

BAY AREA FAMILY PHYSICIANS, P.C.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH/MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Obligations

Bay Area Family Physicians is required by law to protect the privacy of its health information, and to advise you of your legal rights as to how we maintain any and all records pertaining to the care and services you receive at Bay Area Family Physicians. You have a right to receive adequate notice of all uses and disclosures by the organization.

This notice is applicable to all of the records of your medical care generated by Bay Area Family Physicians, whether made by office personnel, or your personal physician at the organization. Your personal physician may have different policies or notices regarding the doctor's use and disclosure of your medical information which have been created in the doctor's office.

If you have any further questions about any section of this notice or if you want to receive additional information about the health privacy procedures at Bay Area Family Physicians, please contact:

Contact Officer: Office Manager
Telephone: 586 725-1770 Fax: 586 725-4080

Bay Area Family Physicians, P.C.
Office Manager - Privacy Officer
34301 23 Mile Road, Suite 100
New Baltimore, Michigan 48047

Effective date of this notice: April 14, 2003

Who is subject to this Notice:

This notice describes our practices and the required privacy procedures pertaining to all employees, staff and other Bay Area Family personnel with authorization to enter information into your chart or medical records.

What we are obligated by law to do:

Advise you of our notice of privacy practices and legal obligations with respect to your medical information at your request.
Maintain all health information concerning your care according to the privacy requirements of the law.

How we may use or disclose your private health information:

We are describing the following categories that pertain to how we may use and disclose any medical information about you.

Treatment

We may use health information which concerns you to provide either medical treatment or services. We may disclose information about you to treating doctors, nurses, lab technicians, or other Bay Area Family Physicians personnel who are providing treatment to you. For example, if blood or urine specimens are drawn at our office, we may have to provide the results to consulting doctors' offices. Or, Bay Area Family Physicians may have to coordinate medical information about you with other departments at various hospitals or laboratories, such as x-ray clinics or pharmacies. We may also find it necessary to provide optimum medical care to disclose medical information about you to individuals outside our organization, such as your family members, trusted friends, clergy, or others that we may be in contact with to assist us in providing services as a part of your care and treatment.

Payment

We may use and disclose health information about you in order for us to bill for the treatment and care you receive. In order to collect fees for our services and treatment, it may be necessary to bill either you, an insurance company or a third party. For example, we may find it necessary to disclose information concerning your health care to your health plan insurer about medical treatment or lab work which you received at our office in order to obtain payment for those services. Or, we may need to disclose private medical information to your health plan which your doctor may recommend, such as gall bladder surgery which can be scheduled in advance, in order to obtain the necessary prior approval for coverage from the insurer.

Appointment Reminders

We may use and disclose health information in order to contact you by telephone, mail or e-mail to remind you or confirm an

appointment for treatment.

Treatment Alternatives

We may use and disclose health information in order to advise you of available treatment alternatives.

Health-related Benefits and Services

We may use and disclose health information to inform you of other health-related benefits and services that may be of interest to you.

Public Safety

We may use and disclose health information about you when it is necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another individual. Any disclosure we may feel necessary to implement would only be to an individual in a position to counter the threat.

Notification and communication with individuals involved in your care

We may disclose your health information to notify or assist in notifying a family member, friend, your personal representative, or any other person who is responsible for your care. We may provide information to an individual who assists in paying for your care and treatment. We may also divulge information about your condition to your family or friends as well as advising that you have been admitted to a hospital, if relevant. If you are available to either agree or object, we will give you the opportunity to object prior to making this notification. If you are not in a condition to make this determination, then our health care professionals will use their best judgment in notifying your family and other concerned individuals.

Research

We may disclose your health information to researchers who are conducting research which has been approved by an Institutional Review Board or Bay Area Family Physicians privacy board. For example, a research project may involve the comparison of two medications with a control group of patients. If it is necessary for the researcher to have access to your name, address or other pertinent information, we will request your specific permission.

Public Health Safety Issues

It is required by law that under the following circumstances, we may disclose your health information to public health authorities for reasons related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect, or domestic violence; reporting to the Food and Drug Administration regarding any problems with reactions to medications or products; notification regarding an individual who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities

We may disclose health information to health agencies for activities related to audits, investigations, inspections, and licensure proceedings. This is required in order for the government to monitor the health care system, government programs, and compliance with civil rights statutes.

Required by Law

We will disclose health information concerning your health information when we are required to do so by federal, state or local law.

Judicial and Administrative Matters

If you become involved in any judicial dispute or administrative proceeding, we may disclose health information about you when necessary to respond to a court or administrative order. Further, we may also disclose health information concerning you if required to do so in response to a subpoena, discovery request, or other lawful process by another individual who may be involved in the dispute [but we will disclose such information only if we have attempted to advise you of the request or to obtain a protective order for the requested information].

Law Enforcement

We may disclose your health information to a law enforcement official or agency when requested to do so for the following purposes: identification or location of a suspect, fugitive, material witness or missing person; in response to a court order, subpoena, summons, warrant or other court document; with regard to a crime victim, if under certain circumstances, we are unable to obtain the person's agreement.

Workers Compensation

We may disclose health information about you in order to comply with workers compensation laws.

National Security Issues

We may disclose health information about you to authorized federal officials for military, national security, intelligence,

counterintelligence, and other national security issues required by law.

Organ Donation

We may disclose health information concerning you to health oversight agencies which are involved in procuring, banking or transplanting organs and tissues, in order to assist in donation and transplantation.

Deceased person information

We may disclose your health information as requested by coroners, medical examiners and funeral directors.

Military Service

We may disclose health information concerning you if you are a member of the armed forces as may be required by military command authorities.

Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health information. Bay Area Family Physicians is not required to agree to a requested restriction that you have requested.

You have the right to request that we communicate with you about health information through reasonable alternative means or at a certain location. For example, you may request that we only contact you at work or by mail. In order to request this information, you must submit your request in writing to the **Privacy Officer at Bay Area Family Physicians, P.C.**

We will not inquire as to the reason for your request. We will attempt to make all reasonable accommodations.

Accounting of Disclosures

You have the right to request an accounting of certain disclosures of your health information. To receive the list of accounting of disclosures, you must submit your request in writing to the **Privacy Officer at Bay Area Family Physicians P.C.**

Your request must indicate a time period that may not be lengthier than six (6) years and may not include dates prior to April 13, 2003. Your request should specify in what form you want the list (for example, on paper, electronically). The first list which you request within a 12-month period will be sent to you at no cost. We may charge a reasonable, cost-based fee for each subsequent request within the 12 month period, provided that we inform you in advance of the fee and provide you with the opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

Right to Inspect and Copy

You have the right to inspect and copy your health information that may be used to make decisions about your care. This will usually apply to medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information which may be used to make decisions about you, you must submit your request in writing to the **Privacy Officer at Bay Area Family Physicians P.C.**

If you request a copy of the information, we may assess a reasonable, cost-based fee for the costs of copying, mailing or other documents associated with your request.

Right to Amend

You have the right to request that your health information be amended if you believe the information is inaccurate or incomplete. Bay Area Family Physicians is not required to make the requested changes, but must provide you with a timely, written denial, and indicate on what basis you may complain to Bay Area Family Physicians about your disagreement with the denial. You must submit your request in writing to the **Privacy Officer at Bay Area Family Physicians P.C.**

Further, you must provide a reason, which supports your request. We may deny your request if we determine that the amendment was not created by Bay Area Family Physicians; is not part of your health records; is not information which you would be permitted to copy or inspect; or is accurate and complete.

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information with regard to treatment, payment or health care operations. Bay Area Family Physicians is not required to agree to the requested restriction. If we do agree, we will abide by your request unless the information is required to provide you with emergency treatment. To request restrictions, you must make certain that your request is in writing to the **Privacy Officer at Bay Area Family Physicians P.C.**

In your request, you must advise us of the following: What information you want to limit; whether you want to limit use or disclosure,

or both; and to whom you want the limits to apply (e.g. protecting confidentiality as to disclosures to your spouse)

Right to Obtain a Paper Copy of this Notice

You have the right to receive a paper copy of this notice upon request, and at any time. You are entitled to this paper copy even if you have received a prior electronic transmittal of the notice. To obtain a paper copy of this notice, you must submit your request in writing to the **Privacy Officer at Bay Area Family Physicians P.C.**

Changes to this Notice of Privacy Practices

Bay Area Family Physicians reserves the right to change the terms of its notice and to make the new notice provisions effective for all health information we already maintain on file about you or as to any information we may receive in the future.

Posting the Notice

We will post a copy of the current notice in our office. Further, each time you register for an appointment or are admitted to the hospital for treatment or health care services [as an inpatient or outpatient], we will offer you a copy of the notice which is currently in effect.

Complaints

You have the right to complain to Bay Area Family Physicians and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have not been honored. To file a complaint with Bay Area Family Physicians, you must contact the Privacy Officer at 586 725-1770.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

We also advise you that the law prohibits retaliation against any individual who has filed a complaint.

Other Uses of Medical Information

Other uses and disclosures of health information not covered by this notice or other applicable laws will be made only with your written permission through a written authorization. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons contained in your written authorization. You understand that we are unable to revoke any disclosures which we may have already made with your permission. Further, you understand that we are required to retain our records of the care and treatment which we provide to you.