

Karim HealthCare
Affordability - Quality - Availability

NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

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.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. We are also required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information.

Information collected about you

In the course of receiving treatment and health care services from us, you will be providing us with personal information such as:

Your name, address, and phone number.

Information relating to your medical history.

Your insurance information and coverage.

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to us by other individuals or organizations that are part of your care such as the referring physician, your other doctors, your health plan, and family and friends.

605 West Chicago Street, Suite 2, Coldwater, Michigan 49036
3271 West Carleton Road, Hillsdale, Michigan 49242
122 South Main Street, Reading, Michigan 49274
600 South Lakeview Avenue, Suite 103, Sturgis, Michigan 49091
112 South Chicago Street, Litchfield, Michigan 49252
18297 N US 127, Cement City, Michigan 49233

(517)924-1444 (P) (517)924-1445 (F)
(517)437-3879 (P) (517)437-4053 (F)
(517)797-4547 (P) (517)797-4543 (F)
(269)832-8911 (P) (517)437-4053 (F)
(517)797-4547 (P) (517)797-4548 (F)
(517)547-4845 (P) (517)547-4583 (F)

A. How This Medical Practice May Use or Disclose Your Health Information

This medical practice collects health information about you and stores it in a chart and in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

1. **Treatment.** We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. For example, we may share your medical information with other physicians or other health care providers who will provide services that we do not provide. Or we may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. We may also disclose medical information to members of your family or others who can help you when you are sick or injured, or after you die.
2. **Payment.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.
3. **Health Care Operations.** We may use and disclose medical information about you to operate this medical practice. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. Or we may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management. We may also share your medical information with our "business associates," such as our billing service, that perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information. We may also share your information with other health care providers, health care clearinghouses or health plans that have a relationship with you, when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications and performance of health care professionals, their training programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.
4. **Appointment Reminders.** We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.]
5. **Notification and Communication with Family.** We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition with your consent, unless you have instructed us otherwise.
6. **Required by Law.** As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law.

7. **Public Health.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, or when required by law to notify public authorities concerning cases of abuse or neglect.
8. **Health Oversight Activities.** We may, and are sometimes required by law, to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. **Judicial and Administrative Proceedings.** We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena.
10. **Law Enforcement.** We may, and are sometimes required by law, to disclose your health information to a law enforcement official as permitted by law.
11. **Coroners, Funeral Directors and Organ Donation.** We may, and are often required by law, to disclose your health information in connection with their investigations of deaths. We also may release your health information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor.
12. **Public Safety.** We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
13. **Specialized Government Functions.** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.
14. **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws.
15. **Change of Ownership.** In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.
16. **Breach Notification.** In the case of a breach of unsecured protected health information, we will notify you as required by law.
17. **Research.** We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

B. When This Medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

C. Your Health Information Rights

1. **Right to Request Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request. We are not required to agree to your request. However, if we do agree, we will be bound by our agreement except when required by law, in emergencies, or when information is necessary to treat you. An approved restriction continues until you revoke it in writing, or until we tell you that we are terminating our agreement to a restriction.
2. **Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to your home or work address rather than contact by telephone. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.
3. **Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it. We will charge a reasonable fee which covers our costs for labor, supplies, postage, and if requested and agreed to in advance the cost of preparing an explanation or summary. We may deny your request under limited circumstances.
4. **Right to Request an Amendment.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We may deny your request if we do not have the information, if we did not create the information. If we deny your request we will provide you with a written denial.
5. **Right to an Accounting of Disclosures.** You may request, in writing, that we tell you when we or our Business Associates have disclosed your Protected Health Information. Any accounting of disclosures will not include those we made: 1 (treatment), 2 (payment), 3 (health care operations), 5 (notification and communication with family) and 13 (specialized government functions). To request accounting of such disclosures, your request must be submitted in writing. Your request must also state a time period, which may not be longer than six (6) years. We may charge you for the costs of providing the accounting. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
6. **Right to a Copy of this Notice.** You have a right to a notice of our legal duties and privacy practices with respect to your health information, including a right to a copy of this Notice of Privacy Practices.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available upon request.

E. Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information, you may file a complaint with Karim HealthCare, Privacy Office and with the Secretary of the U.S. Department of Health and Human Services, at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201 (e-mail: ocrmail@hhs.gov) You will not be penalized in any way for filing a complaint.

All complaints must be submitted in writing to:

Karim HealthCare

Theresa Rutan, Practice Manager

(517) 437-3879

ACKNOWLEDGEMENT OF RECIPIENT OF
FORM OF NOTICE OF PRIVACY PRACTICES

Effective Date: September 23, 2013

I hereby acknowledge the recipient of Notice of Privacy Practices from Karim HealthCare
on _____ (date)

Print Name (Patient)

Date of Birth (Patient)

Signature of the **Patient, Guardian** or Legal Representative Date

Relationship with patient

The individual or the individual's legal representative did not provide a written acknowledgment recipient of this Notice of Privacy Practices. The following explains the good faith efforts to obtain the written acknowledgement and the reasons why the acknowledgement was not obtained:
