

Business Associates: There are some services provided in our organization through contact with business associates. Examples include a record retention service for storage of your health record, computer vendors, outside auditor, transcription services, accountants and/or attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard such data.

Third Parties: We may disclose information to interpreters if they are needed for your health care in our office.

Notifications: We may contact you by phone, including leaving a message on your answering machine, by letter, or by postcard to provide appointment reminders.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your or your legal representative's consent as soon as reasonably possible after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your or your legal representative's consent but is unable to obtain that consent, he or she may still use or disclose your protected health information to treat you.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law request to carry out their duties.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide reminder or information about treatment alternatives or other health-related benefits and services that may be of interest to you (either by phone, letter, postcard or any other common modality of information dissemination).

Food and Drug Administration (FDA): We may disclose to the FDA, health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. We may disclose health information about you to federal officials for military, national security, intelligence and other instances required by law.

Federal law make provision for you health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or heave otherwise violated professional or clinical standard and are potentially endangering one or more patients, workers or the public.

Right to Request Restrictions on the Use of you Health Information: You may request that we restrict the use or disclosure of you protected health information. All requests for such restriction must be made in writing. While we will consider a request for additional restrictions carefully, we are not required to agree to a requested restriction, except for requests to restrict disclosure of information to a health plan in cases where you have paid for the service out of pocket and in full.



**Orthopedic
Institute of
Michigan**

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**NOTICE OF PRIVACY
POLICIES
APRIL 14, 2016**

THIS NOTICE, ALTHOUGH NOT ALL INCLUSIVE, DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

INTRODUCTION

Orthopedic Institute of Michigan, PLLC is committed to preserving the privacy and confidentiality of your protected health information that is created and/or maintained at our office. State and Federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice of Privacy Policies will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our office, including any information that we receive from other health care providers or facilities. This notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosure. This Notice is effective April 14, 2003.

Understanding Your Health Record/Information

Each time you visits Orthopedic Institute of Michigan, PLLC, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, where, and why other may access your health information, and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of Orthopedic Institute of Michigan, PLLC the information belongs to the patient or the patient's legal representative.

You or your legal representative have the right to:

- Obtain a paper copy of this Notice of Information Practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

Orthopedic Institute of Michigan, PLLC is required to:

- Maintain the privacy of your health information
- Provide you or your legal representative with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you or your legal representative if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you or your legal representative may have to communicate health information by alternative means or alternative locations.

We reserve the right to change our practices and to make the provisions effective for all protected health information we maintain. We may change the terms of your notice at any time. The new notice will effective for all protected health information that we maintain at that time. Upon request, we will provide you or your legal representative with any revised Notice of Privacy Practices. Call the office and request that a revised copy be sent to you in the mail or faxed, or ask for one at the time of you next appointment. We will not use or disclose your health information without authorization from you or your legal representative, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Orthopedic Institute of Michigan, PLLC Privacy Officer of, if you believe your privacy rights have been violated, you can file a complaint either with our Privacy Office or with the: Office for Civil Rights (OCR), U. S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the OCR.

The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S. W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: We may use health information that concerns you and provide either medical treatment or services. We may disclose information written or electronic about you to treating doctors, nurses, testing technicians, or other Orthopedic Institute of Michigan, PLLC personnel who are providing treatment to you, or who are responsible for coordinating your medical care. Orthopedic Institute of Michigan, PLLC staff may have to coordinate medical information about you with other departments at various hospitals or labs.

We will use your health information for payment. For

example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include data that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example:

Our Physicians, or members of the quality improvement team, may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We may use a sign-in sheet to call your full name in the waiting room.