

**SCHEURER NETWORK  
NOTICE OF PRIVACY PRACTICES**

EFFECTIVE: APRIL 2003

REVISED: FEBRUARY 09, 2026

THIS NOTICE ("Notice") DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS REGARDING THIS INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions, please contact the **Scheurer Network HIPAA Privacy Officer at 989.453.5201 or [scheurer\\_privacy@scheurer.org](mailto:scheurer_privacy@scheurer.org).**

This Notice applies only to medical information received by or on behalf of:

- Scheurer Network and affiliated facilities – All of our hospitals, employed physicians, physician practices, entities, foundations, facilities, other services, and affiliated facilities in the United States follow the terms of this Notice. Scheurer Network locations and facilities include but are not limited to the following: Scheurer Health - Pigeon, Scheurer Health – Harbor Beach, Medical Enterprises, Inc., and Scheurer Community Services. A complete list of Scheurer Network locations are listed on our websites, [www.scheurer.org](http://www.scheurer.org) and [www.hbch.org](http://www.hbch.org), or may be obtained by calling the Scheurer Health Compliance Office at 989.453.5201.
- Any healthcare professional authorized to enter information into your Scheurer record including, but not limited to all departments, units and services of Scheurer.
- Any member of a volunteer group we allow to help you while you are at Scheurer.
- All employees, staff, and other Scheurer personnel.

All these affiliates, sites, and locations (collectively "Scheurer") shall abide by the terms of this Notice. In addition, Scheurer may share medical information with each other for treatment, payment, or Scheurer operations purposes described in this Notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Scheurer. This record is used by us to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care generated by Scheurer. If your healthcare provider does not practice in one of our clinics listed above, they may have different policies or notices regarding the provider's use and disclosure of your medical information created in the clinic.

Your medical and dental records, your claims for medical and dental benefits, and the explanation of benefits ("EOB's") sent in connection with payment of your claims are all examples of medical information which is subject to this Notice. We are required by law to:

- Maintain the privacy of the protected health information that identifies you;
- Follow the terms of this Notice;
- Provide you with a copy of this Notice of our legal duties and privacy practices; and
- Notify affected individuals following a breach of unsecured protected health information.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

We are allowed or required to share your information in a number of ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For each category of use or disclosure described in this Notice, we include sufficient detail to put you on notice of what HIPAA permits or requires and what other applicable law—such as 42 CFR Part 2—permits, requires or restricts. For example, disclosures of Part 2 records for treatment, payment, or health care operations generally require the individual's written consent. For more information, see: <https://www.hhs.gov/hipaa/index.html>.

### **FOR PAYMENT**

We may use and disclose medical information about you so that the treatment and services you receive at Scheurer may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan/insurance company information about surgery you received at Scheurer so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment or medication you are going to receive to obtain prior approval, or to determine whether your plan will cover it.

### **FOR TREATMENT**

We may use medical information about treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other individuals who are involved in taking care of you at Scheurer. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different Scheurer affiliates also may share medical information about you in order to coordinate the different things you need, such as medicines, lab work and x-rays. We also may disclose medical information about you to people outside Scheurer who may be involved in your medical care and/or payment for your medical care after you leave Scheurer, such as family members, clergy, home healthcare personnel or others to whom you have been referred to ensure that these individuals have the necessary information to care for, diagnose or treat you.

### **FOR HEALTH CARE OPERATIONS**

We may use and disclose medical information about you for Scheurer operations. These uses and disclosures are necessary to run Scheurer and make sure that all of our patients receive quality care. These activities may include, but are not limited to: quality improvement, patient safety, case

review, service evaluation training, licensing, fundraising, and conducting or arranging for other business activities. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students and other Scheurer personnel for review and learning purposes. We may also combine the medical information we have with medical information from other Scheurer affiliates to compare how we are doing and see where we can make improvements in the care we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Information may be shared with business associates that perform a service for Scheurer.

### **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose medical information about you when necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Any disclosure would only be to someone reasonably able to help prevent the threat.

### **FUNDRAISING ACTIVITIES**

We may use or disclose medical information about you to contact you in an effort to raise money for Scheurer and its operations. We may disclose medical information to a business associate or foundation related to Scheurer so that the foundation may contact you in raising money for Scheurer. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at Scheurer. If you do not want Scheurer to contact you for fundraising efforts, you may opt-out by notifying the **Scheurer HIPAA Privacy Officer, 989.453.5201**.

If we create or maintain records subject to 42 CFR Part 2 and intend to use or disclose such records for fundraising for our benefit, we will first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications. You may opt out at any time and at no more than nominal cost.

### **SCHEURER DIRECTORY**

We may include certain limited information about you in the Scheurer directory while you are a patient at Scheurer. This information may include your name, location within Scheurer, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, pastor, or rabbi, even if they do not ask for you by name. This is so your family, friends, and clergy can visit you at Scheurer and generally know how you are doing. To request restrictions, you must tell us during registration.

## **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

We may release medical information about you to a friend or family member who is involved in your medical care or payment of your medical care. We may also tell your family or friends your general condition and that you are at Scheurer. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition status and location.

## **SPECIAL SITUATIONS**

### **IMMUNIZATIONS AND SCHOOLS**

Scheurer may disclose proof of immunization to a school without written authorization of the patient (or their parent/legal guardian); however, the parent/legal guardian must still give approval.

### **ORGAN AND TISSUE DONATION**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **AS REQUIRED BY LAW**

We will disclose medical information about you when required to do so by federal, state, or local law.

### **HEALTH OVERSIGHT ACTIVITIES**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

### **WORKER'S COMPENSATION**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Scheurer to funeral directors as necessary to carry out their duties.

### **DECEASED PATIENTS**

Your health information is protected by HIPAA for 50 years after your death. The final Omnibus

Rule allows Scheurer to continue to provide, after your death, protected health information about you, to those family and friends you have designated.

## **PUBLIC HEALTH ACTIVITIES**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

## **ABUSE, NEGLECT, DOMESTIC VIOLENCE**

We may disclose medical information about you to notify the appropriate government authority if we reasonably believe a patient has been the victim of abuse, neglect or domestic violence.

## **LAWSUITS AND DISPUTES**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

## **LAW ENFORCEMENT**

We may release medical information if asked to do so by a law enforcement official:

- To comply with the requirement of the reporting of certain types of wounds or other physical injuries;
- To respond to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, it is about a death we suspect may be the result of criminal conduct;
- About a good faith belief that criminal conduct occurred at Scheurer ; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

## **SPECIALIZED GOVERNMENT FUNCTIONS**

We may use and disclose the medical information of armed forces personnel, veterans, and foreign military personnel for authorized activities under the appropriate circumstances. Further, your medical information may be disclosed to authorized federal officials for conducting lawful

intelligence, counter-intelligence and other national security activities and special investigation including the provision of protective services to the President, other authorized persons and foreign heads of state, as authorized by law.

## **INMATES**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

## **RESEARCH**

We can use or share your information for health research.

## **CONFIDENTIALITY OF SUBSTANCE USE DISORDER (SUD) RECORDS**

Federal law and regulations (42 CFR Part 2) protect the confidentiality of patient records related to the treatment of substance use disorders. If we create or maintain records subject to 42 CFR Part 2 (substance use disorder treatment records), individuals whose information is in those records have the right to receive adequate notice of how those records may be used and disclosed and of their rights and our duties with respect to those records. We may combine this notice with the patient notice required by 42 CFR 2.22 so long as all required information is included. Some uses or disclosures that HIPAA would otherwise allow are prohibited or more limited by other applicable law, such as 42 CFR Part 2. Where another law is more stringent, our practices (and this Notice) reflect those stricter limits.

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on the individual's written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR Part 2. Any 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.

Generally, we may not disclose any information identifying you as receiving SUD services unless: (i) you consent in writing; (ii) a court order requires disclosure; or (iii) the disclosure is made to medical personnel in a medical emergency or for research, audit, or program evaluation.

Effective February 16, 2026, the following provisions under 42 CFR Part 2 will also apply:

- With your written consent, we may use and disclose your SUD records for treatment, payment, and health care operations.

- You may revoke this consent at any time, though we cannot take back any disclosures already made with your permission.
- If your SUD records are disclosed for treatment, payment, or health care operations with your consent, the recipient may redisclose them in accordance with HIPAA.

Federal regulations do not protect any information about a crime committed by a patient at the program or against program personnel, or about any threat to commit such a crime. Suspected violations of 42 CFR Part 2 may be reported to the appropriate authorities.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

### **RIGHT TO INSPECT AND COPY**

You have the right to inspect and copy medical information that is in a designated record set for as long as we maintain the record. A “designated record set” is a specific set of documents. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to **Health Information Management Services**. You may request an electronic or paper copy. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We will provide a copy or summary of your medical information, usually within 30 days of your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The **Scheurer HIPAA Privacy Officer** will investigate and review your request and the denial. We will comply with the outcome of the review.

### **RIGHT TO AMEND**

If you feel that medical information we have about you in a designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Scheurer. To request an amendment, your request must be made in writing and submitted to **Health Information Management Services**. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Other reasons for a denial of a request include, but are not limited to, if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Scheurer;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you may request a review of the denial. If we do say "no" to your request, we will tell you why in writing within 60 days.

### **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to **Health Information Management Services**. Your request must state a time period which may not be longer than six years from the date you ask. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). The list will include who we shared it with and why. Your request should indicate in what form you want the list (for example: on paper, electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **REQUIRED WRITTEN AUTHORIZATIONS FOR USE AND DISCLOSURES**

Uses and disclosures of protected health information for marketing purposes, disclosures that constitute a sale of protected health information, and disclosures of psychotherapy notes all require you to sign an authorization in order for the release of that information.

### **RIGHT TO RESTRICTION**

You have the right to request a restriction or limitation on certain parts of the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you for notification purposes to individuals involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. If you choose to restrict any information under this circumstance, you must submit your request in writing to **Health Information Management Services**.

**We are not required to agree to your request.** We may say "no" if it would affect your care. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. Under certain circumstances we may terminate our agreement to a restriction. You may also terminate a restriction request at a later date. To request restriction, you must make your request in writing to **Health Information Management Services**. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, for example, disclosures to your spouse. You may contact **Health Information Management Services** to terminate a restriction.

## **RIGHT TO REQUEST RESTRICTIONS AS A SELF-PAY PATIENT**

You have the right to restrict certain disclosures of protected health information to a health plan if you pay for a service in full and out of pocket. We will say "yes" unless a law requires us to share that information. If you choose to restrict any information under this circumstance, you must submit your request in writing to **Health Information Management Services**.

## **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. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to **Health Information Management Services**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

## **USES OR DISCLOSURES FOR UNDERWRITING INSURANCE POLICIES**

Scheurer will not disclose genetic information to insurance companies when requested for underwriting purposes.

## **RIGHT TO CHOOSE SOMEONE TO ACT FOR YOU**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action. This information must be recorded in your medical record.

## **RIGHT TO AN ELECTRONIC OR PAPER COPY OF THIS NOTICE**

You have the right to an electronic or paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy upon request. You may obtain a copy of this Notice at any time on our website, [www.scheurer.org](http://www.scheurer.org) or you may request a copy from registration.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to change the terms of this Notice at any time. We will promptly revise this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. The Notice will contain the effective date on the first page. A revised Notice will be promptly posted on our website, and will be available in our locations and available by request. When laws that are in conflict with the terms of this Notice are more stringent than the terms of this Notice, Scheurer will adhere to the more stringent law (i.e. Scheurer will err on the side of your privacy).

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may submit a written complaint with Scheurer or with the Secretary of the Department of Health and Human Services ("HHS"). **You will not be penalized nor retaliated against for submitting a complaint.**

If you choose to submit an oral complaint with Scheurer, contact **the Scheurer HIPAA Privacy Officer, 989.453.5201.**

**If you choose to file a complaint with HHS, you can do so by calling 1.877.696.6775, visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>, or by sending a letter to the address below:**

**U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue S.W.  
Washington, D.C. 20201**

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, or at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

#### **BREACH NOTIFICATION RESPONSIBILITIES**

Scheurer must notify you following the discovery of a breach of unsecured protected health information. Scheurer will provide this notice in written form by first-class mail, or alternatively, by e-mail if you have agreed to receive such notices electronically. If Scheurer has insufficient or out-of-date contact information for 10 or more individuals involved in the breach, Scheurer must provide substitute notice by either posting the notice on the home page of our web site or by providing the notice in major print or broadcast media where you likely reside. If Scheurer has insufficient or out-of-date contact information for fewer than 10 individuals, Scheurer may provide substitute notice by an alternative form of written, telephone, or other means. Scheurer will provide these notifications without unreasonable delay and in no case later than 60 days following the discovery of a breach and must include, to the extent possible, a description of the breach, a description of the types of information that were involved in the breach, the steps you should take to protect yourself from potential harm, a brief description of what Scheurer is doing to investigate the breach, mitigate the harm, and prevent further breaches, as well as contact information for Scheurer. Additionally, for substitute notice provided via web posting or major print or broadcast media, the notification will include a toll-free number for you to contact Scheurer to determine if your protected health information was involved in the breach.