and speed of reaction. Know and understand the side effects of any medication you are taking.
- Do not drink alcohol. It can interact with your medication and increase your risk of falling.

What can I do to remove hazards that increase my risk for falls?

- Keep walkways and paths free of clutter, cords and pets.
- Keep equipment tubing free from waking path.
- Make sure there is adequate lighting in stairwells and halls.
- Keep carpets and rugs free of holes and secure them firmly. Avoid using lightweight throw rugs on bare floors.
- Make your bathrooms safe. Use rubber mats in baths and showers. Install grab bars, seats, and other assistive equipment in your bathroom, tub, or near the toilet.
- Use canes or walkers as ordered by your doctor.

To learn more visit:

Medication Safety

Did you know problems related to overdose or accidental taking of medications are more likely to occur when medications are not managed properly in the home?

**TIP:** Know the name, purpose, and dose of the medications you are taking. Ask if you need to avoid any foods, drinks, or activities while taking certain medications.

**How can I prevent accidents related to medications?**

- Keep a list of medications you are taking, and take the list with you to all health care appointments.
- Tell each health care provider about drug or food allergies you may have and other medical treatments you are receiving. Report medication side effects to your health care providers.
- There can be potential dangerous interactions between drugs, and/or other products. When your health care provider asks you about medications you are taking include all of the following:
  - Prescription medications
  - Medications you bought over the counter without a prescription such as: aspirin, vitamins and laxatives
  - Home remedies (such as St. John’s Wart, Velorium, etc.)
  - Nutritional supplements
- Always check medications and solutions for correct name, dose, and date of expiration. Read the instructions provided with your medications. If you have any questions regarding your medications, contact your doctor or pharmacist.

**What are some things I must never do with my medications?**

- Never change the dosage or stop taking medications **without** your health care provider’s approval, even if you are feeling better.
- Never store medications in a container different than the original.
- Never crush medications without first checking with your pharmacist.
- Never take medications prescribed for another person.
Planning for an Emergency

What do I need to do if my utility services are interrupted due to bad weather or a natural disaster (for example, tornado, snowstorm or loss of power)?

- Keep emergency phone numbers available.
- Report power outages to your utility company. If your phone service is working, contact our office to make plans based on your specific emergency needs.
- Prepare for a power outage by keeping electrical equipment with a battery plugged in at all times to be sure it is fully charged. Use your back-up system for your equipment, as needed. **Do not use candles near oxygen.**
- Listen to the local radio and TV stations for weather broadcast information and instructions.
- If you leave your home, take all your medicine, equipment, and supplies. Also, contact our office with your temporary address and phone number so Home Care Services can continue providing you service. We will discuss any additional directions with you if you have special needs.
- In a flood or severe disaster, water systems can become contaminated. To prevent infection, wash your hands with rubbing or isopropyl alcohol, hydrogen peroxide, or waterless soap before performing any sterile procedures. **Do not expose catheters, trachs, or wound sites to dirty or contaminated water.**
- If Home Care Services experiences an emergency, have plans in place to ensure you continue to receive safe services from us.

To learn more, visit:

- [http://emergency.cdc.gov/preparedness/](http://emergency.cdc.gov/preparedness/)
Infection Control

Did you know germs that cause infection can be found in many areas of your home such as on tabletops, doorknobs, telephones, and even your pets?

TIP: Washing your hands is one of the best ways to prevent the spread of infection.

When do I need to use soap and water instead of hand sanitizer/waterless soap?
Always wash hands with soap and water instead of using hand sanitizer if your hands are visibly dirty or soiled, and after completing personal hygiene (use of toilet or blowing your nose).

What is the proper way to wash my hands with soap and water?
- Wet your hands with warm water and apply 1 pump of soap.
- Rub hands together and scrub all surfaces.
- Continue rubbing hands for 15 seconds. Need a timer? Sing “Happy Birthday”.
- Rinse hands well under running water.
- Dry your hands using a paper towel. Do not touch faucet with clean hands. If needed use paper towel to turn faucet off.

What is the best way to use my alcohol-based hand sanitizer?
- Choose a hand sanitizer/waterless soap with a 70% or higher alcohol content. Also check the expiration date on products.
- Apply product to the palm of one hand.
- Rub the product over all surfaces of hands and fingers until dry.
- Hand sanitizer should not be used for patients with C-difficile because it does not effectively destroy all the spores.
- Use hand sanitizer when hands are not visibly soiled or if soap and water are not available.
When are important times to wash my hands?

- After contact with a sick person.
- Before eating and preparing food (be aware of raw meat and contact surfaces).
- Feeding or touching pets.
- Handling waste, rubbish, or soiled clothing.
- After coughing or sneezing and blowing your nose. Be sure to put your used tissue in the waste basket. If you don’t have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Before and after each time you perform a home care process or procedure while caring for the patient.

How can I keep my equipment and supplies free from infection?

- Follow the cleaning guidelines in the packet provided when you began service.
- Change or dispose of supplies based on the guidelines provided.
- Use only approved cleaning products on equipment and supplies.
- Store supplies in a clean dry area.

Patient Rights and Responsibilities

The Michigan Medicine - Home Care Services is committed to supporting and protecting your fundamental human, civil and legal rights. We will not condition the provision of your care, or otherwise discriminate against you, based on whether you have exercised your rights. Recognizing the unique and individual needs of each person, we strive to extend the highest level of respect and care to our patients and their families. As a member of your healthcare team, in addition to your rights, you also have certain responsibilities.
Access to Respectful Care

- Receive necessary quality care regardless of race, sex (includes gender identity and gender expression) color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, special disabled veteran and Vietnam-era veteran status, and height or weight. Reasonable accommodation will also be provided to persons with disabilities, to disabled veterans, and to accommodate religious practices.
- Receive considerate and respectful care in a smoke-free environment while in our facility.
- Receive information about rules involving your care.
- Proper assessment and management of pain or pain management information and resources.
- Be free from mental, physical, sexual, and verbal abuse, neglect and exploitation.
- Access to protective and advocacy services.
- Request an ethics committee consultation for guidance on health care decision making by contacting the hospital paging operator at 734-936-4000 and asking for the Ethics Consultant on call for the Adult Ethics Committee or Pediatric Ethics Committee.
- Privacy.

Involvement in Care Decisions

- Information about your diagnosis, health status, condition, treatment, prognosis and unanticipated outcomes of care.
- Know who is taking care of you and their professional titles.
- Education about safe use of medications and/or medical equipment.
- Be involved in the planning, completion and review of your plan of care, including, as applicable, pain management and your plan of care after you no longer receive services from Home Care Services.
- Refuse treatment to the extent permitted by law.
- Participate in health care decisions, including advance directives.
• Request treatment. However, your right to make decisions about health care does not mean you can demand treatment or services that are medically inappropriate or unnecessary.

• Information concerning research procedures proposed as part of your care. You have the right to refuse to participate in research without jeopardizing your access to continuing care.

**Your Medical Records**

• See your medical record at a time suitable for both you and the staff. You may request and obtain a copy of your medical record for a reasonable fee.

• Request changes to your protected health information (PHI). You have the right to ask that your information not be given out.

• Confidentiality, privacy and security of your records, both personal and medical. We may use or disclose PHI without your permission as described in our Notice of Privacy Practices, for example to coordinate your care or submit a claim to your insurance company.

• You have a variety of other rights related to your medical records that are explained in the UMHS Notice of Privacy Practices (NPP). You may obtain a copy of the NPP by contacting the Office of Clinical Safety at (877) 285-7788.

**Concern, Compliments or Complaints About Care/Services**

• Have health care information provided in a manner and form that you can understand.

• Receive care in a safe setting.

• If you have a compliment, please share it with us so that we will repeat that action for other patients and families.

• We are committed to continuous improvement. Please respond to our Patient Satisfaction Survey to tell us how you experienced our care and what suggestions you have for service improvements and patient safety.
• Speak up to identify uncomfortable situations, confusion about the care provided (or to be provided) or issues where real or perceived safety concerns are identified. Legal guardians and visitors also have this right.
• As part of our commitment to providing the best care and service, we encourage patients and families to express concerns or complaints directly to a Home Care Services representative. If you are not satisfied with the resolution of the concern or complaint at the Home Care Services level, you may contact Patient Relations and Clinical Risk at (877) 285-7788.
• If your concern is not resolved to your satisfaction, you can file a complaint with any of the following organizations;
  o Michigan Department of Licensing and Regulatory Affairs (LARA) Health Facilities Division, PO Box 30664, Lansing, MI 48909,
  o (800) 882-6006
  o KEPRO Medicare Quality of Care Complaints Medicare Quality 5201 W. Kennedy Blvd, Suite 900, Tampa, FL 33609.
  o (800) 408-8557 or www.keproqio.com
  o The Joint Commission Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, at (800) 994-6610 or www.jointcommission.org.

**Concerns about Billing**

• Details about all items on your bill. Upon request, information concerning financial help will be given to you. If you have questions about billing or insurance, contact us.
• Informed of the cost and your financial responsibility for your care, services, and products.
AS A PATIENT, you are responsible for:

- Following the rules involving patient care and conduct. These include Michigan Medicine no smoking policy.
- Having a physician and remaining under medical supervision during the course of your care.
- Providing a complete and accurate medical history. This history should include all prescribed and over-the-counter medications you are taking.
- Telling us about all treatments and interventions you are involved in.
- Following the suggestions and advice prescribed in a course of treatment by your health care providers. If your refusal of treatments prevents us from providing appropriate care according to ethical and professional standards, we may need to end our relationship with you after giving you reasonable notice.
- Being considerate of the rights of other patients and Michigan Medicine personnel and property.
- Providing information about unexpected difficulties you may have involving your health care.
- Telling us if you clearly understand your plan of care and the things you are asked to do.
- Providing and maintaining a safe environment for care and protecting property owned by the Michigan Medicine – Home Care Services.
- Providing a safe and cooperative environment for care to be provided (such as keeping pets confined, putting away weapons or not smoking during your care).
- Notifying the appropriate office if you will not be available for scheduled services or deliveries.
- Returning rental equipment when your services end.
- Meeting any financial obligations agreed to with Home Care Services, including providing us with correct information about your sources of payment, ability to pay your bill and a change of insurance.
**Advance Directives**

The Michigan Medicine – Home Care Services encourages individuals and their families to participate in decisions regarding care and treatment. The Michigan Medicine – HCS policy acknowledges that all persons have a fundamental right to make decisions about their own medical treatment, including the right to accept or refuse medical care. While we do encourage you to have an advance directive, we provide care to all people whether they have, or do not have, an advance directive. We do not discriminate against a person based on whether or not that person has executed an advance directive.

To learn more visit:

- [http://pteducation.med.umich.edu](http://pteducation.med.umich.edu)

**Financial Assistance**

Michigan Medicine's policy supports medically necessary health care for all people, regardless of their ability to pay. MSupport is our financial assistance program that may help you if you are uninsured, have limited or exhausted insurance benefits. For more information call 855-853-5380 or visit: [http://www.uofmhealth.org/patient-visitor-guide/financial-assistance](http://www.uofmhealth.org/patient-visitor-guide/financial-assistance)

**Medicare DMEPOS Supplier Standards**

The products and/or services provided to you by Home Care Services, including HomeMed, MedEQUIP and Wheelchair Seating Service, are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g., honoring warranties and hours of operation). The full text of these standards can be obtained from [http://ecfr.gov](http://ecfr.gov). Upon request, we will furnish you a written copy of the standards.

**TIP:** “DMEPOS” means Durable Medical Equipment Prosthetics, Orthotics and Supplies.
Notice of Privacy Practices

A. 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. This Notice of Privacy Practices (Notice) applies to all information about care that you receive from the following:

- University of Michigan Health System (UMHS) which includes our hospitals, doctors, home health services, pharmacy services, laboratory services, and other related health care providers
- Portions of the University of Michigan that provide health care services (UM Providers) such as University Health Service, the University of Michigan School of Dentistry, etc.
- UMHS and its organized health care arrangements where the UMHS participates in quality improvement and assessment activities as part of an organized health care arrangement where the providers work jointly to help improve the quality of your care. Examples of current Organized Health Care Arrangements in which the UMHS participates are available at: http://www.uofmhealth.org/patient-and-visitor-guide/ocha

In addition to the above, this Notice applies to other portions of the University of Michigan that support the health care activities of UMHS and the UM providers. All of these entities may use and share your health information for treatment, payment or health care operations as described in this Notice.

B. WE ARE REQUIRED TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are committed to protecting the privacy of your health information, called “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 payment for health care provided to you. 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 is 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.

C. HOW WE USE AND DISCLOSE YOUR PHI. We use and disclose PHI for different reasons, and some require your prior specific authorization. The different categories of our uses and disclosures are described below, with examples of each.

1. Uses and Disclosures Relating to Treatment, Payment or Health Care Operations Do Not Require Your Consent.
   1.1. For Treatment. We may use and disclose your PHI to physicians, nurses, medical students and other health care personnel who provide health care services to you or who are involved in your care. For example, if you are treated for a knee injury, we may disclose your PHI to the physical therapy provider to coordinate your care.
   1.2. To Obtain Payment. We may use and disclose your PHI to bill and collect payment for the health care services provided to you. For example, our billing department may use some of your PHI and disclose it to your health plan for payment.
   1.3. For Health Care Operations. We may use and disclose your PHI to operate our hospitals, clinics and other health care service facilities. For example, we may use your PHI to review the care provided to you or to evaluate the performance of the health care professionals and processes involved in your care. We may also provide your PHI to University of Michigan units and our business associates that support our health care operations, such as our accountants, attorneys, consultants and other companies. Other examples include educational programs, resolution of internal grievances, business planning, development and management, administrative activities, including data and information systems management, and consolidations with other providers.

2. Certain Other Uses and Disclosures That Do Not Require Your Consent. We may also use and disclose your PHI:
   2.1. When 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 information to government 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.
   2.2. For public health activities. For example, we must report to government officials in charge of collecting specific information related to births, deaths, and certain diseases and infections. Also, we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death. Additionally, under Michigan law we are required to report information about patients with certain conditions, such as HIV/AIDS and cancer, to central registries; we also are required to report information about immunizations. We also may disclose PHI to manufacturers of drugs, biologics, devices, and other products regulated by the federal Food and Drug Administration when the information is related to their quality, safety, or effectiveness. PHI also may be disclosed to certain people exposed to communicable diseases and to employers in connection with occupational health and safety or worker's compensation matters.
   2.3. For health oversight activities. For example, we will provide information to government officials to conduct an investigation or inspection of a health care provider or organization.
   2.4. For purposes of organ donation. We may provide information to organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
2.5. For research purposes. In certain circumstances, we may use or provide PHI to conduct research. This research generally is subject to oversight by an institutional review board. In most cases, while PHI may be used to help prepare a research project or to contact you to ask whether you want to participate in a study, it will not be further disclosed for research without your authorization. However, where permitted under federal law, institutional policy and approved by an institutional review board or a privacy board, PHI may be further used or disclosed. In addition, PHI 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.

2.6. To avoid harm. 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 the potential harm.

2.7. For specific government functions. We may disclose the PHI of military personnel and veterans in certain situations. We also may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

2.8. For workers’ compensation purposes. We may provide PHI to comply with workers’ compensation laws.

2.9. To provide appointment reminders and health-related benefits or services. We may use PHI to provide appointment reminders. We may also give you information about treatment alternatives, or other health care services or benefits we provide.

2.10. For fundraising activities. We may use PHI to raise funds for our organization. You have the right to opt out of receiving fundraising communications.

3. Uses and Disclosures to Which You Have an Opportunity to Object.

3.1. Patient directories. We may include your name, general condition, location in a UMHS facility, and religious affiliation (if any) in our patient directory for use by clergy and others who ask for you by name, unless you object in whole or in part when you are admitted to our facilities.

3.2. Disclosure to family, friends, or others. We may provide your PHI to a family member, friend or other persons who are involved in your care or responsible for the payment for your health care, unless you object in whole or in part.

3.3. Health Information Exchanges. We may make your PHI available electronically through health information exchanges (HIEs) to other health care providers, health plans and health care clearinghouses. Participation in HIEs also lets us see their information about you which helps us provide care to you. You have the right to opt out of participating in such efforts by contacting the person listed at the end of this notice.

4. Applicable Michigan Law. Our use and disclosure of PHI must comply not only with federal privacy regulations but also with applicable Federal and Michigan law. Michigan law and/or Federal Regulations place certain additional restrictions on the use and disclosure of PHI for mental health, substance abuse, HIV/AIDS conditions, and certain genetic information. In some instances, your specific authorization may be required.

5. All Other Uses and Disclosures Require Your Prior Written Authorization. In situations that are not covered by this Notice, your written authorization is needed before using or disclosing your PHI, including most uses and disclosures of psychotherapy notes (if recorded or maintained by us), financially-supported marketing of 3rd party products or services, and the sale of PHI, unless otherwise specified by law. Your authorization can always be revoked in writing (but it would not apply to prior disclosures made based on your initial authorization).

D. YOUR RIGHTS REGARDING YOUR PHI. You have the following rights with respect to your PHI:

1. The Right to Request Restrictions on Uses and Disclosures of Your PHI. You have the right to ask us to limit how we use and disclose your PHI for treatment, payment or health care operations. This request must be in writing. We are not required to agree to your restriction request, but if we do, we will honor our agreement except in cases of an emergency or in cases where we are legally required or allowed to make a use or disclosure. We are required, however, to agree to a written request to restrict disclosure of your PHI to a health plan if the disclosure is for payment or health care operations and is not otherwise required by law, and your PHI pertains solely to a health care item or service for which you have paid in full and out of pocket. Also, you may request us to limit PHI disclosures to family members, other relatives, or close friends involved in your care or payment for it.

2. The Right to Request Confidential Communications Involving Your PHI. You can ask in writing to send information to you in a certain way or location. For example, you can request we mail PHI to a Post Office Box rather than your home. We must agree to your request so long as we can easily provide it in the format you requested.

3. The Right to Receive Copies of Your PHI. In most cases you have the right to receive copies of your PHI, such as health or billing records, used by us to make decisions about you. You must make the request in writing. We will respond within 30 days after receiving your written request, and we may charge a reasonable fee. In certain situations, we may deny your request, but we will do so in writing, and we will provide our reasons for the denial and explain your right to have the denial reviewed.

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 (an Accounting of Disclosures.) This right does not apply to certain disclosures such as those made for treatment, payment or health care operations, disclosures made to you or to others involved in your care, disclosures made with your authorization, or disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement purposes. Your request for
an Accounting of Disclosures must be made in writing to the person and address below. We will respond within 60 days of receiving your request by providing a list of disclosures made within the last six years from the receipt date of your request, unless a shorter time period is requested. If you make more than one request in the same year, we may charge a fee.

5. The Right to Amend or Update Your PHI. If you believe your PHI is incorrect or incomplete, you have the right to request us to add to or amend the existing information. Your request must be in writing and must include the reason for your request. We will respond within 60 days of receiving your request. We may deny your request if the PHI (i) is correct and complete, (ii) was not created by us, (iii) is not allowed to be disclosed, or (iv) is not part of our records. Our denial will include the reason(s) for the denial and will explain your right to file a written statement of disagreement. If you don't file a written statement of disagreement, you have the right to request that your amendment request and our denial be attached to your PHI. If your amendment request is approved, we will make the change to your PHI and let you know it has been completed. An amendment may take several forms, such as an explanatory statement added to your record.

6. The Right to a Copy of this Notice. You have a right to request a paper copy of this Notice be mailed to you. It is also available at: http://www.uofmhealth.org/Patient+and+Visitor+Guide/hipaa

E. WHO YOU CAN CONTACT FOR INFORMATION ABOUT THIS NOTICE OR OUR PRIVACY PRACTICES. If you have questions about this Notice or complaints about our privacy practices, or if you would like to know how to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, you can contact our Privacy Director toll free at 1-866-990-0111. You will not be penalized for filing your complaint. Written complaints must be submitted to: University of Michigan Health System Privacy Director 1500 E. Medical Center Drive Ann Arbor, MI 48109-5434

We may change our privacy practices at any time. Before we make an important change, we will revise this Notice and post it in our facilities and on our website at: http://www.uofmhealth.org/Patient+and+Visitor+Guide/hipaa.

1. **The University of Michigan (UM) is a teaching center.** This means I may receive service from staff and trainees chosen and overseen by the teaching staff. Trainees and teachers may read my health care records for teaching, study and education.

2. Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Under Michigan law, an HIV test may be done on a patient if any health care worker or emergency responder comes in contact with a patient's blood or other body fluids under the skin, in an open wound, or through the mucus membranes. If this type of contact occurs, I know that my blood can be tested without my consent. If a test is done, I know that I will be given the test results and will receive counseling as needed.

3. **I understand that I will be responsible for my co-payments, deductibles or other charges for medical services not covered or paid by insurance or other third party payers, except as prohibited by any agreement between my insurance company and UM or by state or federal law. I assign all rights and benefits to UM in order to facilitate reimbursement for health care services. I will help UM follow up on payment for these claims.**

4. **I have received written information on patient rights and responsibilities, e.g. right to confidentiality, privacy, respect and security, as stated under Michigan law.**

5. An Advance Directive is a document saying what kind of care I would want to receive if I were unable to express my wishes. I have been given information on Advance Directives. I know my care will not be affected if I do not have an Advance Directive.

6. **Patient Education:** When home medical equipment/supplies are provided, I have been trained to safely operate and maintain the equipment/supplies. I understand that unless otherwise specified, all equipment provided to me is owned by UMHC-HCS and I must return that equipment in reasonable condition when services are discontinued. I will be responsible for equipment requiring replacement due to damage. The replacement cost of the equipment ranges from $500.00 to $45,000.00 depending on type.

7. The University of Michigan Health System (UMHS) uses many ways to communicate with patients. The method we use to communicate with you will depend on the reason(s) for communication. As a patient, by providing the UMHS with my contact information, I am authorizing communications by different methods (e.g., automated calls, text messaging, patient portal, email, etc.) I understand that I have the option to opt out of (not to participate) with certain methods of communication by informing UMHS staff.

Revised 2/9/2016