**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**

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your ‘protected health information’ means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created and received by your health care provider and that relates to your past, present, or future physical or mental health or condition. This notice is effective January 1, 2017.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes our institution’s practices and that of:

* Any health care professional authorized to enter information into your medical record.
* All departments of Pediatric MotorWerks
* Any member of a volunteer group we allow to help you while you are a patient at Pediatric MotorWerks
* All employees, staff, affiliated/contract staff, student, business associates and other Pediatric MotorWerks personnel.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

***For treatment:***

• To provide, coordinate or manage your health care and related services by both us and other health care providers (doctors, nurses, hospitals, healthcare providers, and other healthcare facilities who become involved in your care)

• We may refer you to another health care provider and as part of the referral, share medical information about you to that provider.

***For payment:***

•So we can be paid for services provided to you, which can include billing you, your insurance company or a third party payor.

***How we will contact you:***

• Unless you tell us otherwise in writing, we may contact you by either telephone, text, email or by mail at either your home or your workplace. At either location we may leave messages for you on voicemail.

***Treatment Alternatives, Health Related Benefits and Services:***

• Your protected health information may be used to provide you with information about other health-related benefits or services that may be of interest to you and/or information regarding treatment alternatives.

***Marketing:***

• We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

**OTHER USES OR DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

***Required By Law:***

• Your protected health information may be disclosed when the use or disclosure is required by law.

***Public Health Activities:***

• Your protected health information may be disclosed for public health activities. For example, your protected health information may be disclosed to prevent or control disease, injury or disability; report child abuse or neglect; notify a person regarding potential exposure to a communicable disease; notify an appropriate government agency about the abuse or neglect of an adult individual (including domestic violence); or to the Federal Food and Drug Administration (FDA) to report adverse events with medications, track regulated products, report product recalls, defects or replacements.

***Abuse, Neglect, and Domestic Violence:***

• If we reasonably believe you are a victim of abuse, neglect or domestic violence, to the extent the law requires, protected health information about you may be disclosed to an agency authorized by law to receive such reports.

***Health Oversight Activities:***

• Your protected health information may be disclosed to a health oversight agency to perform oversight activities authorized by law or for appropriate oversight of the health care system; for example audits, investigations, inspections and licensure activities.

***Judicial and Administrative Proceedings:***

• We may disclose your protected health information in the course of any judicial or administrative proceeding. For example, we may disclose your protected health information in response to a court or administrative order, or in response to a discovery request, subpoena or other lawful process.

***Law Enforcement:***

• Your protected health information may be disclosed to report certain types of wounds or other physical injuries; a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person; provide certain information about the victim of a crime; about a death due to criminal conduct; about criminal conduct at our facility, and in emergency circumstances, to report a crime, a location of a crime, to identify the description or location of the person who committed the crime.

***Coroners, Medical Examiners and Funeral Directors:***

• Your protected health information may be disclosed to an organization to facilitate the duties of coroners, medical examiners and funeral directors.

***Organ and Tissue Donation:***

• Your protected health information may be disclosed to an organization to facilitate organ or tissue donation and transplantation.

***Research:***

• Your protected health information may be disclosed to a researcher if an institutional review board has reviewed and approved a researcher’s proposal and has established protocols to ensure the privacy of your health information.

***To Avert A Serious Threat To Health Or Safety:***

• Your protected health information may be disclosed to reduce or prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, to prevent or control disease; maintain vital records, report child abuse or neglect; report reactions to medications or problems with products; notify a person regarding potential exposure to a communicable disease; notify people of recalls of products they may be using; in response to a warrant, summons, court order, subpoena or similar legal process; identify/locate a suspect, material witness, fugitive or missing person; or in an emergency to report a crime or the description, identity or location of the perpetrator.

***Military and Veterans:***

• Your protected health information may be disclosed to an appropriate military command authority to assure proper execution of a military mission if you are a member of the armed forces.

***National Security and Intelligence Activities:***

• Your protected health information may be disclosed to federal officials for intelligence and national security activities authorized by law; to protect the President, other officials or foreign heads of state; or to conduct an investigation.

***Inmates:***

• If you are an inmate of a correctional institution or under the custody or a law enforcement official, your protected health information may be disclosed to the correctional institution or a law enforcement official as necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

***Workers’ Compensation:***

• Your protected health information may be disclosed for workers’ compensation or similar programs in order for you to obtain benefits for work-related injuries or illness.

**YOUR RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU**

***Right to request restrictions:***

• You have the right to request that we restrict the uses or disclosures we make: -To carry out treatment, payment, or health care operations. -To a family member, other relative, a close personal friend or any other person identified by you or for to public or private entities for disaster relief efforts.

-For disaster relief. We may disclose your protected health information to a public or private entity authorized by law to assist in disaster relief efforts for the purpose of notifying or assisting in notifying a family member, a personal representative or another person of your location and general condition.

• To request a restriction you may do so at any time by writing to our privacy officer at 6300 22 Mile Rd Suite 5, Shelby Twp, MI 48317. Please include what information you want to limit, whether you want to limit use, or disclosure or both and to whom you want the limits to apply.

***Right to receive confidential communications:***

• You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. If you want to request confidential communication, you must do so in writing, to our privacy officer at 6300 22 mile Rd Suite 5, Shelby Township, MI 48317.

• We will accommodate your request however we may, when appropriate require information from you concerning how payment will be handled. We may also require an alternate address or another method to contact you.

• You have the right to decline the use of insurance. If you chose to elect private payment and bypass your insurance benefit provider, it is your obligation to inform Pediatric MotorWerks in writing.

***Right to inspect and copy:***

• You have the right to inspect and obtain a copy of medical information about you. To inspect or copy medical information about you, you must do so in writing, to our privacy officer at 6300 22 mile Rd Suite 5, Shelby Township, MI 48317

• Your request needs to state what you want to inspect or copy, specifically. We may charge a fee for the cost of copying and if you ask that it be mailed to you, the cost of mailing. We will respond within thirty calendar days within receipt of your request. We may deny your request if the medical information is information complied in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If we deny your request we will inform you the basis for the denial and how you may have our denial reviewed.

***Right to Amend:***

• You have the right to ask us to amend medical information about you, for as long as the medical information is maintained by us. To request an amendment, you must do so in writing, to our privacy officer at 6300 22 Mile Rd Suite 5, Shelby Twp, MI 48317.

• Your request must state the amendment desired and provide a reason in support of the amendment. We will respond within sixty calendar days of receiving your request. We may deny your request if the information or record you want amended was not created by us; is not part of the medical information kept by us; is not part of the information which you would be permitted to inspect or copy; or if the information is accurate and complete.

***Right to an accounting of disclosures:***

• You have the right to receive an accounting of disclosures of medical information about you, other than disclosures: i.) for treatment, payment or operational activities, ii.) to you or as authorized by you; iii.) for the patient directory or to persons involved in your care or treatment; iv.) for national security or intelligence activities; v.) to correctional institutions or law enforcement officials; or vi.) incident to a disclosure we are required to make. The accounting may be for up to six years prior to the date on which you request the accounting but not before January 1, 2004. To request an accounting of disclosures, you must do so in writing, to our privacy officer at 6300 22 Mile Rd. Suite 5, Shelby Township, MI 48317.

• We will respond within sixty calendar days of receiving your request. Under certain circumstances, your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure to a law enforcement official or to a health oversight agency.

***Right To A Paper Copy Of This Notice***:

• You are entitled to receive a paper copy of this notice at any time by contacting the privacy officer at 6300 22 Mile Rd, Suite 5, Shelby Twp, MI 48317.

***Right to File a Complaint:***

• You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with us, contact our privacy officer at 6300 22 Mile Rd. Suite 5, Shelby Twp, MI 48317. • All complaints should be submitted in writing.

• To file a complaint with the U. S. Secretary of Health and Human Services, send your complaint to: Office for Civil Rights, U.S. Dept. of Health and Human Services, 200 Independence Ave. SW, Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

We will attempt in good faith to obtain your signed acknowledgement that you received this notice to use and disclose your confidential medical information for required purposes. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

***Contact Person:***

* The practice’s contact person for all issues regarding patient privacy and your rights under the Federal privacy Standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against the practice can be mailed to the Privacy Officer by sending it to: Theresa Sabens or Brandy Miller-Wilks, 6300 22 Mile Rd. Suite 5, Shelby Twp, MI 48317. The Privacy Officer can also be contacted by telephone at (586) 330-0872.