

NOTICE OF PRIVACY PRACTICES

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

Effective Date: April 1, 2019

Questions regarding this notice can be directed to our Privacy Officer/Office Coordinator. Contact her by telephone (231) 757-2500, or in writing to 821 West US 10, Scottville, MI 49454.

YOUR HEALTH INFORMATION

Get an electronic or paper copy of your medical record:

You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record:

You may ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

Request confidential communications:

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share:

You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request if we believe it would negatively affect your care.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer.

Get a list of those with whom we've shared information:

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. You must submit a written request to our Office Coordinator in order to obtain this list. It must state a time period, which may not be longer than six years. We will include all the disclosures except for routine disclosures about treatment, payment, and health care operations. 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. Our practice is to respond to such a request within 30 days.

Get a copy of this privacy notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. This notice is always posted in the waiting room.

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.

File a complaint if you feel your rights are violated:

You can complain if you feel we have violated your privacy rights by contacting us. To file a complaint with our office, contact the Privacy officer/Office Coordinator at (231)757-2500, or in person or writing at 821 West U.S.10 Scottville MI 49454. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will do our best to follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care.

Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

OTHER USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you - We can use your health information and share it with other professionals who are treating you.

Example- A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization – We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services – We can use and share your health information to bill and get payment from health plans or other entities.

Example – We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues:

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do Research:

We can use or share your information for health research.

Comply with the law:

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests:

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director:

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

Respond to Insurance Company Requests:

For their quality improvement and management purposes.

Respond to lawsuits and legal actions:

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing.

CHANGES TO THE NOTICE

We reserve the right to change this notice. The revised or changed notice is effective for medical information we already have about you as well as any information we receive in the future. We will post a current notice in the office with its effective date on the front page.

You are entitled to a copy of the notice currently in effect.