

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.

Petoskey Surgeons, PC is committed to maintaining the privacy of your protected health information (PHI) and required by law to provide patients with this notice. PHI includes medical services you receive and dates of services. PHI may be used for treatment, payment, or healthcare operations, public health activities and for other purposes permitted or required by law. Not every disclosure will be listed below.

Treatment

We may disclose patient health information to provide, coordinate, or manage your healthcare. This includes providing information to authorized healthcare professionals to coordinate and provide you with prescriptions, testing, procedures or referrals. Also, this includes providing patient PHI to other companies or individuals to assist us in providing specific services. These companies or individuals are referenced as "business associates". Our business associates are required by law to maintain the privacy and security of PHI.

Payment

Patient information may be disclosed to obtain payment for healthcare services performed by Petoskey Surgeons, PC. If a patient is covered under another person's health insurance, it is possible that we may send invoices to the subscriber who carries the health insurance policy. PHI may be disclosed to comply with workers compensation laws and other similar legally-established programs.

Healthcare Operations

We may disclose PHI for activities necessary to support healthcare operations. This may include internal audits and quality checks, to disclose your PHI in relation to cases of abuse, neglect, domestic violence or certain physical injuries, or to respond to a subpoena or court order.

Research

We will not disclose health information that identifies or can be used to identify patients for research purposes without obtaining prior authorization or following state law procedures for attempting to notify patients of a research request. Patients will be asked to sign additional authorizations to participate in clinical research trials involving treatment.

Health and Safety

We may be required to report your health information to authorities to help prevent or control disease, injury, or disability, or we believe it necessary to prevent or minimize a serious and approaching threat to your, the public's, or another individual's health or safety. We are permitted to release PHI about you authorized officials if you are involved with the military, national security, or incarceration custody.

By law, Petoskey Surgeon's PC requires written authorization to use or disclose PHI for any purposes not covered above. Patients have the right to the following when a written request is completed:

- To inspect or obtain copies of your PHI.
- To amend your PHI if you believe it is wrong or incomplete
- To ask us to limit our use of your PHI
- To request us to contact you at a different phone number or address
- To obtain a list of when and with whom your PHI was shared, with certain exceptions.

- To obtain a copy of this notice at any time
- To opt out of receiving fundraising communications
- To restrict disclosures of PHI in certain situations (We cannot take back any health information we used or shared when we had your permission.)
- Receive notification of a breach of unsecured PHI
- To receive access to PHI in electronic format (if applicable)

Petoskey Surgeons can change how we use and share your health information. If we do make important changes, we will provide you a new notice. That new notice will apply to all of the health information that Petoskey Surgeons has about you.

Petoskey Surgeons, PC takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that Petoskey Surgeons, PC has violated your privacy rights, contact the Petoskey Surgeons, PC Privacy Officer in writing at the following address.

Petoskey Surgeons, PC
Privacy Officer
521 Monroe St.
Petoskey, MI 49770

Filing a complaint or exercising your rights will not affect your benefits. You may also file a complaint with the U.S. Secretary of Health and Human Services.

For more information, or if you need help understanding this notice, call 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday, 8:00 A.M. – 5:00 P.M.

Patient Acknowledgment of receipt of Notice

Patient Name: _____

Patient Signature

Date