

NOTICE OF PRIVACY PRACTICES: HIPAA

For Somerset Family Medicine (SFM), Troy and Sterling Heights, MI

Our pledge regarding your medical information: SFM is committed to protecting the privacy of your medical information that we create or obtain about you. If you are reading this notice on behalf of your minor child, “you (r)” refer to your child. This notice describes our privacy practices and that of all our employees, staff and students. This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and obligations that we have regarding the use and disclosure of medical information. We are required by law to give you this notice.

How we may use and disclose information about you: The following categories describe different ways:

Treatment: We may use and disclose health information for your treatment. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who need the information to provide you with medical care.

Payment: We may use and disclose your health information so that we or others may bill and receive payment from you, insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about services you received at our office so your health plan will pay us.

Health Care Operations: We may use and disclose health information for health care operations. These uses and disclosures are necessary to make sure that our patients receive quality care and to operate and manage our office. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring about you.

Business Associates: We may disclose health information to our contracted business associates that perform functions on our behalf. For example we use another company called MDM to perform billing services.

Appointment reminder, treatment alternatives and health-related benefits and services: A part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes: To remind you of an appointment including the use of post cards and/or messages left on answering machines. To inform you of potential treatment alternatives or options. To inform you of health-related benefits or services that may be of interest to you.

Use of E-mail: If you choose to communicate with us via email, we may respond to you in the same manner in which the communication was received and to the same email address from which you sent your email. Before using email to communicate with us, you should understand that there are certain risks associated with the use of email. It may not be secure, which means it could be intercepted and seen by others. In addition, there are other risks associated with use of email, such as misaddressed/misdirected messages, email accounts that are shared with others, messages that can be forwarded on to others, or messages stored on portable electronic devices that have no security. Additionally, you should understand that use of email is not intended to substitute professional medical advice, or to be used for diagnosis or treatment. Email communications should never be used in a medical emergency.

Patient portal: You can access your information on-line using FollowMyHealth. You need to sign up with us.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share your Health Information with a person who is involved in your medical care or payment of your care, such as your family or a close friend, so long as you have not objected and it is reasonable for us to believe that such disclosure is in your best interest. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Special Purposes When Permitted or Required by Law. We may disclose Health Information about you for special purposes when permitted or required by law, including the following: To avert a serious threat to health or safety against you, the public or another person. For public health and administrative oversight activities such as disease control, abuse or neglect reporting, health and vital statistics, audits, investigation, and licensure reviews. For organ and tissue donation and transplant activities. For workers’ compensation or similar programs purposes, such as for the payment of benefits for work-related injuries. To coroners, medical examiners and funeral directors to identify a deceased person, determine cause of death or to carry out duties.

For judicial and administrative proceedings in response to a subpoena, court order, or administrative order, if certain requirements are met. For law enforcement activities, if the disclosure is required by law, necessary to identify or locate a suspect or missing person, about criminal conduct on our premises, about inmates, about victims of crime under certain circumstances, and in certain emergency situations. For U.S military and veteran reporting obligations regarding members and veterans of the armed forces of U.S or foreign military. For national security and intelligence activities, such as protective services for the President and other authorized persons. When otherwise required by law.

State and other Federal laws. We will comply with all applicable state and federal laws. For example, under Michigan law, there are more limits on the disclosure of mental health information, substance abuse information, and HIV and AIDS information. We will continue to abide by all applicable state and federal laws.

Other uses of Medical Information Require an Authorization. Other uses and disclosures of your Health Information that are not covered by this Notice will be made only with your written authorization, including for marketing purposes or sale of Health Information. A written authorization is also required for most uses or disclosures of psychotherapy notes. If you provide us an authorization to use or disclose your Health Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your Health Information for the reasons covered by the written authorization. You understand that we are unable to take back disclosures we have already made with your authorization, and that we are required to retain our records of care that we provide you.

HEALTH INFORMATION EXCHANGE We may participate in a health information exchange organization (“HIE”) that permits computer-based transfer of Health Information directly between healthcare providers at different locations and institutions to facilitate your care and treatment.

Your Right to Access. You have the right to inspect and obtain copy of your Health Information. This includes medical and billing records. You have the right to request this information in a particular electronic form or format. You also have the right to request that we transmit a copy of your Health Information directly to you or another person designated by you. We have up to 30 days to make your Health Information available to you and we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Your Right to Amend. If you feel that your Health Information is incorrect or incomplete, you may ask us to amend the information. You have the right to add a statement. You must provide a reason that supports your request.

Your Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your Health Information. This is referred to as an “accounting of disclosures”. Your request must state a time period. We may limit the time period to the prior 6 years. The first list you request within a 12-month period is free. For additional list, we may charge you for the costs of providing the list.

Your Right to Request Restrictions. You have the right to request a restriction or limitation on the how we use or disclose your Health Information for treatment, payment or operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care, like a family member or friend. We have the right to deny your request, except if you have paid for the service out of pocket in full and you request that we not submit your information to your health plan. In this case, we must agree to the request.

Your Right to Request Confidential Communications. You have the right to request that we communicate with 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. We will not ask you the reason for your request.

Right to Paper Copy of this Notice. You have the right to a paper copy of this Notice. It is available in the lobby.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with SFM. You may also file a complaint directly with the Secretary of the Department of Health and Human Services. You will not be penalized in any way for filling a complaint.

Your Right to Receive Notice of a Breach. You have the right to be notified of a breach of your unsecured Health Information. We will notify you by mail at your last known address.

CHANGES TO THIS NOTICE We reserve the right to change this Notice.

PRIVACY NOTICE CONTACT INFORMATION For questions regarding this notice or any concerns or complaints please contact our Privacy Officer, Dalal, 36950 Ryan Rd, Sterling Heights, MI 48130. Phone (586)722-7240

Revised Effective Date: 03/01/2020