

FERRIS STATE UNIVERSITY

BIRKAM HEALTH CENTER

Birkam Health Center
Ferris State University

NOTICE OF PRIVACY PRACTICES

Effective Date of Notice: February 13, 2026

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.

If you have any questions about this Notice, please contact:
Director or Privacy Officer
Birkam Health Center
Ferris State University
1019 Campus Drive
Big Rapids, MI 49307
(231) 591-2614

WE WILL COMPLY WITH THIS NOTICE

This Notice describes the privacy practices of Ferris State University's **Birkam Health Center (BHC)**, our providers, our pharmacies, and any third parties that help us manage Protected Health Information. In general, we may use and disclose your health information to coordinate and oversee your medical treatment, pay your medical claims, and assist in health care operations as described in this Notice.

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

We believe that information about you and your health, whether it be in verbal, written, or electronic format is personal and should be carefully safeguarded. We are committed to protecting your Protected Health Information. We (or the third parties that assist us) maintain a record of all health care provided by or paid for by Ferris State University. This Notice applies to all of your Protected Health Information that we maintain, including Substance Use Disorder ("SUD") Records as defined below. Please be aware that health care providers or pharmacies not associated with us, such as other doctors, dentists, hospitals, or outside pharmacies, have their own policies regarding their use and disclosure of your Protected Health Information created in their offices. You should consult their notice of privacy practices for information about how they may use and disclose your Protected Health Information.

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Under the Health Insurance Portability Act of 1996 (HIPAA) not all health information is considered protected. In order for health information to be considered Protected Health Information (also known as PHI), the health information has to have two things:

- (1) The health information is able to be tied to a specific individual;
- (2) The health information was created or received by a “covered entity.”

A “covered entity” under HIPAA is a health plan; a health care clearing house; a health care provider who engages in certain HIPAA transactions; or a business associate of a covered entity.

SUD Records are defined as any information that identifies a patient, directly or indirectly, as having or having had a substance use disorder, such as information regarding diagnosis, treatment, billing, or referral for treatment. SUD Records are treated differently than standard PHI pursuant to 42 CFR Part 2 and are subject to stricter federal rules, requiring explicit patient consent for most disclosures.

This Notice informs you about the ways we may use and disclose your Protected Health Information and SUD Records. This Notice also describes your privacy rights, along with the obligations that we have regarding the use and disclosure of your Protected Health Information. We are required by federal law to maintain the privacy and security of your Protected Health Information, abide by the privacy practices contained in this Notice, and provide you with a copy of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Under the law, we may use or disclose your Protected Health Information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **You and Your Personal Representative.** We may disclose your Protected Health Information to you or your personal representative (an individual who has the legal right to act on your behalf).
- **Others Involved In Your Care.** We may share your Protected Health Information with family members or friends who are directly involved in your medical care, or the payment of your medical care, when you are present and have given us verbal or written permission. We will not discuss your Protected Health Information with your family or friends if you are not present unless you have given us your permission or

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we believe it is in your best interest. Our health professionals will exercise their professional judgment in determining when friends and family members may receive Protected Health Information (e.g., a family member picking up a prescription from the pharmacy for a sick individual).

- **Treatment.** We may use your Protected Health Information or disclose it to third parties to aid with your medical treatment. We may disclose Protected Health Information about you to doctors, nurses, pharmacists, technicians, medical students, or other persons who are involved in taking care of you. For example, we may need to share a portion of your records with specialists or other health care providers we refer you to, such as physical therapists, surgeons, the emergency room, etc.
- **Payment.** We may use your Protected Health Information or disclose it to third parties in order to obtain payment for the services that we provide to you. For example, we may discuss your Protected Health Information with your insurer to determine whether our health plan will cover the treatment.
- **Health Care Operations.** We will use and disclose your Protected Health Information for general administrative and managerial functions, and activities such as quality assessment and improvement, providing educational training programs for medical, nursing, dental, and other health and non-health care professions, accreditation, certification, and licensing. Examples of how we use or disclose your Protected Health Information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; training of students, including imaging of treatment sessions; defense of legal matters; business planning; and outside storage of our records.
- **Appointment Reminders and Health Related Benefits and Services.** We may use and disclose your Protected Health Information to remind you about prescription refills and appointments for medical care in our offices.
- **Research.** We may use or disclose your Protected Health Information to third parties for research purposes when an Institutional Review Board has determined that such disclosure is appropriate without your permission.
- **As Required By Law.** We will disclose your Protected Health Information to third parties when required to do so by federal, state or local law. For example, we may share your Protected Health Information when required to do so by state workers' compensation law, the Department of Health and Human Services, or state regulatory officials.

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- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your Protected Health Information to third parties when it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to assist in preventing the potential harm.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your Protected Health Information in response to a court or administrative order. We may also disclose your Protected Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after we make efforts to inform you of the request or to obtain an order protecting the requested information. If you are a party to a lawsuit in a Michigan court case, a court order or your authorization must be provided to release your health records (in addition to a subpoena).
- **Public Policy Matters.** We may use or disclose your Protected Health Information in certain limited instances for matters involving the public welfare, such as:
 - for public health risks (e.g., prevention or control of disease, reporting births and deaths, reporting abuse and neglect) or for research purposes when there are sufficient privacy protections in place.
 - to a health oversight agency for activities authorized by law (e.g., audits, investigations, inspections, and licensure necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws).
 - to law enforcement officials (in response to a court order, subpoena, warrant, summons or similar process or to report certain kinds of crimes) and to national security officials under certain limited circumstances.
 - to a funeral director, coroner, or medical examiner to permit them to carry out their duties.
 - to facilitate organ donation and specified research purposes, so long as certain safety measures are in place to protect your privacy.
 - To comply with laws regarding worker's compensation claims.
- **Military and Veterans Activities.** We may use or disclose your Protected Health Information if directed by military command authorities.

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- **National Security and Intelligence Activities.** We may use or disclose your Protected Health Information to authorized federal officials when requested for lawful intelligence or other national security purposes.
- **De-Identified Information.** We may disclose your Protected Health Information if all information that may be used to specifically identify you has been removed.
- **Limited Data Set.** Disclosures of a “limited data set” to a business associate to carry out health care operations.
- **Incidental.** Incidental disclosures that are an unavoidable by-product of permitted uses or disclosures.
- **Employers and Plan Sponsors.** In order for you to be enrolled in a health plan, we may share limited information with your employer or other organizations that help pay for your health coverage. However, if your employer or another organization that helps pay for your health coverage asks for specific Protected Health Information, we will not share your Protected Health Information unless they first obtain your written authorization.
- **Fundraising.** We may use and disclose your health information for fundraising communications; however, you have the right to opt out of receiving future fundraising communications.
- **Business Associates.** We hire third parties to provide us with various services that are necessary for our health plan to function. Before we share your Protected Health Information with these companies, we will have a written contract with them in which they promise to protect the privacy of your Protected Health Information.
- **Other Uses and Disclosures of PHI.** We have no plans to use or disclose your Protected Health Information for purposes other than those provided for above or as otherwise permitted or required by law. If you provide us an authorization to use or disclose your Protected Health Information to third parties, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your Protected Health Information for the reasons covered by your written authorization. Please remember that we are unable to take back any disclosures we have already made with your authorization.

We may also engage in face-to-face communication with you about alternative treatment options available to you, or communicate with you about the health-related services available to you through our clinic. We may also give you promotional gifts of nominal value as a method of marketing our services.

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Substance Use Disorder (SUD) Records (42 CFR Part 2)

Records received from a SUD treatment program ("Part 2 Program") are protected by federal law and are not treated the same as standard Protected Health Information. We will not share your SUD treatment records unless we have your written consent or it is permitted by 42 CFR Part 2. If you consent to share your Part 2 records with us, we may further disclose those records to our business associates or other providers for Treatment, Payment, and Healthcare Operations purposes as allowed under HIPAA. We will not use or disclose your Part 2 records (or testimony) in criminal, civil, administrative or legislative proceedings against you, unless you consent in writing or in response to a specific court order. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Note: You may provide one single consent for all future uses or disclosures for treatment, payment and health care operations purposes (TPO) for SUD Records and your rights with regards to revoking such consent.

REQUIRED DISCLOSURES

The following is a description of disclosures of your Protected Health Information we are required to make.

- **Government Audits.** We are required to disclose your Protected Health Information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- **Disclosures to You.** When requested, we are required to disclose to you the portion of your Protected Health Information that contain medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your Protected Health Information where the disclosure was for reasons other than for payment, treatment or health care operations, and where the protected health information was not disclosed pursuant to your individual authorization.

WHEN WE MAY NOT USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We will never share your Protected Health Information for the following purposes without a written authorization:

- The use or disclosure of psychotherapy notes (exception may apply);

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- The use or disclosure of Protected Health Information for marketing purposes;
- The sale of Protected Health Information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have several rights regarding your Protected Health Information and we will respect your right to exercise them. If you wish to exercise your rights, you must submit a written request on a standard form we will provide to you. You can obtain this form by calling Birkam Health Center at (231) 591-2614, or by writing to us at Birkam Health Center, Ferris State University, 1019 Campus Drive, Big Rapids, MI 49307.

- **Right To Inspect And Copy.** You have the right to inspect and copy your Protected Health Information that we maintain. Usually this includes your medical and billing records. If you request a copy of the information, we may charge a fee for our costs of providing the copy. We may deny your request to inspect and copy in very limited circumstances. If we deny your request to access your Protected Health Information, we will explain why the request was denied and whether you have the right to a further review of the denial.
- **Right To Request Amendments.** If you feel that your Protected Health Information is incorrect or incomplete, you may ask us to correct the information. You must include with your request an explanation of how and why your Protected Health Information needs to be corrected. We may deny your request for correction in certain limited circumstances. If we agree to your request for correction, we will take reasonable steps to inform others of the correction.
- **Right To Request An Accounting Of Disclosures.** You have the right to request an accounting of disclosures. This is a list of certain disclosures of your Protected Health Information that we have made to third parties. This is limited to disclosures during the last three years. If you request this accounting more than once in any 12 month period, we may charge you for the cost of responding to these additional requests. Your request should tell us the desired format (e.g., on paper, via e-mail, or on a disk).
- **Right To Request Additional Restrictions.** You have the right to request a restriction on how we use or disclose your Protected Health Information to third parties for your medical treatment, payment of your medical claims, or management of our health care operations. You also have the right to request a limitation on how we disclose your Protected Health Information to those involved in your care or the payment for your care, such as a family member or friend. For instance, you can request that we not disclose information to your spouse or children concerning a sensitive surgical procedure or a disease you have suffered. *Please note that under federal law, we are generally not required to agree to your request.* However, if you pay the full cost of your treatment without any contribution from a health plan, your

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health care provider will agree upon your request not to share your treatment with your health plan for payment or health care operations purposes.

- **Right To Request Confidential Communications.** We communicate to you information about your health care treatment and payment. If you feel that our communication with you may endanger you, you may request that we communicate with you using a reasonable alternative means or location. For example, you can ask that we contact you only at work, by e-mail, or by mail at a specified address (such as a P.O. box, rather than your home mailing address). We will accommodate all reasonable requests.
- **Right To A Paper Copy Of This Notice.** You have the right to receive 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 of this Notice. You may obtain a copy of this Notice on our website, <https://www.ferris.edu/student-life/HCenter/hipaa.htm>, or by writing to us at the address listed above.
- **Right to Receive Notification of a Breach of Your Protected Health Information.** You have the right to be notified in the event that we (or a Business Associate) discovers a breach of unsecured Protected Health Information. Notice of a breach will be provided to you within 60 days of the breach being identified.

CHANGES TO THIS NOTICE

We reserve the right to amend this Notice at any time in the future and make the new Notice provisions effective for all Protected Health Information that we maintain. We will post a copy of the most current Notice on our website, <https://www.ferris.edu/student-life/HCenter/hipaa.htm>, and in our clinic and have a copy available for you to request and take with you. Please look at the top right-hand corner of the Notice to determine the Notice's effective date.

QUESTIONS OR COMPLAINTS

If you have questions about your privacy rights described in this Notice, or if you believe that we may have violated your privacy rights, please contact us at:

Medical Records, Billing, Coding and Insurance Specialist
Birkam Health Center
Ferris State University
1019 Campus Drive
Big Rapids, MI 49307
(231) 591-2614

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You may also file a written complaint with us, as well as with the Department of Health and Human Services. We support your right to protect your Protected Health Information. **We will not penalize you or retaliate against you for filing a complaint.**

Revised 02/2026