Examples of Disclosure for Treatment, Payment, and Health Operations

For treatment, we may provide health information to:

* Health care Providers
* Our practice personnel
* Third parties who are involved in the provision, management or coordination of your care

Information obtained by a member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your information will be shared among the health care professionals involved in your care. We will also provide your other physician(s) – when applicable- with copies of various reports that should assist them in treating you.

For payment, we may disclose your health information so that we can collect or make payment for health care services you receive. If you participate in a health insurance plan, we will disclose necessary information to treat, plan and obtain payment for your care.

For More information or to Report a Problem

If you have questions and would like additional information; or, if you believe that your privacy rights have been violated, you may contact our Privacy Officer:

Mary Jarad

810.987.1000

If you would like to file a complaint, you may contact Mary Jarad or file with the Office for Civil Rights, U.S. Department of Health and Human Services (OCR). There will be no retaliation for filing a complaint with either our practice or the O.C.R. The address for O.C.R. Regional office in Michigan is:

Office for Civil Rights

U.S. Department of Health and Human Services

233 N. Michigan Ave., Suite 240

Chicago, Illinois

60601

Port Huron Internal Medicine Associates

John I. Jarad, M.D.

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Regan Havens, FNP-C



Notice of Privacy Practices

Effective April 14, 2003, this notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

OUR PROMISE TO OUR PATIENTS

Your information is important and confidential. Our ethics and policies require that your information be held in strict confidence.

Introduction

We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

At the office of Port Huron Internal Medicine Associates, P.C., we are committed to treating, and using, your protected health information with responsibility and respect. This Notice of Privacy Policies describes the personal information we collect, and how, and when we use or disclose that information. It also describes your rights as they relate to your protected health information as defined by Federal Regulation.

Understand our Health Record

Each time you visit Port Huron Internal Medicine Associates, a records of your visit is made. Typically, this involves test results, diagnoses, treatment, and a plan for future care of treatment. This information, often referred to as your medical record, serves as a:

* Basis for planning your care and treatment.
* Means of communication among the many health professionals who contribute to your care.
* Legal document describing the care you have received.
* Means by which you or a third-party payer can verify that services billed were actually provided.
* Tool in educating health professionals.
* Source of data for medical research
* Source of information for public health of the state and nation.
* Source of data for our planning and marketing
* Tool by which we can access and continually work to improve the care we render and outcomes we achieve.

We want our patients to be fully aware of the “who, what, where, when and why” of their medical information. This helps patients make informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of PHIM, the information belongs to you. You have the right to:

* Obtain a paper copy of this notice of privacy policies upon request.
* Inspect and obtain a copy of your health record as provided by 45 CFR 164.524 (reasonable copy fees apply in accordance with State law)
* Amend your health record as provided by 45 CFR 164.526.
* Obtain an accounting of disclosures of your health information as provided by 45 CFR 164.528.
* Request confidential communications of your health information as provided by 45 CFR 164.522 (a) – however, we are not required by law to agree to a requested restriction.

Our Responsibilities

Our practice is required to:

* Maintain the privacy of your health information.
* Provide you with this notice as to our legal duties and privacy practices with respect to the information we collect and maintain about you.
* Abide by the terms of this notice.
* Notify you if we are unable to agree to a requested restriction.
* Accommodate reasonable requests that you may have to communicate your health information.

We reserve the right to change our practices and to mat the new provisions effective for all protected health information we maintain. We will keep a posted copy of the most current notice in our facility. In addition, each times you visit our facility for treatment; you may obtain a copy of the current notice in effect upon request. We will not use or disclose your health information in a manner other than that described in the section regarding Examples of Disclosures for Treatment, Payment and Health Operations, without your written authorization, which you may revoke as provided by 45 CFR 164. 508 (b) (5), except to the extent that action has already been taken.