

# GENESYS PHO, LLC

## 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 READ IT CAREFULLY.**

**Anyone has a right to ask for a paper copy of this notice at any time.**

### **OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you get at the office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care at the office. We will:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with medical information about you; and
- Follow the terms of the notice that is currently in effect.

### **WHO WILL FOLLOW THIS NOTICE:**

This notice describes our office's practices and that of:

- All areas of the office.
- Any member of a volunteer group we allow to help you while you are at the office.
- All employees, staff and other office personnel.
- Healthcare professionals and students in training.

We realize that this notice may be complicated, but it will tell you about the ways in which we may use and disclose information about you. We also explain your rights and certain duties we have regarding the use of your medical information.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

There are many different ways that we may use medical information. For each type of use or disclosures we will explain what we mean and try to give some examples. Not every use will be listed. However, all of the ways we are permitted to use and disclose information fall within one of the categories.

- **For Treatment.** Our practice may use your information to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your information in order to write a prescription for you, or we might disclose your information to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your information in order to treat you or to assist others in your treatment. Additionally, we may disclose your information to others who may assist in your care, such as your spouse, children or parents.
- **For Payment.** We may share information about the care you received at the office in order to bill and collect payment for services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your information to bill you directly for services and items.
- **For Health Care Operations.** We may use information about you for our office operations and other providers who are treating you, which may include a covering physician. This type of information sharing helps run the office and makes sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to measure how well our staff cared for you; we may contact you as a reminder that you have an appointment; or to tell you about or recommend possible treatment options, services, or alternatives that may be of interest to you. We may also combine information with other offices/hospitals to find areas where we can improve the care given.
- **People Helping with Your Care.** We may share information about you to a friend or family member who is involved in your medical care or who assists in taking care of you. For example, when your health condition may prevent you to care for yourself or following surgery. Another example of when we may share information about you to a friend or family member is a parent or guardian may ask that a babysitter take their child to the office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. We may also share information about you to a group or person assisting in a disaster relief effort so that your family can be notified.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use information about you to prevent a serious threat to your health and safety. We may use the information to protect health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

### **SPECIAL SITUATIONS:**

We may disclose health information, including individually identifiable health information about you as required by State or Federal Laws and regulations relating to any or all of the following, as such may apply to you:

- Community/Public Health activities and reports such as disease control, abuse or neglect, and health and vital statistics.
- Administrative oversight for such things as audits, investigations, licensure or determining cause of death.
- Court Order or other legal processes related to law enforcement activities including but not limited to the custody of inmates, legal actions, or national security activities.
- Military and Veteran reporting on members of the armed forces of U.S. or foreign military as required by military command authorities.
- Organ and Tissue Donation and Transplant reports as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
- Workers' Compensation or other rehabilitative activities reporting as required by law or insurers in order to provide benefits for work related or victim injuries or illnesses.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing, using the approved office request form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies related to your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office.

To request a change, it must be made in writing, written on the prescribed form, and submitted to the office. The form must be fully completed with the reason that supports your request for the change.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the medical information kept by or for the office.
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the office. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example you could ask that we not use or disclose information about a surgery you had.

We are not required by Federal Regulation to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing using the approved form to the office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our office, or you may contact the Genesys PHO Administrative Offices at (810) 424-2008.

The terms of this notice apply to all records, containing your information that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

- **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The effective date will be in the upper right corner. In addition, the current notice in effect will always be made available to you in the office. A copy will always be available upon request.

- **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Genesys PHO Compliance Officer or with the Secretary of the Department of Health and Human Services. To file a compliance with the Genesys PHO, you must submit your complaint in writing to: Compliance Office, Genesys PHO, 307 East Court Street, Flint, MI 48502. You will not be penalized for filing a complaint.

- **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.