

Lapeer Women's Health HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

About This Notice

This Notice of Privacy Practices describes how Lapeer Women's Health may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information.

"**Protected health information**" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice. We may change the terms at any time. You may request a revised copy by calling our office or requesting one at your next appointment.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your provider, our office staff, and others involved in your care for the purpose of providing health care services, paying your health care bills, and supporting the operation of the practice.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes coordination with another provider. For example, your information may be shared with a specialist to ensure they have the necessary information to diagnose or treat you.

Payment

Your protected health information will be used and disclosed as needed to obtain payment for your health care services, including determining eligibility or coverage for insurance benefits, reviewing services for medical necessity, and undertaking utilization review activities.

Health Care Operations

We may use or disclose your protected health information to support the business activities of the practice, including quality assessment, employee review activities, training, licensing, and conducting other business activities. We will share your information with third-party "business associates" under written contracts that protect the privacy of your information.

Other Permitted Uses Without Your Authorization

We may also use or disclose your information as required by law, for public health activities, health oversight, abuse or neglect reporting, legal proceedings, law enforcement, research (when approved by an institutional review board), workers' compensation, and in other circumstances permitted or required by law.

Uses Requiring Your Written Authorization

Other uses and disclosures will be made only with your written authorization. You may revoke this authorization in writing at any time. We are unable to take back any disclosures already made with your prior authorization.

2. Your Rights

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

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information for as long as we maintain it. We may charge a reasonable copy fee as permitted by law. Some records may be excluded as provided by federal or state law.

Right to Request a Restriction

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. We are not required to agree, but if we do, we are bound by that agreement.

Right to Confidential Communications

You may request that we communicate with you by alternative means or at an alternative location. We will accommodate reasonable requests. Please make this request in writing to our Privacy Officer.

Right to Amend

You may request an amendment of your protected health information. In certain cases, we may deny your request. If denied, you have the right to file a statement of disagreement.

Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures we have made of your protected health information for disclosures other than treatment, payment, or health care operations.

Right to a Paper Copy

You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice electronically.

3. Complaints

How to File a Complaint

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer at either office location listed below. **We will not retaliate against you for filing a complaint.**

Privacy Officer Contact Information

Lapeer Office

1245 N Main St

Lapeer, MI 48446

Phone: (810) 969-4670

Fax: (810) 969-4673

Rochester Hills Office

2710 S Rochester Rd, Suite 2

Rochester Hills, MI 48307

Phone: (248) 923-3522

Fax: (810) 969-4673

This Notice of Privacy Practices is effective for Lapeer Women's Health, PLLC — Dr. Ramona D. Andrei, MD PhD FACOG. We reserve the right to change the terms of this notice at any time. The revised notice will be available at our offices and at lapeerwomenshealth.com.