

Pediatric Partners, PLC  
4649 N Breton Ct SE, Suite A  
Kentwood, MI 49508

## **NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices describes how we may use and disclose your protected healthcare information (PHI) to carry out treatment, payment, or healthcare operations (TPO) or for purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. PHI 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 healthcare services.

### **Uses and Disclosures of Protected Health Information**

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills, to support the operation of the physician's practice, and any other use as required by law.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclose your PHI to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as needed, to contact you to remind you of your appointment.

We may use or disclose your PHI in the following situations without your authorization as required by law: public health issues, communicable diseases, health oversight, abuse or neglect, Food & Drug Administration requirements, legal proceedings, law enforcement, coroners, funeral directors, organ donation, research, criminal activity, military activity and national security, Worker's Compensation, inmates and required uses and disclosures.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law.

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You may revoke this authorization at any time, in writing, except to the extent that your physician's practice has taken an action in reliance on the use and disclosure indicated in the authorization.

### **Your Rights**

In most cases, you have a right to look at or receive a copy of health information about you that we use to make decisions about you, this does not include psychotherapy notes. If you request copies, we will be charged a fee no greater than that of the State of Michigan Medical Records Access Act. You also have the right to receive a list of instances where we disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You may request in writing that we do not use or disclose your information for treatment, payment and administrative purposes when specifically authorized by you, when required by law, or in emergency situations. We will consider your request but are not legally required to accept it.

You may request restricted access to your PHI in order to prevent certain family members or other persons access to your PHI. You must be very specific to whom and to what information they will be restricted. The physician is not required to grant that request. If (s)he feels it would not be in the patient's best interest (s)he may deny the request. You may be required to provide legal documentation with your request.

### **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. The person listed below can provide you with the appropriate address upon request.

### **Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

**If you have any questions or complaints, please contact:**

**Compliance Officer  
Pediatric Partners, PLC  
4649 N Breton Ct SE, Suite A  
Kentwood, MI 49508  
Ph: 616-656-8600 Fax: 616-656-8601**

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