



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

Effective Date: 4/2023

We are required by law to maintain the privacy of your protected health information (“health information”) and to provide you with this Notice of Privacy Practices (“Notice”), which describes our legal duties and privacy practices with respect to your health information. When we use or disclose your health information, we abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure).

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose certain health information in order to provide and coordinate your care. Additionally, we may use and disclose some health information for our operations and in order to receive payment for our services. Your authorization is not required when we use or disclosure your health information for the following purposes:

Treatment. We may use and disclose your health information in the provision and coordination of your healthcare and in connection with your treatment. For example, we may disclose all or part of any portion of your medical record information to your attending physician, nurses, and others outside of our facility who are involved in your care (such as family members), and any other healthcare providers or facilities or other persons who have a need for your health information in connection with your care and treatment.

Payment. We may use and disclose your health information for purposes of obtaining payment for healthcare services and goods, including for purposes of determining insurance or health plan coverage, billing, claims management, medical data processing, and reimbursement. This health information may be disclosed to an insurance company, third party payor, or other entity or person who may be involved in or responsible for payment of your medical bill. For example, we may send a bill to a third party payor that identifies you, your diagnosis, the treatment provided, the supplies used, and any other information required or desirable to obtain payment.

Healthcare Operations. We may use or disclose your health information to support the business activities of our practice and for our practice’s operations. These activities include, but are not limited to, uses and disclosures of your health information for quality assessment and improvement activities, licensing and accreditation purposes, employee review activities, training of medical and other students, and/or conducting or arranging for other activities. For example, we may use your health information to review our treatment and services provided to you and to evaluate the performance of our personnel.

We are also allowed to use and disclose your health information in the following ways:

Business Associates. We may use and disclose your health information with and to our "business associates" that provide services or products on behalf of or for our facilities (for example, billing or coding services, legal services, or accounting services). We have written contracts with our business associates requiring them to take appropriate measures to safeguard your health information.



Directory. Unless you notify us in writing that you object, we may include certain of your health information in a facility directory if you are a patient in the facility and we may disclose certain health information (for example, your name and general condition) to people who ask for you by name. We may also provide this information and your religious affiliation (if known to us) to clergy, regardless of whether they ask for you by name.

Medical Research. We may use and disclose your health information to medical researchers when an institutional review board that has reviewed and approved their proposed research protocol for privacy protections. We may also disclose your health information to persons who are preparing to conduct a research study as long as these persons are informed that they may only use the information for purposes of research and that they should not disclose this information to outside persons not involved or associated with the research study.

Family and Friends. We may disclose your health information to family members or friends who are involved in your medical care, if we obtain your agreement or provide you with an opportunity to object and either you do not object or we reasonably infer that you do not object. If you are not present, or the opportunity to agree or object cannot be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest.

Disaster Relief. We may disclose your health information to entities involved in disaster relief for appropriate purposes. If you are present, we will generally obtain your agreement or provide you with an opportunity to object before disclosing your health information for appropriate disaster relief purposes. In certain circumstances, we may exercise our professional judgment to determine whether a disclosure for disaster relief purposes is appropriate.

Regulatory Agencies. We may disclose your health information to health oversight agencies for activities authorized by law, which include, but are not limited to, licensure, certification, audits, inspections, and investigations. Additionally, we may disclose your health information to the Food and Drug Administration (or persons it designates) to report adverse events, product problems, to assist with product recalls, or for other related, authorized purposes.

As Required by Law. We will disclose your health information when we are required to do so by law.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries and illnesses.

Law Enforcement/Litigation. We may use and disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, discovery process, or court order.

Victims of Abuse, Neglect, or Domestic Violence; Threats to Health or Safety. If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your health information to appropriate governmental authorities authorized by law to receive reports of such abuse, neglect, or domestic violence. Additionally, we may use or disclose health information when it appears necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. Such disclosures will be made only to persons who may be able to help prevent the threat.

Public Health; Communicable Diseases. We may use and disclose your health information for public health activities, including disclosures to legal authorities charged with preventing or controlling disease, disability, or injury. We may also disclose your health information for other public health activities, such as reporting births and deaths, child abuse or neglect and reactions or incidences with drugs or medical products. Additionally, we may disclose your health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of spreading the disease or condition.



Organ and Tissue Donation. To the extent allowed by law, we may disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking, or transplantation of organs and/or tissue.

Coroners, Medical Examiners and Funeral Directors. We may disclose your health information to a coroner, medical examiner, or funeral director for identification purposes, determining cause of death or for the coroner, medical examiner, or funeral director to perform duties authorized by law.

Fundraising. We may, from time to time, use your health information, or disclose to a Business Associate, certain health information for purposes communicating with you to raise funds for our benefit, but you have the right to opt out of receiving such communications.

Military/Veterans; Inmates; National Security. We may disclose your health information as required by military command authorities if you are a member of the armed forces. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your health information to the correctional institution or law enforcement official. Additionally, we may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities or to enable them to provide protection to the President and certain other persons or to conduct special investigations.

Except as described above, uses and disclosures of your health information will generally occur only with your written authorization. For example, we will not use your health information to send you any marketing materials. We may, however, provide you with marketing materials in a face-to-face encounter and we may give you promotional gifts of nominal value. We also may tell you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Inspection and Copying of Your Health Information. You have the right to inspect and copy your health information that is contained in a designated record set for as long as we maintain such health information. A "designated record set" normally includes medical and billing records but does not include any psychotherapy notes. Your request must be in writing on our prescribed form and delivered in person or by mail to our Privacy Officer. We may charge you a fee for the costs of copying, mailing, and other supplies associated with your request. In certain circumstances, we may deny your request, in which case you may be able to have the denial reviewed by our practice.

Right to Request Amendment of Your Health Information. You may request an amendment to your health information that we maintain if you believe such information is incorrect. Your request must be in writing on our prescribed form and delivered in person or by mail to our Privacy Officer. We may deny your request for an amendment if we believe the information that would be amended is complete and accurate and under other special circumstances. If we deny your request for amendment, you may have the decision to deny reviewed by our practice.

Right to Request an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your health information made by our practice prior to the date of your request. The right applies only to certain disclosures defined in the law made within six years of your request. You must submit your request in writing and deliver it in person or by mail to the Privacy Officer. We will provide you, without charge, one accounting of disclosures per 12-month period. Each subsequent request within 12 months of the first request may involve paying for certain costs of providing the accounting. Your right to request an accounting of disclosures is subject to certain exceptions, restrictions, and limitations.



Right to Notification Following a Breach. You have the right to be notified if your health information is compromised in a breach of unsecured protected health information.

Right to Request Restrictions. You may request restrictions or limitations on the health information that we use or disclose about you for the purposes of treatment, payment, or healthcare operations, and you may also request a restriction or limitation on the health information that we disclose about you to individuals who may be involved in your care or payment for your care. However, except as described below, we are not required to agree to your requests. If we do agree, we will comply with your request except in emergency situations and in certain other situations, such as where your healthcare provider believes that it would be in your best interests to use or disclose such information. Except as required by law and excluding disclosures for treatment purposes, we are required to agree to your request not to share health information with your health plan that relates solely to services or a healthcare item for which you or someone on your behalf have paid in full out-of-pocket.

Any request for any restrictions or limitations on uses or disclosures of your health information must be submitted in writing on our prescribed form and delivered in person or by mail to the Privacy Officer. Your request must contain: (1) what information you want to limit; (2) whether you want to restrict or limit the use, disclosure, or both; and (3) specifically to whom you want the restrictions and limitations to apply.

Right to Request Confidential Communications. You may request that you receive communications from us by alternate means or at alternate locations. For example, you may request that we communicate with you only by mail at your work address. Any request for confidential communications must be submitted in writing on our prescribed form and delivered in person or by mail to the Privacy Officer. Your written request must specify how and where you want to receive communications. We will attempt to accommodate all reasonable requests. We may condition our agreement to accommodate your request by obtaining information from you as to how payment will be handled and obtaining additional or alternate addresses or means of contacting you. If we are unable to contact you using the ways or locations you have requested, we may contact you using any information we have.

Right to Receive a Paper Copy of this Notice of Privacy Practices. You have the right to a paper copy of this Notice of Privacy Practices by contacting our Privacy Officer.

Right to Revoke Authorization. You have the right to revoke your authorization to use or disclose your health information provided that such request is in writing and delivered in person or by mail to the Privacy Officer and provided that action has not already been taken in reliance on your authorization. You acknowledge and agree that we are unable to take back any uses or disclosures that already occurred with your permission or as otherwise permitted by this Notice or by law and that we are not required to retain our records of care that we provided to you.

To exercise these rights, contact our Privacy Officer at the address listed at the end of this Notice.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to change this Notice at any time and make the revised Notice effective for health information that we already have about you, as well as to any health information that we receive about you in the future. We will post a copy of the current notice at our offices. Upon your written request, we will provide you with any revised Notice of Privacy Practices.

COMPLAINTS AND FURTHER INFORMATION



If you believe that your privacy rights have been violated, you may complain to us by submitting a complaint in writing to the Privacy Officer or you may complain to the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint. If you have questions or would like additional information, you may contact our Privacy Officer at the address below or by phone at (248) 462-6178.

Privacy Officer – Shannon Grosso
Miller Vein
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Farmington Hills, MI 48334