

**Novi Center for Manipulative and Sports Medicine
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NOTICE OF PRIVACY PRACTICES

This Notice describes how we may disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information (PHI) in some cases. **Your “protected health information” (PHI) means any of your written and oral health information, including demographic data that can be used to identify you.** This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

I. When Can We Use and Disclose Your PHI?

We may use your PHI for providing treatment, obtaining payment for treatment and conducting health care operations. Your PHI may only be used or disclosed for these purposes unless we have obtained your authorization or if the use or disclosure is permitted by the HIPAA Privacy Regulations or State law. Disclosures of your PHI may be made in writing, orally or by fax.

>Treatment: we can use and disclose your PHI to provide, coordinate and manage your health care and any related services such as a pharmacy, laboratory, home health care agency, physical therapist/physical therapy clinic, dentist, orthodontist or to other consulting physicians. For instance, the doctor may discuss your health information with another doctor in order to help determine the most appropriate care for you. In addition, personnel in our office may share information about you and disclose your PHI 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 x-rays. Family members and other health care providers outside of this office may participate in your health care and may require your PHI.

>Payment: We may use and disclose your PHI in order that billing and payment may be collected from you, an insurance company or a third party. For instance, we may need to give information to your health plan about a service that you received here so that your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment that you are

going to receive to obtain prior approval or to determine whether your plan will cover the costs of the treatment. We may also disclose your PHI to another provider who is involved in your health care so that that provider may obtain payment.

>Health Care Operations: we can use your PHI for our own health care operations such as quality assessment, employee review, training programs for medical students and residents, outside review and auditing and business management and general administrative activities, and accreditation, certification, licensing and credentialing activities.

>Other uses and disclosures: we may use your PHI to remind you of an appointment, to inform you of potential treatment alternatives, and to inform you of health-related benefits or services that may be of benefit to you.

II. When Can We Use and Disclose Your PHI Without Your Permission or Opportunity to Object?

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for certain special situations:

>When legally required by federal, state or local law

>When there are risks to public health: in order to prevent or control disease, injury or disability, report births, death, suspected abuse or neglect, non-accidental physical injury, reactions to medications or problems with medical products

>To report abuse, neglect or domestic violence

>To conduct health oversight activities: for audits, investigations, inspections or licensing purposes. This may be necessary for certain state and federal agencies to monitor the health care system government programs, and compliance with civil rights laws.

>For lawsuits and disputes: if you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order or in response to a subpoena

>For law enforcement purposes such as in response to a court order or subpoena

>To coroners, funeral directors: for example, to identify a deceased person or to determine the cause of death.

>For organ donations: in order to facilitate donation and transplantation

>For research purposes: these projects are subject to a special approval process. We will ask for your permission if the researcher will have access to your name, address or other information that reveals who you are or who will be involved in your care at the office

>In the event of a serious threat to your health or safety

>For Worker’s Compensation or similar programs that provide benefits for work-related injury or illness

>Automobile Insurance Companies: if your ailment is related to an automobile accident.

>Insurance Company Credentialing Agencies: if they perform on-site office reviews and request access to charts for their review in order to determine compliance, appropriateness of care and/or medical necessity issues.

>Military, Veterans, National Security and Intelligence: if you were or are 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 the appropriate foreign military authority.

III. When Can We Use and Disclose Your PHI Without Authorization And You Have the Opportunity to Object?

>We may disclose your PHI to your family member or close friends if it is directly related to the person’s involvement in your care or regarding your location, condition, or death. We may also disclose your PHI to your family and friends if we can infer from the circumstances based on our professional judgment, that you would not object: for instance, when you bring your spouse into the exam room during treatment or while treatment is discussed. We may also use our professional judgment and experience to make reasonable inferences that 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. In situations where you are not capable of giving consent because you are not present or due to your incapacity or medical emergency, we may, using our professional judgment, determine that disclosure of your PHI to your family or friend is in your best interest.

IV. Uses and Disclosures Which You Authorize

>Other than those situations described in previous sections, we will not disclose your health information without your written authorization.

V. Your Rights

You may revoke your authorization in writing at any time except to the extent that we have already taken action with your prior authorization. You have the following rights regarding your health information:

>The right to inspect and copy your protected health information as long as we maintain the protected health information. To inspect and copy your medical information, you must submit a written request to the Privacy Officer. We may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. You may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding and protected health information that is subject to a law that prohibits access to protected health information.

We may deny your request to inspect or copy your PHI, if, in our professional judgment, we determine if access is likely to endanger your life or safety or that of another person, or if it is likely to cause substantial harm to another person referenced in the information. You have the right to request a review of this decision. If this review is required by law, we will select a licensed health care professional to review your request and denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

>The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose parts of your PHI and you may also request that we not disclose your PHI to family members or friends who may be involved with your care. If we agree to the restriction, we may not use or disclose your PHI unless it is needed to provide emergency treatment. You may request a restriction by contacting the Privacy Officer. We are not required to agree to a restriction that you request. If we do not agree to the restriction, we will notify you.

>The right to request to receive confidential information from us by alternative means or at an alternative location. We will accommodate reasonable requests. Requests must be made in writing to the Privacy Officer.

>The right to have your physician amend your PHI. Request must be in writing to the Privacy Officer. If we deny your request, you have the right to file a statement of disagreement with us and we may prepare a rebuttal and provide you with a copy of the rebuttal.

>The right to receive an "accounting of disclosures". This means that you may request a list of disclosures that we made of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signed authorization to friends or family members involved with your care or disclosures that we are permitted to make

without your authorization. The request must be made in writing to the Privacy Officer and should specify the time period sought for the accounting and may not be made for time periods in excess of six years. The first account you request during any 12-month period will be provided without charge. Subsequent request may be subject to a reasonable fee.

>**The right to obtain a paper copy of this notice.** If you would like a copy of this notice, please contact the Privacy Officer.

VI. Our Duties: we are required by law to:

- >maintain the privacy of your health information
- >provide you with this Notice of our duties and privacy practices
- >abide by terms of this notice
- >if we change this notice, we will provide a copy of the revised Notice to you in person or by regular mail

VII. Complaints

- >you have the right to express complaints to the practice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated.
- >you may complain to the practice by contacting the Privacy Officer verbally or in writing. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

>The Privacy Officer is the practice's contact person for all issues regarding Federal privacy standards, for information regarding matters covered in this Notice and for complaints against the practice. Complaints against the practice can be mailed to the Privacy Officer by sending it to:

ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at 248.380.1900.

IX. Effective Date: This Notice is effective April 14, 2003.

