

# MOULTON GROUP M.D. P.C.

## 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 CAREFULLY.

If you have any questions about this notice or you would like to submit a request, please contact the Privacy Officer, Natasha Moulton-Levy at 2246 North Monroe Street, Monroe, Michigan 48162 at 734-241-4950 or [privacy@moultonmdpc.com](mailto:privacy@moultonmdpc.com) or our website [www.moultonmdpc.com](http://www.moultonmdpc.com)

### **Who will follow this notice**

The doctors and staff at Paulette Moulton M.D. P.C. will follow this notice. We believe your medical information should remain confidential. Healthcare providers you consult with over the telephone who provide “call coverage” for Paulette Moulton M.D. P.C. will also follow the practices described in this notice. The law requires us to establish office policies that are designed to safeguard your health information. This notice describes information about privacy practices followed by our employees, staff and other office personnel.

### **Your Health Information**

This notice applies to the information and records we have about your health, health status, and the healthcare and services you receive at this office. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### **How we may use and disclose health information about you.**

We may use and disclose your health information for treatment, payment and healthcare options:

*For treatment.* We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for an optical condition and may need to know if you have other problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so the other doctor or your doctor can help determine the most appropriate care for you.

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Different personnel in our office may share information about you and disclose information to people who do not work in our office to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering X-rays. Family members and other healthcare providers who are a part of your medical care outside this office and may also require information about you.

*For payment.* We may use and disclose health information about you for billing and payment. For example, we may give your health plan information about a service you received at Paulette Moulton M.D. P.C. so your health plan will pay us or reimburse you for the service. 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 healthcare operations.* We may use and disclose health information about you to administer the office and make sure you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about you to help us decide what additional services we should offer and how we can become more efficient and effective.

### **Special Situations**

We may use or disclose limited health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations.

*To avert a serious threat to health or safety.* We may use or disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

*Required by law.* We will disclose health information about you when required to do so by federal, state or local law.

*Research.* We may use and disclose health information about you for research projects, subject to a special approval process. We will ask your permission if the researcher will be involved in your care at the office or have access to your name, address or other information that reveals who you are.

*Organ and Tissue Donation.* If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

*Military, Veterans, National Security and Intelligence.* If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to appropriate foreign military authority.

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*Workers' Compensation.* We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

*Public Health Risks.* We may disclose health information about you for public health reasons to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

*Health Oversight Activities.* We may disclose your health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

*Lawsuits and disputes.* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

*Law Enforcement.* We may release your health information if asked to do so by law enforcement officials in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

*Coroners, Medical Examiners and Funeral Directors.* We may release health information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

*Information not personally identifiable.* We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

*Victims of Abuse, neglect or domestic violence.* We may use or disclose health information about you for required reports.

*Marketing.* We may release information about you for appointment reminders, treatment alternatives, or other health related benefits, products and services that may be of interest to you by telephone, in writing or electronically. We may ask that you sign in writing at the Receptionist's Desk, a "Sign In" log on the day of your appointment with the Paulette Moulton M.D. P.C. We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care with Paulette Moulton M.D. P.C. or that you are due to receive periodic care from the Paulette Moulton M.D. P.C. This contact may be by phone, in writing, e-mail, or otherwise and may involve the leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

*Inmates.* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional

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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; or (3) for the safety and security of the correctional institution.

*Family and friends.* We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you into the examination room during treatment or while treatment is discussed.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or a medical emergency), we may, using our professional judgment, determine that disclosure to your family member or friend is in your best interest. In that situation, we will only disclose health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf, for example, to pick up filled prescriptions, medical supplies, or X-rays.

### **Other uses and disclosures of health information**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission. We must obtain your separate Authorization for each reason when use or disclosure is sought.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the Authorization and Consent mentioned above) from you. To disclose these types of records for purposes of treatment, payment or healthcare operations, we will have to have both your signed Consent and a special written Authorization that complies with the law governing HIV or substance abuse records.

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### **Your Rights regarding health information about you.**

You have the following rights regarding health information we maintain about you:

*Right to inspect and copy.* You will usually have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Privacy Officer, Natasha Moulton-Levy to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Instead of providing the protected health information you requested, we may provide you with a summary or explanation of the information.

We may deny your request to inspect and/or copy in certain limited circumstances. We may deny the request because your health information collected by us may be in connection with, or in reasonable anticipation of any claim or legal proceeding. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request; we will comply with the outcome of the review. Your request for a review automatically authorizes us to disclose your healthcare information to the healthcare reviewer selected to conduct the review.

*Right to Amend.* If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Medical Record Amendment/Correction Form to The Privacy Officer, Natasha Moulton-Levy. 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 to amend information that:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information we keep.
- c) Is not part of the information, which you would be, permitted to inspect and copy.
- d) Is accurate and complete.

*Right to an Accounting of Disclosures.* You have the right to request an “accounting of disclosures.” There is a list of disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to the Privacy Officer, Natasha Moulton-Levy at 2246 North Monroe Street, Monroe, Michigan 48162. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or

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electronically). The first list you request within a twelve (12) month period will be free. For additional lists, 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, before any cost is incurred.

*Right to request restrictions.* You have the right to request a restriction or limitation of the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit of the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about the surgery you had.

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.

To request restrictions, complete and submit the Request for Restrictions on Use/Disclosure of Medical Information to Privacy Officer, Natasha Moulton-Levy.

*Right to Request Confidential Communication.* You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, by mail or by e-mail.

To request Confidential communication, you may complete and submit the Request for Restrictions on Use/Disclosure of Medical Information and/or Confidential Communication to the Privacy Officer, Natasha Moulton-Levy. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

*Right to a Paper Copy of This Notice.* You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you agreed to receive this electronically, you are still entitled to a paper copy. To obtain such a copy, contact the Privacy Officer, Natasha Moulton-Levy.

### **Changes to this notice.**

We reserve the right to change this notice, and to make the revisions or changes effective for medical information we already have about you as well as information we receive in the future. We will post a summary of the current notice in the office with its effective date at the top right hand corner. You are entitled to a copy of the notice currently in effect.

### **Complaints.**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Office of Civil Rights, U.S Department of Health and Human Services.

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To file a complaint with our office, contact the Privacy officer, Natasha Moulton-Levy at 2246 North Monroe Street, Monroe, Michigan 48162 at 734-241-4950. You will not be penalized for filing a complaint.