

NOTICE OF PATIENT 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.

Privacy Notice, Generally. We are required to maintain your privacy and provide you with this privacy notice. It tells you about ways your health information is used. It describes your rights and our obligations regarding use and disclosure of health information. We may find it necessary to update or revise this privacy notice in the future. The updated privacy notices will be available at our office or on our web site. We will also ask you to sign or initial a form indicating you have received this privacy notice from us. Your health information is used and disclosed (given out) in a number of very common ways that benefit you. These common uses and disclosures are for treatment, payment, and health care operations. This privacy notice will explain this in more detail.

Our Privacy Policy. It is our policy to guard your private information with care. We will not sell information about you without your consent. For example, we don't sell your health information for marketing purposes unless we obtain a signed authorization from you. We will take steps to protect your information from people who do not have the need and/or legal right to see it and will obtain your consent before sharing your information for reasons other than those described in this notice. This policy is an important part of our relationship with you. It supports the complete and honest communication necessary to providing quality patient care.

Medical Records. When you receive medical care from a healthcare provider, a record is made. These records contain "demographic information" (name, address, telephone number, social security number, birth date and health insurance information). They also contain other information including how you say you feel, what health problems you have, treatments you may have been given, observations by health care providers, diagnoses and plans of care. This information is used for a number of purposes, which are explained in more detail in this document.

Psychotherapy Notes. If psychotherapy notes are created for your treatment, we must obtain your prior written authorization before using or disclosing them, except (1) if the creator of those notes needs to use or disclose them for treatment, (2) for use or disclosure in our own supervised training programs in mental health or (3) for use or disclosure in connection with our defense of a proceeding brought by you. "Psychotherapy notes" means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separated from the rest of the individual's medical record. "Psychotherapy notes" does not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress to date.

Patients' Rights. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your medical record or other health information

You can ask to see or get a copy of your medical record and other health information we have about you. You can receive an electronic copy if we can readily produce an electronic copy. Ask us how to receive a copy of your record. There are a very few limited circumstances where we may deny your request. If we do, we will tell you and you will have the right to appeal that decision. 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 can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may ask you to make the request in writing and state the reason for the changes.

We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

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

We will agree to all reasonable requests.

A request can be made during registration, to your patient representative or to the Privacy Office.

We may ask you to put your request in writing.

Ask us to limit what information we use or share

You can ask us not to use or share certain health information for treatment, payment or our operations.

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. We will say “yes” unless a law requires us to share the information, if it would affect your care or if we are unable to comply with your request. Get a list of those with whom we’ve shared information.

You can ask for a list of the times we’ve shared your health information for the six years prior to the date you ask, who we shared it with and why. This is called an Accounting of Disclosures.

We will include all of the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another within 12 months.

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.

Our current privacy notice is also available on our website.

Choose someone to act for you

If a person has the authority to act for you, such as a medical power of attorney or legal guardian, that person can exercise your rights and make choices about your health information.

You, or your personal representative, may need to provide authorizing paperwork before we can evaluate if the person has this authority and can act for you before we take any action.

Patients' Choices and Preferences. 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 situations described below, talk to us. Tell us what you want us to do and we will follow your instructions whenever we can. In these cases, you have both the right and choice:

Family and Friends. We may release your health information to a family member or friend who is involved in your medical care so long as you have not objected, or if we believe the disclosure is in your best interest.

Disasters. Share information in a disaster relief situation.

Serious Threat to Health or Safety. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Religious Affiliations. Your religious affiliation may be given to a member of the clergy, such as a priest, minister or rabbi, even if they don't ask for you by name.

How We Use and Disclose Your Information. We can use and share your health information with doctors, pharmacists, technicians and other health care workers who are providing treatment to you. We may share your health information about you for continuation of care.

Examples:

A doctor treating you for an injury may ask another doctor about your overall health condition.

We may share your health information with a home health agency after you have been discharged from a hospital or nursing home so that they may treat you in your home.

We may ask or share with other health care providers your medical information so that we can provide better care to you. We may be able to make this request through our electronic medical record platform, if applicable.

Alternative treatments or health related benefits and services. We may also use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Example:

We may send you a letter if a new treatment is available that could help with your medical condition or if we have a new educational seminar to learn about your medical condition.

Appointment reminders. We may use or disclose your health information to remind you of an upcoming appointment.

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 health care or services.

Run our organization. We can use and share your health information to run our business: Such as accounting, claims processing or to evaluate our workforce. You may also be contacted or sent a survey to get your comments on how well we served your needs.

Other Uses and Disclosures. We are allowed or may be 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.

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 actions to medications • preventing or reducing a serious threat to anyone's health or safety

Do research

We may use or share your information for health research. For example, a research project may involve comparing the health and recovery of all patients who received one medication or therapy to those who received another for the same condition.

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.

We will share information with health oversight agencies for activities required by law such as reporting immunizations to the state agencies.

We are required by state law to report suspicions of child or adult abuse to protective services.

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we will disclose your health information to the correctional institution or law enforcement official.

If you are a member of the United States Armed Forces, or a foreign military, we may have to share your health information with the military

Work with the medical examiner or funeral director

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

Workers' compensation

We share health information for workers' compensation claims, as required by law or insurers, for work related injuries or illnesses.

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. State law In some cases we may follow more stringent state laws. For example: a minor may seek treatment without parental consent for certain conditions; however, we may notify the parents or guardian after the treatment without the minor's consent if permitted by law.

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 privacy practices described in this notice and give you a copy of it. We will only use your health information for purposes specifically allowed by federal and state laws or regulations unless you provide written authorization. If your health information is sought for a use that requires your written authorization, you will be told the reason for the request, who is asking for the

information and what information is requested. There will also be an explanation of how you may cancel (revoke) your authorization. If we have already acted upon your authorization or consent, you may not be able to cancel it.

Patient Concerns and Complaints. Please contact us if you have concerns, would like to file a complaint or have questions. We will never retaliate against anyone for filing a complaint or expressing concerns. You may contact the Michigan Department of Licensing and Regulatory Affairs. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Changes to Terms of Notice and Privacy Policies and Practices. We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our practice locations and on our website.