



MICHIGAN ORTHOPAEDIC & SPINE SURGEONS

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Effective Date: January 1, 2012

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.

If you have questions about this Notice, please contact Debra Teeter, Privacy Officer, 1555 East South Blvd., Suite 310, Rochester Hills, MI 48307, Phone: (248) 215-8080, Fax: (248) 289-1085.

OUR PROMISE REGARDING HEALTH INFORMATION:

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive with us. We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice applies to all of the records of your care created or received by us. This Notice describes our practices.

This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to health information about you
- follow the terms of the Notice that is currently in effect.

DEFINITION OF HEALTH INFORMATION

Health [patient] Information is any information, whether oral or recorded in any form or medium, that: (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of use or disclosure we will explain what is meant and give examples. 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. We will obtain your written consent to release information for treatment and payment.

- **Treatment.** We may use and disclose health information about you to doctors and our workforce who are involved in your care. For example, information obtained by your healthcare provider, such as a physician, nurse, physician assistant, x-ray technologist, medical assistant or other person providing health services to you, will record information in your record that is related to your treatment. Also, we may disclose health information about you for continuity of care to people outside of our office such as family members or friends, physical therapy centers, home care agencies, other health care providers or community services. In addition,

we may disclose health information to the manufacturer of an implant or device, home care agencies, or drug used in your treatment or to the Food and Drug Administration.

- **Payment.** We may disclose health information about you to your insurance company and its agents so services you receive may be billed and paid. For example, we may need to release your diagnoses, type of surgery performed or tests or treatment you are going to receive, as well as provide copies of your health record to your insurance company or its agents to obtain prior approval or to determine whether your insurance will cover the surgery, treatment or tests.

- **Health Care Operations.** We may use and disclose health information about you for our operations, for example legal accounting, claims processing, or utilization review. This information will be disclosed to our workforce, physicians, or agents described as business associates. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use your health information to review our services, to evaluate performance of our workforce, and to educate our workforce. We may also combine health information about many patients to decide what additional service we should offer, what services are not needed, and whether certain new treatments are effective.

- **Appointment Reminders, Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose health information to contact you as a reminder that you have an appointment for a visit, treatment or testing, and to tell you about or recommend possible treatment options, alternatives, or health-related benefits or services that may be of interest to you.

- **To Prevent a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be done to help prevent the threat.

DISCLOSURES AS REQUIRED BY LAW OR REGULATION

We may disclose health information, including individually identifiable health information about you as required by State or Federal laws and regulations relating to any or all of the following, as such may apply to you: (1) Community/Public Health activities and reports such as disease control, abuse or neglect, and health and vital statistics; (2) Administrative agency oversight for such things as audits, investigations, licensure, or determining cause of death; (3) Court Order or other legal processes related to law enforcement or national security activities; (4) Military and Veteran reporting on members of the armed forces of U.S. or foreign military; (5) Organ and Tissue Donation and Transplant reports as required by regulatory organizations; (6) Workers' Compensation or other rehabilitative activities reporting as required by law or to insurers in order to provide benefits for work-related or victim injuries or illnesses.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

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

- **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. We are not required by federal regulation 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, you must make your request in writing to the medical records department. 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, for example, disclosures to your spouse.

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your health information that we create or receive about you. Usually, this includes medical and billing records. To inspect and receive a copy of health information, you must submit your request in writing to the medical records department. If you

request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies and labor associated with your request as allowed by law or regulation.

- **Right to Amend.** If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information by adding a statement to your health information. To request an amendment, your request must be made in writing and submitted to the medical records department. 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 (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the health information kept by or for us; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you. This applies to disclosures for purposes other than treatment, payment, or health care operations. To request this list of accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. 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 costs are incurred.

- **Right to Request Confidential Communications.** 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 may ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the medical records department. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right at any time to a copy of this Notice. Patients will be provided with a copy of this Notice of Privacy Practices at their first encounter with our medical practice on or after April 14, 2003. Copies are available at all times in our reception area.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed 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 our office. The Notice will contain on the first page, in the top right-hand corner the effective date. In addition, each time you register at our office, we will have available a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Compliance Officer or with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or law will be made only with your written authorization. If you give us permission to use or disclose health information about you, you may at any time revoke (take back) in writing that permission for future uses and disclosures. You understand that any disclosures we have already made with your permission cannot be taken back.

