

Notice of Privacy Policy

This notice describes how medical information may be used and disclosed in how he can get access to this information. Please review carefully. The privacy of medical information is important to us.

Overview:

The law requires us to keep your protected health information ("PHI") private in accordance with this Notice of Privacy Practices ("Notice") as long as this Notice remains in effect. We are also required to provide you with a paper copy of this Notice, which contains our privacy policy, our legal duties, and your rights concerning your PHI.

From time to time, we may revise our privacy policy and terms of our Notice at any time, as permitted or required by applicable law. Such revisions to our privacy policy and our Notice may be retroactive. Our Notice will be updated and made available to our patients prior to any significant revisions of our privacy practices and policies.

Our Privacy Policies:

Use and Disclosure: We may use or disclose your PHI for treatment, payment, or healthcare operations. For your convenience, we have provided the following samples of such potential uses or disclosures:

Treatment: Your PHI may be used by or disclose to any physicians or other healthcare providers involved with the medical services provided to you.

Payment: Your PHI may be used or disclose in order to collect payment for the medical services provided to you.

Healthcare Operations: Your PHI may be use or disclose as part of our internal healthcare operations. Such healthcare operations may include; among other things, quality of care audits of our staff and affiliates, conducting training programs, accreditation, certification, licensing, or credentialing activities.

Authorizations:

We will not use or disclosure medical information for any reason, except those described in this Notice, unless you provide us with written authorization to do so. We may request suction authorization to use or disclosure or PHI for any purpose, but you are not required to give us such authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.

Patient Access

We will provide you with accessed here PHI, as described below in the Individual Rights section of this Notice. With your permission, or in some emergencies, we may disclose your PHI to your family members, friends, or other people to aid in your treatment or at the collection of payment. A disclosure of your PHI may also be made if we determine is reasonably necessary or in your best interest for such purposes with allowing a person acting on your behalf to receive fill prescriptions, medical supplies, x-rays, etc.

Locating Responsible Parties

Your PHI may be disclosed in order to locate, identify, or notify a family member, your personal representative, or other person responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or to prohibit or restrict the extent or recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the PHI disclosed to the minimum necessary.

Disasters

We may use or disclosure PHI to any public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Required by Law

We may use or disclose your PHI when we are required to do so by law. For example, your PHI may be released when required by privacy laws, worker's compensation or similar laws, public health laws, court or administrative orders, subpoenas, certain discovery requests, or other laws, regulations, or legal processes. Under certain circumstances, we may make limited disclosure of PHI directly to law enforcement officials or correctional institution's regarding an inmate, lawful detainee, suspect, fugitive, material witness, missing person, or a victim or suspected victim of abuse, neglect, domestic violence or other crimes. We may disclose your PHI to the extent reasonably necessary to avert a serious threat to your health or safety and a health or safety of others. We may disclosure PHI when necessary to assist law enforcement officials to capture a third party who has admitted to a crime against you or who has escaped from lawful custody.

Deceased Persons

After your death, we may disclosure PHI to a coroner, medical examiner, funeral director, or organ procurement organization in limited circumstances.

Research

Your PHI may also be used or disclosed for research purposes only in those limited circumstances not requiring your written authorization, such as those which have been approved by an institutional review of board that has established procedures or ensuring the privacy of your PHI.

Military and National Security

We may also disclose to military authorities the medical information of Armed Forces personnel under certain circumstances. When required by law, we may disclose PHI for intelligence, counterintelligence, and other national security activities.

Your Individual Rights Too:

Access and Copies

In most cases, you had the right review or to purchase copies of your PHI by requesting access or copies in writing to our Privacy Officer. Please contact our Privacy Officer regarding our copying fees.

Disclosure Accounting

You have the right to receive an accounting of the instances, if any, in which your PHI was disclosed for purposes other than those described in this Notice. For each 12 month period, you have the right to receive one free copy of an accounting certain details surrounding such disclosures that occurred after April 13, 2003. If you request a disclosure accounting more than once in a 12 month period, we will charge you a reasonable, cost based fee for each additional request. Please contact our Privacy Officer regarding these fees.

Additional Restrictions

You have the right to request that we place additional restrictions on or use or disclose of your PHI, but we are not required to honor such a request. We will be bound by such restrictions only if we agreed to do so in writing signed by our Privacy Officer.

Alternate Communications

You have the right to request that we communicate with you about your PHI by alternative means or in alternative locations. We will accommodate any reasonable request if it specifies in writing the alternative means or alternative locations, and provides satisfactory explanation of how future payments will be handled.

Amendments to PHI

You have the right request that we amend your PHI. Any separate request must be in writing and containing a detailed explanation for the requested amendment. Under certain circumstances, we may deny your request but will provide you a written explanation of the denial. You have the right to send us a statement of disagreement to which we may prepare a rebuttal, a copy of which will be provided to you at no cost. Please contact our Privacy Officer with any further questions about amending your medical record.



10785 S. Grant Avenue
Clare, MI 48617

989.386.2899

Complaints

If you believe we have violated your privacy rights, you may complain to us or to the Secretary of the US Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer. We support her right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the US Department of Health and Human Services.

Contact Us

Providers Healthcare
10785 S Grant Avenue
Clare, MI 48617