

**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 any questions about this notice, please contact:
Sandra Dennis, Business Administrator, at (231)-779-2565.

Your medical information is personal and we are committed to protecting this information. We create a record of the care and services you receive at our office and these records are used to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this office whether made by your personal physician or one of the office's employees.

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

This office is required by law to:

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

How this Office May Use and Disclose Your Medical Information

The following describes the different ways that your medical information may be used or disclosed by this office. For clarification, some examples have been included. All of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

For Treatment. We will use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians and other office personnel who are involved in providing you medical treatment.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. We may need to give your health plan information about treatment that you have received or are going to receive to obtain payment or prior approval.

For Health Care Operations. We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at this office.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. Disclosures may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, child abuse and neglect, domestic violence, adverse drug reactions, etc.

Health Oversight Activities. We may disclose medical information to a governmental or other oversight agency for activities authorized by law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may use your medical information to defend the office or to respond to a court order.

Law Enforcement. We may release medical information about you if required by law when asked to do so by a law enforcement official.

Coroners and Medical Examiners. We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

Your Rights Regarding Your Medical Information

You Have the following rights regarding the medical information this office maintains about you:

Right to Inspect and Copy. You have the right to request a copy of your medical information with the exception of any psychotherapy notes.

Your request must be made either in person or in writing to our office. Your medical information will only be released to you. You will be required to present a photo ID.

Right to Amend. If you feel that the medical information that we have about you is incorrect or incomplete, please let our office know and we will make all necessary amendments.

We may deny your request if you ask us to amend information that:

- (A) Was not created by us
- (B) Is not part of the medical information kept by this office
- (C) Is not part of the information which you would be permitted to inspect and copy
- (D) Is accurate and complete.

Right to Request Confidential Communications. You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact

you at work or by mail.

Complaints

If you have a complaint regarding this Notice of Privacy or the Law, please contact Sandra Dennis, Business Administrator, at (231)-779-2565.