

NORTHERN MICHIGAN PSYCHIATRIC SERVICES, P.C.
934 S Garfield Ave.
Traverse City, MI 49684

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact: our Privacy Officer who is Janet Fabiszak.

This Notice of Privacy Practices describes how we may use and disclose protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control protected health information. "Protected health information" is information, including demographic information, that may identify you and that relates to a past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of the notice, at any time. The New notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

You will be asked by your physician or office staff under his direction to sign a consent form. Once you have consented to use and disclosure of protected health information for treatment, payment and health care operations by signing the consent form, your physician will use or disclose protected health information as described in this Section 1. Protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in care and treatment for the purpose of providing health care services. Protected health information may also be used and disclosed to pay health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of protected health care information that the physician's office is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose protected health information to provide, coordinate, or manage health care and any related services. This includes the coordination or management of health care with a third party that already obtained your permission to have access to protected health information. For example, we would disclose protected health information, as necessary, to a home health agency that provides care. We will also disclose protected health information to other physicians when we have the necessary permission from you to disclose protected health information. For example, protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat.

In addition, we may disclose protected health information from time to time to another physician or health care provider (e.g., a specialist or a laboratory) who, at the request of your physician, becomes involved in the care by providing assistance with health care diagnosis or treatment to your physician.

Payment: Protected health information will be used, as needed, to obtain payment for health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend such as: making a determination of eligibility or coverage for insurance benefits. Reviewing services provided for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as need, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

We may also call your by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of protected health information, we will have a written contract that contains terms that will protect the privacy of the protected health information.

We may use or disclose protected health information, as necessary to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Use and Disclosures of Protected Health Information Based Upon Your Written Authorization

Other uses and disclosures of protected health information will be made after attempting to obtain your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May be Made with Your Consent, Authorizations or Opportunity to Object

We may use and disclose protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in the best interest. In this case, only the protected health information that is relevant to the health care will be disclosed.

Others Involved in Your Healthcare: We may use or disclose protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in health care.

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

Communication Barriers: We may use and disclose protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial

communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Research: We may disclose protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure that privacy of protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits, or (3) to foreign military authority if patient is a member of that foreign Military services. We may also disclose protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or other legally authorized.

Workers' Compensations: Protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may use or disclose protected health information if the patient is an inmate of a correctional facility and the physician created or received protected health information in the course of providing care.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 64.500 et. Seq.

2. Your Rights

Following is a statement of your rights with respect to protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy protected health information. This means that you may inspect and obtain a copy of protected health information that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law and prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have the right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

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 protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of protected health information not be disclosed to family members or friends who may be involved in 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 a restriction that you may request. If the physician believes it is in the patient's best interest to permit use and disclosure of protected health information, that information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction in writing directly to Northern Michigan Psychiatric Services, P.C.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease: We may disclose protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes included (1) legal processes, and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

You the right to request receipt of confidential communications from us by alternation means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

You may have the right to have your physician amend protected health information. This means you may request an amendment of protected health information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. 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. Please contact our Privacy Contact if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

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 electronically.

3. **Complaints**

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

You may contact Our Privacy Officer, Janet Fabiszak, by calling (231) 935-0355 or in writing (934 S. Garfield, Ste A., Traverse City, MI 49686) for further information about the complaint process.

This notice was published and becomes effective on October 15, 2002

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.

Name: _____

Signature: _____

Date: _____

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Northern Michigan Psychiatric Services' "Notice of Privacy Practices" for protected health information on the date set forth below.

Date of Receipt

Patient Date of Birth

Patient Name

Authorized Personal Representative