

## Notice of Privacy Practices

(Effective April 1, 2003)

Michigan Orthopaedic Rehabilitation  
4401 W 13 Mile Road  
Royal Oak, MI 48073  
248-566-3525

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:

### ***Understanding your health record***

A record is made each time you are treated at our clinic. Your injuries, evaluation and test results, diagnosis, treatment, and a plan of care are recorded. This information is most often referred to as your "health or medical record," and serves as a basis for planning your care and treatment. It also serves as a means of communication among any and all other health professionals who may contribute to your care. Understanding what information is retained in your record and how that information may be used will help you to ensure its accuracy, and enable you to relate to who, what, when, where, and why others may be allowed access to your health information. This effort is being made to assist you in making informed decisions before authorizing the disclosure of your medical information to others.

### ***Our responsibilities***

This clinic is required to maintain the privacy of your health information and to provide you with notice of our legal commitment and privacy practices with respect to the information we collect and maintain about you. This clinic is required to abide by the terms of this notice and to notify you if we are unable to grant your requested restrictions or reasonable desires to communicate your health information by alternative means or to alternative locations. This Clinic reserves the right to change its practices and effect new provisions that enhance the privacy standards of all patient health information. In the event that changes are made, this Clinic will notify you at the current address provided on your medical file. Other than for reasons described in this notice, this Clinic agrees not to use or disclose your health information without your authorization.

### ***Your health information will be used for treatment, payment, and healthcare operations***

**Treatment** - Information obtained by your therapist in this Clinic will be recorded in your medical record and used to determine the course of treatment. This consists of your therapist recording his/her own

expectations and those of others involved in providing your care. The sharing of your health information may progress to others involved in your care, such as physicians.

**Payment** – Your healthcare information will be used in order to receive payment for services rendered by this Clinic. A bill may be sent to either you or a third party payer with accompanying documentation that identifies you, your diagnosis, procedures performed and supplies used.

**Healthcare Operations** – This medical staff in this Clinic will use your health information to assess the care you received and the outcome of your case compared to others like it. Your information may be reviewed for risk management or quality improvement purposes in our efforts to continually improve the quality and effectiveness of the care and services we provide.

### ***Understanding our Clinic policy for specific disclosures***

- ***Business Associates*** – Some or all of your health information may be subject to disclosure through contracts for services to assist this Clinic in providing health care. To protect your health information, we require these Business Associates to follow the same standards held by this Clinic through terms detailed in a written agreement.
- ***Notification*** – Your health record may be used to notify or assist family members, personal representatives, or other persons responsible for your care to enhance your well-being or your whereabouts.
- ***Communications with Family*** – Using best judgment, a family member, or close personal friend, identified by you, may be given information relevant to your care and/or recovery.
- ***Worker's Compensation*** – This Clinic will release information to the extent authorized by law in matters of worker's compensation.
- ***Public Health*** – This clinic is required by law to disclose health information to public health and/or legal authorities charged with tracking reports of birth and morbidity. This Clinic is further required by law to report communicable disease, injury, or disability.
- ***Law Enforcement*** – (1) Your health information will be disclosed for law enforcement purposes as required under state law or in response to a valid subpoena. (2) Provisions of federal law permit the disclosure of your health information to appropriate health oversight agencies, public health authorities, or attorneys in the event that a staff member or business associate of this Clinic believes in good faith that there has been unlawful conduct or violations of professional or Clinical standards that may endanger one or more patients, workers, or the general public.

### ***Understanding your health information rights***

The following are statements of your rights with respect to your protected health information.

***You have the right to inspect and copy your protected health information (fees may apply)*** – Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

***You have the right to request a restriction of your protected health information*** – This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your requested restriction except if you request that the physician not disclose protected health information to your health plan with respect to healthcare for which have paid in full out of pocket.

***You have the right to request to receive confidential communications*** – You have the right to request confidential communication from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

***You have the right to request an amendment to your health information*** – If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

***You have the right to receive an accounting of certain disclosures*** – You have the right to receive an accounting of disclosures, paper or electronic, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations, required by law, that occurred prior to April 14, 2003, or six years prior to the date of the request.

***You have the right to receive notice of a breach*** – We will notify you if your unsecured protected health information has been breached.

***You have the right to obtain a paper copy of this notice*** from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this notice and we will notify you of such changes on the following appointment. We will also make available copies of our new notice if you wish to obtain one.

**NOTICE OF PRIVACY PRACTICES AVAILABILITY:** The terms described in this notice will be posted where registration occurs. All individuals receiving care will be given a hard copy and asked to acknowledge receipt.

**Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Compliance Officer of your complaint. **We will not retaliate against you for filling a complaint.**

Timothy Wiater	248-566-3525	info@miorthorehab.com
HIPPA Compliance Officer	Phone	E-Mail

***We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect. If you have any questions in reference to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone at our main phone number.***

***Please sign the accompanying "Acknowledgment" form. Please note that by signing the Acknowledgement form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.***