

## NOTICE OF MICHIGAN HEART GROUP, P.C. 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.**

MICHIGAN HEART GROUP, P.C. is required by federal law known as HIPAA and an amendment to that law known as HITECH to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at MICHIGAN HEART GROUP, P.C. please contact:

Privacy Officer  
4600 Investment Drive, Ste. 200  
Troy, MI 48098  
(248) 267-5050

**Effective Date of This Notice: April 14, 2003**  
**Revision Date of This Notice: September 2013**

### **I. How Michigan Heart Group, P.C. may Use or Disclose Your Health Information**

MICHIGAN HEART GROUP, P.C. collects health information from you and stores it in an electronic medical chart on the computer network system. This is your medical record. The medical record is the property of MICHIGAN HEART GROUP, P.C. but the information in the medical record belongs to you. MICHIGAN HEART GROUP, P.C. protects the privacy of your health information. The law permits MICHIGAN HEART GROUP, P.C. to use or disclose your health information for the following purposes:

1. Treatment: We will use your medical information as part of rendering patient care. For example, your medical information may be used by the health care professional treating you and by administrative personnel reviewing the quality and appropriateness of the care you receive.
2. Payment: We will use your medical information for accurately processing and receiving payment. For example, your medical information may be used by Receivables Management (Billing) personnel to process your payment for the services rendered.
3. Regular Health Care Operations: We will use your medical information as part of rendering patient care. For example, we may use your medical information to contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
4. Information provided to you.
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 or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. To Business Associates and Subcontractors. We may contract with individuals and entities known as Business Associates to perform various functions or provide certain services. In order to perform these functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your protected health information, but only after they sign an agreement with us requiring them to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, but only after the Business Associate enters into a Business Associate Agreement with us. Similarly, a Business Associate may hire a Subcontractor to assist in performing functions or providing services in connection with the Plan. If a Subcontractor is hired, the Business Associate may not disclose your protected health information to the Subcontractor until after the Subcontractor enters into a Subcontractor Agreement with the Business Associate.
7. Required by law: As required by law, we may use and disclose your medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of Michigan Heart Group's compliance with relevant laws.
8. Public health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

10. Judicial and administrative proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.
11. Law enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
12. Deceased person information: We may disclose your health information to coroners, medical examiners and funeral directors.
13. Organ donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. Research: We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or MICHIGAN HEART GROUP'S privacy board.
15. Public safety: We may 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.
16. Specialized government functions: We may disclose your health information for military, national security, to assist in disaster relief efforts, and prisoner purposes.
17. Worker's compensation: We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing: We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
19. Change of Ownership: In the event that MICHIGAN HEART GROUP, P.C. is sold or merged with another organization, your health information/record will become the property of the new owner.

## II. Your Health Information Rights

1. **You have the right to request restrictions** on certain uses and disclosures of your health information. MICHIGAN HEART GROUP, P.C. is not required to agree to the restriction that you requested.
2. **You have the right to receive** your health information through a reasonable alternative means or at an alternative location. If the alternative means involves an additional expense you will be billed the amount. In addition, beginning in 2011 (or such later date prescribed by law), to the extent those records are in the possession of MICHIGAN HEART GROUP, P.C., you will have the right to request access to the electronic health records. If you submit such a request and we have any such records, you may be charge our actual labor costs to comply with your request.
3. **You have the right to inspect** and copy your health information.
4. **You have a right to request that Michigan Heart Group, P.C. amend** your health information that is incorrect or incomplete. MICHIGAN HEART GROUP, P.C.. is not required to change your health information and will provide you with information about Michigan Heart Group's denial and how you can disagree with the denial.
5. **You have a right to receive an accounting of disclosures** of your health information made by MICHIGAN HEART GROUP, P.C., except that MICHIGAN HEART GROUP, P.C., does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), 5 (directory listings) and 6 (certain government functions) of section I of this Notice of Privacy Practices.
6. **You have a right to request confidential communications** be communicated to you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
7. **You have a right to a paper copy** of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact: *Privacy Officer at (248) 267.5050*

#### **IV. Changes to this Notice of Privacy Practices**

MICHIGAN HEART GROUP, P.C. reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, MICHIGAN HEART GROUP, P.C. is required by law to comply with this Notice.

MICHIGAN HEART GROUP, P.C. will communicate the revised Notice on the MICHIGAN HEART GROUP, P.C. website, [www.mhgpc.com](http://www.mhgpc.com), and at the reception areas.

#### **V. Breach Notification Requirements**

Beginning September 23, 2009, in the event unsecured medical information about you is “breached” and the use or disclosure of the information poses a significant risk of financial, reputational or other harm to you, we will notify you of the situation and any steps you should take to protect yourself against potential harm due to the breach. We will also inform HHS and take any other steps required by law.

#### **VI. Complaints**

Complaints about this Notice of Privacy Practices or how MICHIGAN HEART GROUP, P.C. handles your health information should be directed to: *Privacy Officer (248) 267.5050*

#### **VII. Other Uses of Your Protected Health Information**

Other uses and disclosures of your protected health information not covered by this notice or applicable laws will be made only with your written permission. If you provide us permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.