

Partners in Family Medicine, PLLC

Version 1

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.**

(In accordance with the Health Insurance Portability & Accountability Act – HIPAA)

This notice is being given to you because Federal law gives you the right to be told ahead of time about:

- How Partners in Family Medicine will handle your medical information
- What Partners in Family Medicine legal duties are related to your medical information
- What your rights are with regard to your medical information

Who This Notice Applies To. This Notice describes our practices and those of any health care professional authorized to enter information into or consult your medical record, all departments and units, any member of a volunteer group and all staff, students, and other personnel associated with Partners in Family Medicine and its physician practice sites.

HOW WE MAY USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION

PFM and its independent contractors and health care providers have agreed, as permitted by law, to become an Organized Health Care Arrangement (OHCA) and to share your health information among themselves for purposes of treatment, payment and health care operations. This enables us to better address your health care needs.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. If we maintain your mental health, substance abuse, HIV, communicable disease records or psychotherapy notes, those records may be subject to additional restrictions, which we will comply with, under state law. Also, if *you* are a minor, certain specific information that relates to mental health, substance abuse, pregnancy or sexually transmitted diseases may be protected by additional restrictions under state law, which we will comply with. 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.

For Treatment. We may use health information about you to provide *you* with medical treatment or related services. We may disclose your health information to personnel who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services. *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. We may share health information about you*

outside of the office in order to coordinate the different things you need, such as prescriptions, laboratory work and x-rays.

For Payment. We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for payment purposes. *For example, we may need to give your health plan information about treatment you received in the office so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.*

For Health Care Operations. We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run PFM and our physician practices, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. *Examples of activities include:*

- *Monitoring and evaluating personnel and physicians*
- *Assessing the quality of care we provide and determining how to improve it*
- *Teaching health care professionals*
- *Meeting standards set by agencies such as the Joint Commission on Accreditation of Healthcare Organizations, Michigan Peer Review Organization, the Centers for Medicare and Medicaid Services, and other authorized state or federal agencies as required to maintain licensure, accreditation or certification.*
- *Other administrative functions including monitoring and improving customer service and patient satisfaction, resolution of complaints, etc. For*

(continued on page 2)

example: Someone may contact you on our behalf to ask you about the services you received at one of our physician practices. If you choose to participate in the satisfaction survey, you will not be personally identified in any of the satisfaction information unless you specifically ask for a response or follow-up.

Individuals Involved in Your Care or Payment for Your Care. We may release health information about you to a family member, other relative, or any other person identified by you who is involved in your health care. We may also give information to someone who helps pay for your care.

Incidental Uses and Disclosures. We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure that is permitted or required by law. *For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses or other personnel- there may be times that such conversations are in fact overheard. Please be assured- however that as much as possible, we have appropriate safeguards in place in an effort to avoid such situations.*

Treatment Alternatives, Appointment Reminders and Health-Related Benefits. We may use and disclose your health information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you, or a new physician joining one of our practices. Additionally, we may use and disclose your health information to provide appointment reminders. *For example: you may receive a letter notifying you about a cancer screening event at one of our practices in your area.*

Marketing Activities: We may use your health information to notify you of health related services, products or events. We will not disclose your health information to an outside party without your prior permission. We would release only contact information, such as your name, address and phone number and dates of service.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who received one medication to those who received another. All research projects, however, are subject to a special approval process. This process includes evaluating a proposed research project and its use of health information, trying to balance the

research needs with your need for privacy of your health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave the physician practice site, we may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your health information to researchers after your death when it is necessary for research purposes.

As Required By Law. We will disclose your health information when required to do so by federal, state or local law.

For Public Health Purposes. We may disclose your health information for public health activities. We may disclose health information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities include, but are not limited to, reports required for the following:

- 1) To prevent or control disease, injury or disability;
- 2) To report births and deaths;
- 3) To report reactions to medications or problems with products;
- 4) To notify people of recalls of products they may be using;
- 5) 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;
- 6) To notify the appropriate government authority, if we believe that a child or adult has been the victim of abuse, neglect or domestic violence; and
- 7) to avert a serious threat to health or safety.

Workers' Compensation. We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose your health information in response to a court or administrative order.

We may, once we have your written permission, disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute.

Law Enforcement. We may release health information if asked to do so by a law enforcement official, if such disclosure is: 1) In response to a court order, subpoena, warrant, summons or similar process; 2) To identify or locate a suspect, fugitive, material witness, or missing person; 3) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; 4) About a death we believe may be the result of criminal conduct; 5) About criminal conduct at Partners in Family Medicine; or 6) 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.

Medical Examiners and Funeral Directors. We may disclose health information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about individuals to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. We may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities. We may release your health information to authorized federal officials for: 1) Lawful intelligence, counterintelligence, other national security activities; 2) The protection of the President, other authorized persons or foreign heads of state; or 3) The conduct of special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you, without your permission, to the correctional institution or law enforcement official. This release would be necessary: 1) For the institution to provide you with health care; 2) To protect your health and safety or the health and safety of others; and 3) For the safety and security of the correctional institution.

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

Third Parties and Business Associates. We may disclose your health information to third parties with which we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement signed by them to safeguard your information.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have the right to look at and copy health information that may be used to make decisions about your care. To look at and obtain a copy of your health information, you can submit your request in writing or orally to the office where you are being seen. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend. If you feel the health or billing information we have about you is incorrect or incomplete, you may ask us to amend this information. This means that you may request an amendment for as long as we keep the information. *Your request must be made in writing and submitted to the Privacy Officer (see contact information on last page).* 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. In addition, we may deny your request 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 health information kept by or for Partners in Family Medicine;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any denial will state the reason(s) for the denial and

explain your rights to *have* the request and denial, along with any statement in response that you provide, attached to your health information.

Right to Request Confidential Communications. Typically, we communicate with you regarding your health care either through your home phone or through the mail at your home address. You *have* the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location. *Forexample, you may request that we contact you only at work rather than home, or by mailing health information to an alternate address.* We will not ask you the reason for your request. We will accommodate all reasonable requests. *To request confidential communications, you must make your request in writing to the Privacy Officer (see contact information below).* Your request must specify how or where you wish to be contacted. *Please be advised that cell phones and portable phones could represent a security risk due to interruptions or overlap and, therefore, we do not recommend their use for discussions of confidential information.*

Right to Request Restrictions. You *have* the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is *involved* in your care or the payment for your care. *For example, you could ask that we not share information about a condition you are being treated for; or that you do not want to be considered for any research project.* If you ask us to restrict information from your private insurance carrier, you will assume financial responsibility for services received. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we deny your request you will be notified in writing. With this in mind, please discuss any restriction you wish to request with your emergency contact and health care provider. *To request restrictions, you must complete our Request for Restrictions Form and submit it to the Privacy Officer (see contact information below).* In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to an Accounting of Disclosures. You *have* the right to request a list of certain disclosures that we *have* made of your health information for purposes other than treatment, payment, health care operations, or disclosures made with your permission. *To request this list of disclosures, you must submit your request in*

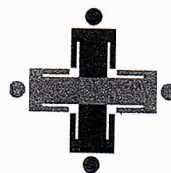
writing to the Privacy Officer (see contact information below). Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a *twelve-month* period will be free. For additional lists, during such twelve-month period, we may charge you for the costs 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.

Right to a Paper Copy of This Notice. You *have* the right to a paper copy of this Notice,

Changes To This Notice. We are required by law to keep your health information private and abide by the terms of this Notice of Privacy Practices until it is changed. We *reserve* the right to change this Notice and to make the revised Notice *effective* for health information we already *have* about you as well as any information we *receive* in the future. We will post a copy of the current Notice in a clear and prominent location to which you *have* access. The Notice is also available to you upon request. The Notice will contain on the first page, in the top right-hand corner, the *effective* date. In addition, if we *revise* the Notice, we will offer you a copy of the current Notice in effect at your next visit to one of our physician practices.

Complaints. If you believe that we may *have* violated your privacy rights or you disagree with any action we *have* taken with regard to your health information, we want you, your family or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. Send your written inquiry or written complaint about our privacy practices to: Partners in Family Medicine, Attention: Privacy Officer, 8180 26 Mile Road, Shelby Township, MI 48316. You may also file a complaint with Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Illinois 60601.

If you have any questions about this Notice,
please contact:



Partners in Family Medicine

6000 24 Mile Road
Shelby Township, MI 48316
PH 586.677.3310 FAX 586.677.3326