

NOTICE OF PRIVACY PRACTICE

This office is required to notify you in writing, that by law, we must maintain the privacy and confidentiality of your **Personal Health Information**. In addition we must provide you with written notice concerning your rights to gain access to your health information, and the potential circumstances under which, by law, or as **dictated by our office policy**, we are permitted to disclose information about you to a third party without your authorization. Below is a brief summary of these circumstances. If you would like a more detailed explanation, one will be provided to you. This notice describes how medical information about you may be used and disclosed and how you may gain access to this information.

Patient Rights:

Obtain a copy of this privacy notice.

- You may ask for a copy of this notice at any time. We will provide you with a paper copy promptly.

Receive an electronic or Paper copy of your medical record.

- To obtain one copy per year of your records at no charge, when timely notice is provided. We will provide a copy or a summary of your health information within 30 days of your written request.
- To inspect your records and receive one copy of your records at no charge, when timely notice is provided. We will provide a copy or a summary of your health information within 30 days of your written request.
- More than one request per year will result in a charge set by the State of Michigan.

Ask for restriction or limit what we use or share

- You can ask us to not share or use certain health information for treatment, payment or our operations although we are not required to comply.
- Restrictions on certain uses and disclosures and with whom we released information, although we are not required to comply.
- We are not required to agree to the request, and we may say “no” if it would affect your care.
- If, however, we agree, the restriction will be in place until written notice of your intent to remove the restriction or unless a law requires us to share that information.

Correction or Amendment to medical record.

- You may ask us in writing to make amendments to correct health information that is incorrect or incomplete. However we are not required to agree to them and will explain why to you in writing.

Ask for a list of specific disclosures with whom we have shared information.

- You may request a list of disclosures of your health information made by us, if any. This list will not include disclosures, about treatment, payment, or health care operations and certain other disclosures you may have asked us to make.
- We will provide one copy free of charge but will charge a reasonable, cost-based fee if you ask for another within 12 months.

Request Confidential communications

- We will accommodate all reasonable requests. For example sending mail to different address, specific phone numbers to call or text.

Notification of breach

- If there is a breach of your health information we will notify you by your listed contact information.

Your health information privacy is important to us:

- We are required by law to maintain this privacy and security of your protected health information. We must follow the duties and privacy practices in this notice
- If you are concerned we have violated your rights, you are entitled to make a formal complaint about how we handle your health information, please call our Compliance officer at (248)550-0845. If they are unavailable, you may make an appointment with our receptionist to see them within 72 hours or 3 working days. If you are still not satisfied with the manner in which this office handles your complaint, you can submit a formal complaint at www.hhs.gov/ocr/privacy/hipaa/complaints/. You may also mail to: DHHS, Office of Civil Rights - 200 Independence Ave. SW, Room 509F HHH Building, Washington DC 2020.

Our Uses and Disclosures:

We may, without your written authorization use and disclose your health information for the following purposes:

Treatment Mangement- Help manage the health care treatment you receive

- We may use your health information in the provision and coordination of you health care. For example, your health care provider at Thrive may disclose your health information with your physician regarding your medical condition.
- In discussion with other health care providers involved in your care

**NOTICE REGARDING YOUR RIGHT TO PRIVACY continued on the next page.
NOTICE REGARDING YOUR RIGHT TO PRIVACY continued....**

Health care operations

- We may use or disclose your health information to support and/or monitor the operation of Thrive Rehabilitation.

Payment

- We can use and disclose your health information to bill and receive payment for all services rendered.
- To obtain payment from your insurance company or any other collateral source.

Patient Contact

- We may contact you to set up or remind you about future appointments, billings, and/ or payments.
- We may call your home and leave messages and send texts regarding a missed appointment or notify you of changes in practice hours or upcoming events.

Family members and others involved in care

- Unless you object, we may disclose relevant health information to a family member, relative, close friend, or attorney who is involved in your care or in payment of your care.

Workers Compensation and Auto Accident

- We may disclose your health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation, Michigan's auto laws, or any other similar programs established by law.

As required by law

- We may disclose health information about you when required by federal, state or local law.

Health oversight activities

- We may disclose or use health information about you with health oversight agencies for activities authorized by law.

Marketing communications

- We may use and disclose your health information to contact you with information about products, treatment services or any marketing communications we believe might be of interest to you.

Research

- We may use your health information for research purposes in certain circumstances.

Public health and safety issues

- We may share your health information for situations such as, preventing disease, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health and/or safety.
- In order to prevent or lessen a serious or eminent threat to the health or safety of a person or general public.

Law enforcement and specialized government functions

- We may disclose your health information for law enforcement purposes as permitted by law. Under certain circumstances, we may disclose health information to units of the government with specialized functions.
- To identify or locate a suspect, fugitive, material witness or missing person.
- For military, national security, prisoner and government benefits purposes.

Respond to lawsuits and legal actions

- We may share your health information in response to a court or administrative order, or in request to a subpoena or similar request, and for our own lawsuit needs with our retained attorney(s)

To business associates

- We may disclose your health information to our "business associates"- individuals or companies that provide services for Thrive Rehabilitation.

To Parents and legal guardians of minors

- As permitted by federal and state law, we may disclose health information about minors to their parent(s) or legal guardian(s).

Highly confidential information

- Federal and state laws provide additional privacy protection for certain confidential health information. This includes information dealing with mental health, HIV/AIDS, alcohol and drug abuse treatment.

Inadvertent disclosures-

- Open treating area means open discussion. If you need to speak privately to the doctor, please let our staff know so we can place you in a private consultation room.

Emergency-

- In the event of a medical emergency we may notify a listed contact, family member, friend, emergency services employee.

Deceased persons

- Discussion with family members, friends, coroners and medical examiners in the event of a patient's death.

Change of ownership

- In the event this practice is sold, the new owners would have access to your PHI.

We reserve the right to change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request, and on file at our facilities.