

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MICHIGAN-WISCONSIN FAMILY PRACTICE ASSOCIATES, P.C. MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Michigan-Wisconsin Family Practice Associates, P.C. is required by law to maintain the privacy of your protected health information. This information consists of all records related to your health, including demographic information, either created by Michigan-Wisconsin Family Practice Associates, P.C. or received by Michigan-Wisconsin Family Practice Associates, P.C. from other healthcare providers.

We are required to provide you with notice of our legal duties and privacy practices with respect to your protected health information. These legal duties and privacy practices are described in this notice. Michigan-Wisconsin Family Practice Associates, P.C. will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information.

Uses and Disclosures of Your Protected Health Information

Michigan-Wisconsin Family Practice Associates, P.C. may use and disclose your PHI without your written consent or authorization, for certain treatment, payment and healthcare operations. There are certain restrictions on uses and disclosure of treatment records, which include registration and all other records concerning individuals who are receiving, or who at any time have received services.

Treatment

We may use your PHI to treat you. For example, we may suggest that you have x-rays or diagnostic tests, and we may use the results to help us reach a diagnosis. Your PHI may be disclosed to the facility at which you have your diagnostic tests in order for the healthcare providers at such a facility to provide services to you. We might disclose your PHI to a pharmacy when we order a prescription for you.

Payment

We may use and disclose your PHI in order to bill and collect payment from you, an insurance company, or other third party payer, for treatment and services we provide to you. For example, we may tell your health plan about treatment you are going to receive to determine whether your plan will cover the treatment.

Healthcare Operations

We may use and disclose your PHI to operate our business. For example, our practice may use your PHI to conduct quality assessment and improvement activities, review the performance of our healthcare professionals, or for general business planning for our practice. We may also remove identifying information from your health information so that it might be used by others to study healthcare.

Appointment Reminders

We may use and disclose your PHI to contact you and remind you of an appointment.

Treatment Options

We may use and disclose your PHI to provide information to you about treatment options or alterations.

Health – Related Benefits and Services

We may use and disclose your PHI to inform you of health-related benefits or services that might be of interest to you.

Release of Information to Family/Friends

We may release your PHI to a friend or family member who is involved in your care, or who assists in taking care of you. We may also give information to someone who pays, or helps pay for your medical care. You have the right to request restrictions on who receives your medical information.

Special Situations

As Required By Law

We may disclose your PHI when required to do so by federal, state or local law.

Public Health Risks

We will disclose your PHI for public health activities. These activities generally include the following:

- Preventing or controlling disease, injury or disability
- Reporting births and deaths
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products
- Notifying people of recalls of products they may be using
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading disease
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by law.

Health Oversight Activities

We may use and disclose your PHI to a health oversight agency for activities authorized by law. Activities include, for example, audits, investigations, inspections, and licensure. The activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights.

Lawsuits and Disputes

We may use and disclose your PHI in response to a court order, if you are involved in a lawsuit or similar proceeding. We may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if the requesting party has made an effort to inform you of the request or to obtain a qualified protection order protecting the information the party has requested.

Law Enforcement

We may release your PHI if asked to do so by law enforcement.

Coroners, Medical Examiners, and Funeral Directors

We may release your PHI to a medical examiner or coroner to identify a deceased individual or the cause of death. We may also release information in order for funeral directors to perform their services.

Organ and Tissue Donation

If you are an organ donor, we may release your PHI to organizations that handle organ or tissue procurement or transplantation.

Specialized Government Functions

We may disclose your PHI for military and veteran's affairs, or national security and intelligence activities.

Workers Compensations

We may disclose your PHI for workers compensation and similar programs as required by applicable laws.

Your Rights Regarding Your PHI**Requesting Restrictions**

You have the right to request a restriction on our use and disclosure of your PHI. We are not required to agree to your request. In order to request a restriction on our use or disclosure of your PHI, you must make your request in writing to Michigan-Wisconsin Family Practice Associates, P.C., 1711 S. Stephenson Avenue, Suite 300, Iron Mountain, MI 49801.

Access and Copies

You have the right to inspect your PHI that we maintain about you, including patient medical records and billing records, but not including psychotherapy notes. In order to inspect your PHI or have a copy of your PHI sent to another equivalent provider you must sign a release of information request. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

Addendum: July 11, 2008, Upon written request our office will provide you a copy of your PHI within 30 days of the date of the request. If more time is needed we will provide you with written notice, not to exceed 60 days from the date of the request.

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.

Right to a Paper Copy of the Notice

You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time.

Michigan-Wisconsin Family Practice Associates, P.C.

Acknowledgement of Awareness of Notice of Privacy Practices

I, _____ acknowledge that I have been presented a copy of Michigan-Wisconsin Family Practice Associates, P.C.'s Notice of Privacy Practices. This notice describes how Michigan-Wisconsin Family Practice Associates, P.C. may use and disclose my protected health information, certain restrictions on the use and disclosure of my PHI, and rights I may have regarding my PHI. This notice will expire six years after the date upon which the record was created.

Signature of Patient or Personal Representative

_____ 20_____
Date

Relationship to the Patient if Representative

I give Michigan-Wisconsin Family Practice Associates, P.C. permission to speak with the following people regarding my health status for services I receive from Michigan-Wisconsin Family Practice Associates, P.C.

Name_____

Phone_____

Relationship_____

Name_____

Phone_____

Relationship_____

Patient refused to sign the Acknowledgement

Employee Name_____

Date_____20_____