



Compean Family Medicine, PLLC
Notice of Privacy Practices

THIS NOTICE, WHICH IS EFFECTIVE AS OF October 1, 2008, DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The doctor and staff here at Compean Family Medicine, PLLC believe your medical information should remain confidential. The law requires us to establish office policies that are designed to safeguard your health information. The information contained in this notice constitutes our promise to you that we acknowledge our legal obligation to protect your health information, and it describes your rights concerning our use of your health information.

We will use and disclose your health information for purposes of treatment, payment and/or health care operations.

1. **Treatment** means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. *For example, a consultation follow up letter from a specialist to your primary care physician would be medical information maintained for treatment purposes.*
2. **Payment** means activities undertaken by a covered health care provider or health plan to obtain or provide reimbursement for the provision of health care. *For example, the medical information furnished to your insurance company so that we may be paid for our services is considered information maintained for payment purposes.*
3. **Health Care Operations** includes certain activities of the practice, such as when we leave a message at your home or at your place of employment, call to discuss your future appointment or call you by name when you are in our office. It also includes activities of an organized health care arrangement in which we participate, including: quality assessment and improvement activities, reviews of the competence or qualifications of health care professionals, activities related to underwriting or premium rating of insurance contracts, activities related to legal or accounting services provided to the practice, and business management and planning. *For example, from time to time hospitals and insurance companies will review physicians' clinical skills in order to assure that quality care is being provided. When such reviews are conducted, it is often necessary for the reviewer to randomly select and examine patients' medical records.*

We are permitted or required to disclose limited health information about you, *without your authorization*, in the following circumstances:

1. **As required by law** so long as it is limited to the relevant requirements of such law.
2. **For public health activities**, including the prevention and control of disease, vital statistics, and public health investigations.
3. For purposes of making required reports about **victims of abuse, neglect or domestic violence**.
4. **Health oversight activities**, including audits, civil, criminal or administrative investigations, proceedings or actions; inspections; licensure or disciplinary actions.
5. **Judicial and administrative proceedings**, in response to court orders.
6. **Law enforcement purposes** (i.e., reports of gunshot wounds; grand jury subpoenas; and information regarding victims of crime).
7. **To coroners, medical examiners and funeral directors** for purposes of identifying deceased persons or determining cause of death.
8. For **organ and tissue donation**, consistent with applicable laws.
9. **Research**, provided the federal regulations governing research activities that insure the privacy of your health information are met.
10. To **avert serious threats** to health or safety.
11. **Specialized government functions** regarding military personnel and military veterans, certain national security purposes, and inmates.
12. **Workers' compensation** to the extent necessary to comply with applicable laws.
13. **Marketing**, for purposes of appointment reminders, treatment alternatives, or other related benefits and services that may be of interest to you.

Any uses or disclosures other than those noted above require us to obtain your written authorization, which you may revoke at any time. Any such revocation must be in writing.



You have the following rights with respect to your health information:

1. The right to request, in writing, restrictions on certain uses of your health information, **however we are not required to agree to your request.**
2. The right to request, in writing, the manner or method by which we contact you to furnish confidential communications about your health information (i.e., fax, e-mail, voice mail, etc.). You are obligated to notify us, in writing, of any changes to your request.
3. The right to inspect your health information (you are entitled to receive a copy of your health information, except for psychotherapy notes and information compiled in anticipation of or for use in, a civil, criminal, or administrative action or proceeding). Under state law, if we make a copy of your medical record, we will not charge more than is permitted by the current rate allowed by state law for copies. You should submit your written request to access your health information to our Privacy Officer.
4. In limited circumstances, the right to ask us to amend your health information, **however, we reserve the right to deny your request.** If your request to amend is denied, we will provide you with information about the basis of our denial and your right to submit a written statement disagreeing with our denial.
5. The right to receive an accounting of disclosures of your health information, except those disclosures related to treatment, payment or health operations, disclosures that are made to you, disclosures made for national security purposes or to correctional institutions or law enforcement officials, or disclosures that were made prior to the compliance date.
6. The right to obtain a paper copy of this notice from us upon request.

We have the following obligations:

1. We are required by law to maintain the privacy of your health information, and we are required to provide you with a notice of our legal duties and privacy practices.
2. We are required to abide the terms of the notice.
3. We are required to advise you of any changes we make in the terms of our notice of privacy practices. If any changes are made to notice of privacy practices, we will post the revised notice and make a copy of it available upon request.

Complaints

If you believe we have violated your privacy rights, you may file a written complaint to our Privacy Officer and/or to the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

If you want more information or you believe your rights have been violated, you can contact Our Privacy Officer at the following address: Compean Family Medicine, PLLC, 327 Stewart Road, Monroe, MI 48162, Attention: Privacy Officer. Our telephone number is 734-384-3660. Alternatively, you may wish to contact the federal agency in charge of enforcing patients' privacy rights. That address is: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Room 509F, HHS Building, Washington, D.C. 20201.

Acknowledgment

I hereby acknowledge that I have received a copy of this practice's Notice of Privacy Practices. I understand that if I have questions or complaints regarding my privacy rights that I may contact the practice's Privacy Officer. I understand that the practice may, at its discretion, change the terms and conditions of this Notice. I further understand that the practice will offer me updates to this Notice of Privacy Practices should it be amended, modified or changed in any way.

Print Patient Name

Patient or Representative Signature

Date

Print Representative Name if different than Patient

Witness initials

If signed by patient's authorized representative, describe the representative's authority:

- Parent of minor child Guardian Agent (Health Care Power of Attorney)
 Other (describe) _____

The Notice of Privacy Practices was provided to _____, however he/she did not acknowledge receipt for the following reason:

- Refused Did not understand Other _____

Witness signature

Date