

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996, THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET THIS ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

#### A. **Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current notice at any time.

#### B. **We may use and disclose your PHI in the following ways:**

- **Treatment.** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We may use your PHI in order to write a prescription for you, or we may disclose your PHI to a pharmacy when we order a prescription for you.
- **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs. Also we may use your PHI to directly for services. We may disclose your PHI to other health care providers and entities to assist in their health billing and collections operations.
- **Appointment reminders.** Our practice may use and disclose your PHI to contact you and remind you of an appointment.
- **Health Benefits and Services.** Our practice may use and disclose your PHI to inform you of health related benefits or services that may be of interest to you.
- **Disclosures required by law.** Our practice may disclose PHI to public health authorities that are authorized by law to collect information for the purpose of:

- ❖ Maintaining vital records, such as births and deaths
  - ❖ Reporting child abuse or neglect
  - ❖ Preventing or controlling disease, injury, or disability
  - ❖ Notifying a person regarding potential exposure to a communicable disease
  - ❖ Notifying a person regarding potential risk for spreading or contracting a disease or condition
  - ❖ Reporting reactions to drugs or problems with products or devices
  - ❖ Notifying individuals if a product or device they may be using has been recalled
- **Health oversight activities.** Our practice may use and disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
  - **Lawsuits and similar proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order.
  - **Military.** Our practice may use or disclose your PHI if you are a member of a U.S. or foreign military force (including veterans) and if required by the appropriate authorities.
  - **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
  - **Workers compensation.** Our practice may release your PHI for workers compensation and similar programs.

#### **YOUR RIGHTS REGARDING YOUR PHI. YOU HAVE THE FOLLOWING RIGHTS REGARDING THE PHI THAT WE MAINTAIN ABOUT YOU.**

1. **Confidential communications.** You have the right to request that our practice communicate with you about health and related issues in a particular manner or at a certain location.
2. **Requesting restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operation.
3. **Inspection and copies.** You have the right to inspect and obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice.

5. **Accounting disclosures.** All of our patients has the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment or non-operations purposes.

6. **Right to a paper copy of this notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

7. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact our HIPAA privacy manager, Amy Hollern at (517)908-3363. You will not be penalized for filing a complaint.

8. **Right to provide an authorization for other uses and disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reason described in the authorization. Please note that we are required to retain records of your care.

***NOTICE OF PRIVACY PRACTICES***

GREAT LAKES HAND SURGERY  
CENTER

HARBURN SPORTS MEDICINE AND  
ARTHROSCOPIC ORTHOPEDIC  
SURGERY

1841 NEWMAN RD.  
OKEMOS, MI 48864  
(517)908-3360 PH  
(517)908-3368 FAX