

# Grosse Pointe Physicians X-Ray Center, P.C.

## 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.

### OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We are required by law to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this notice while it is in effect. Our original notice took effect on 04/13/2003. This notice takes effect 09/23/2013 and will remain in effect until we replace it

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us.

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

### HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU

We may use and disclose personal and identifiable health information about you in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

For Treatment. We will use health information about you to furnish services and supplies to you, in accordance with our policy and procedures. For example, we will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested ultrasound or other diagnostic services.

For Payment. We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give payer information about your current medical condition so that it will pay us for the ultrasound examinations or other services that we have furnished you. We may also need to inform your payer of the tests that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

For Health Care Operations. We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services.

Required by Law. We may use or disclose your health information without your consent or authorization in certain situations. These situations include: Required By Law; Public Health; Communicable Disease; Health Oversight; Abuse or Neglect; Food and Drug Administration; Legal Proceedings; Law Enforcement; Coroners; Funeral Directors, and Organ Donation; Research; Criminal Activity; Military or National Security; Workers Compensation; Inmates; Required uses and Disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Our Business Associates. We sometimes work with outside individuals and businesses that help us operate our business successfully.

We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must guarantee to us that they will respect the confidentiality of your personal and identifiable health information.

Individuals Involved in Your Care or Payment for Your Care. We may disclose information to individuals involved in your care or in the payment for your care, but we will obtain your agreement before doing so, except when the disclosure is made for the purposes of treatment, payment or healthcare operations, as defined by the HIPAA Rules. This includes people and organizations that are part of your "circle of care" -- such as your spouse, your other doctors, or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

Treatment Alternatives. We may use and disclose your personal health information in order to tell you about or recommend possible treatment options, alternatives or health-related services that may be of interest to you.

#### OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION

We are required to obtain written authorization from you for most other uses and disclosures of medical information other than those described above. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

Your prior written authorization is required and will be obtained for most uses and disclosures of Pill: (1) that are psychotherapy notes, mental health information, substance abuse treatment records, reports regarding communicable diseases or sexually transmitted diseases not required to be reported to the Public Health Department, and information and records regarding IDV testing and/or counseling, except as required by the health department; (2) for marketing purposes; (3) where we may receive remuneration in exchange for disclosing such protected health information; and (4) any other uses not described in this notice.

#### INDIVIDUAL RIGHTS

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required, to accept it, EXCEPT when the request for restriction is with regard to treatment that is paid for out-of-pocket and in full and the disclosure would be solely for payment or health care operations purposes to a health plan.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical and billing records about you, such requests for access to protected health information must be made by written request. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your records is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have a right to ask for a list of instances when we have used or disclosed your medical information for reasons other than your treatment, payment for services furnished to you, our health care operations, or disclosures you give us authorization to make. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right and you will be notified in the event of a security breach of your protected health

information. You have the right to a copy of this Notice in paper form. You may ask us for a copy at any time.

To exercise any of your rights, please contact us in writing Ms. Sheryl M. Vickers, Administrator, Eastpointe Radiologists, P.C., 36175 Harper Ave., Clinton Township, MI. 48035

#### CHANGES TO TIDS NOTICE

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

#### COMPLAINTS/COMMENTS

If you have any complaints concerning our Privacy Policy, you may contact the Secretary of the Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov). You also may contact us at Ms Sheryl M. Vickers, 586-741-3772.

To obtain more information concerning this Notice of Privacy Practices, you may contact our Privacy Officer at Dr. George Pappas, Eastpointe Radiologists, P.C. 36175 Harper Ave. Clinton Township, MI 48035

This Privacy Policy is effective April 13, 2003 and was amended on November 3, 2016.