

TWIN LAKES MEDICAL ASSOCIATES, PC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

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 must follow the privacy practices that are described in the NOTICE while it is in effect. This Notice took effect June 1, 2003 and will remain in effect until we replace it. 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 using the information listed at the end of this NOTICE.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations such as:

TREATMENT: Your health information may be used by staff member or disclosed to other health care professional for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

PAYMENT: Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conduction training program, accreditation, certification, licensing or credentialing activities.

BUSINESS ASSOCIATES: In some instances, we have contracted separate entities to provide services for us. These associates require your health information in order to accomplish the tasks that we ask them to provide.

COMMUNICATION WITH FAMILY: Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

RESEARCH/TEACHING/TRAINING: We may use your information for the purpose of research, teaching, and training.

ABUSE OR NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your safety or the health and safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement officials having lawful custody of protected health information of inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail message, postcards, or letters).

YOUR AUTHORIZATION: IN addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

PATIENT RIGHTS

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do so, we will abide by our agreement (except in an emergency).

CONFIDENTIAL COMMUNICATIONS: You have the right to receive confidential communications concerning your medical condition and treatment.

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions. (You must make a request in writing to obtain access to your health information). If you request copies, we will charge you a reasonable cost-based fee of \$30.00 to copy your health information.

AMENDMENTS: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended). We may deny your request under certain circumstances.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

NOTICE: You have the right to receive a printed copy of this NOTICE.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, or have questions or concerns, please contact us.

CONTACT OFFICER: Nicole Dupras

TELEPHONE: 248-451-0668

ADDRESS: Twin Lakes Medical Associates, PC
43700 Woodward Ave. Suite 206
Bloomfield Hills, MI 48302

IF YOU ARE CONCERNED THAT WE MAY HAVE VIOLATED YOUR PRIVACY RIGHTS, YOU MAY COMPLAIN TO US USING THE CONTACT INFORMATION LISTED IN THIS NOTICE. YOU MAY SUBMIT A WRITTEN COMPLAINT TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. IF NEEDED THEIR ADDRESS WILL BE PROVIDED TO YOU UPON REQUEST.

YOUR RIGHT TO THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US. WE WILL SUPPORT YOUR RIGHT IF YOU CHOOSE TO FILE A COMPLAINT WITH US OR WITH THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.