

## **Privacy Notice**

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

#### **I. OUR OBLIGATIONS**

#### **II. WHO IS SUBJECT TO THIS NOTICE**

This notice describes our practices and the required privacy procedures of the following: Any of our health care professionals with authorization to enter information into your chart or medical records and all employees, staff and other Gastrointestinal Specialists, P.C. personnel.

#### **III. WHAT WE ARE OBLIGATED BY LAW TO DO**

We will follow the conditions set forth in this Notice of Privacy, including:

- Provide you with our Notice of Privacy which informs you of our legal obligations with respect to your medical information.
- 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 catalogs that pertain to how we may use and disclose any medical information about you. For some of these categories, we will provide examples of our privacy procedures.

**-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 Gastrointestinal Specialists, P.C. 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 doctor's offices. Or, Gastrointestinal Specialists, P.C. may have to coordinate medical information about you with other departments at various hospitals or laboratories, such as diagnostic centers, pharmacies, etc. We may also find it necessary, in order 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 our organization 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.

**-Health Care Operations** - We may use and disclose health information pertaining to your care and

treatment at our organization in order to implement our health care operations in the most productive manner. For example, we may determine that it is necessary to utilize medical information from your health records to review our staff policies concerning treatment. We may also compile statistics from your records together with other patient's files in order to determine if certain medical techniques are effective, and if we need to consider new treatments. We may compare medical information from your records with information from other hospitals or physician offices to determine how we may improve delivery of our medical services.

### **USES AND DISCLOSURES WHICH DO NOT REQUIRE AUTHORIZATION**

**-Appointment Reminders** - We may use and disclose health information in order to contact you by mail, e-mail, telephone, or by leaving a message on your answering machine in order to remind you of or confirm an appointment.

**-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. However, any disclosure we may feel necessary to implement would only be to an individual in a position to counter the threat.

**-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 contacting or spreading a disease or condition.

**-Required by Law** - We will disclose 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 your 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.

**-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.

### **USES AND DISCLOSURES FOR WHICH YOU HAVE THE OPPORTUNITY TO OBJECT**

**-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. Also, we may disclose medical information which concerns you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. 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.

## **YOUR HEALTH INFORMATION RIGHTS**

You have the right to request restrictions on certain uses and disclosures of your health information. Gastrointestinal Specialists, P.C. is not required to agree to a requested restriction. You have the following rights:

**-Right to Request and Receive Confidential Communications** - 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 you only contact you at work or by mail. In order to request this information, you must submit your request in writing to the following: Char Everett Stoops, CMM, Practice Manager. 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 disclosures, you must submit your request in writing to the following: Char Everett Stoops, CMM, Practice Manager. Your request must indicate a time period that may not be lengthier than six (6) years and may not include dates prior to April 12, 2003. Your request should specify in what form you want the list. For example, on paper or electronically, etc. 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. You have a right to obtain an accounting of disclosures of your health information except as to those disclosures relating to treatment, payment, health care operations, information provided by you and certain government functions as indicated in the section entitled Our Obligations in this Notice of Privacy.

**-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 following: Char Everett Stoops, CMM, Practice Manager. 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 requests.

**-Right to Amend** - You have the right to request that your health information be amended if you believe the information is inaccurate or incomplete. Gastrointestinal Specialists, P.C. 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 Gastrointestinal Specialists, P.C. about your disagreement with the denial. You must submit your request in writing to our

office. 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 Gastrointestinal Specialists, P.C.; 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. Gastrointestinal Specialists, P.C. 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 in our office. 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. For example, protecting confidentiality as to disclosures to your spouse, etc.

**-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 the Notice previously. Also, you may obtain a copy of this Notice at our website, [www.gidrs.com](http://www.gidrs.com). To obtain a paper copy of this Notice, you may request it in person at our office or you may submit it in writing to our office.

### CHANGES TO THIS NOTICE OF PRIVACY

Gastrointestinal Specialists, P.C. 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 offices at Gastrointestinal Specialists, P.C., 264 W. Maple Road, Suite 200, Troy, Michigan 48084.

### 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.

### COMPLAINTS

You have the right to complain to Gastrointestinal Specialists 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 Gastrointestinal Specialists, you must contact the following: Char Everett Stoops, CMM, Practice Manager, Gastrointestinal Specialists, P.C., 264 W. Maple Road, Suite 200, Troy, Michigan 48084. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to: Secretary of the

**Department of Health and Human Services, Washington, D.C. We also advise you that the law prohibits retaliation against any individual who files a complaint.**