

This Notice is Required by Federal Law

NOTICE OF PRIVACY PROTECTION

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.

Why Are We Giving You This Notice?

We at the office of Grand Haven Bone and Joint have always valued your privacy and the confidentiality of your personal and health care information. We have always protected that information very carefully.

The federal government became concerned that not every organization was protecting your health care information, and passed a law requiring each health care provider to follow the same set of standards.

A federal law now requires that we give you this statement **before** we begin to treat you. We are also required to obtain special consents before we treat you, on a separate form.

Uses and Disclosures:

In order to provide you with high quality health care we must collect and use information about you, including information that you probably consider confidential and private.

We use the information to treat you for your illness or condition, send billings on your behalf, and to facilitate health care operations in our office to insure we give you high quality health care.

Specific Disclosures:

We sometimes disclose your protected health information to other organizations when it is helpful. Some examples would be:

- we share your information with your other physicians, including specialty physicians who treat you at our referral
- when you have surgery we share information with the hospital or surgery center
- we share some of your information when we send you for a lab test, MRI, bone scan, etc., and we share information when you go to physical therapy
- we share some of your information with your insurance company when we prepare your billing
- we share your information with your attorney at your request
- we share your information with the workers' compensation bureau and with your disability insurance company at your request
- we will release your information to anyone you desire when you give us an authorization to do so

Your Individual Rights:

- You have the right to request additional restrictions on the use and disclosure of your protected health information.
(Please note, that it is usually legal for us to refuse to treat you if the restrictions prevent us from providing proper health care services.)

- You have a right to request that your protected health information be communicated to an alternate location or by an alternate method. For example, if you do not want information sent to your home, you have a right to have the information sent to an alternate address.
- You have a right to review and to copy your protected health information, with only a few exceptions. If we deny you access to your protected health information you have a right to a review of our decision by a licensed health professional.
- You have a right to file an amendment of your information if you believe the information to be incorrect. There are rules about how you must file the amendment and how we must respond. The best way to request an amendment is in writing.
(*No one can retaliate against you if you file an amendment to your information.*)
- You have a right to see an accounting of every disclosure we have made of your protected health information.

Our Duties:

- We must give you this Notice before we begin treatment, except in an emergency.
- We will have you sign a special Consent Form, even though it is not required by law
- We must protect your health information according to the federal rules and the normal standards of medical practice.
- We must appoint a Privacy Officer and tell you how to make contact.
- We must train our staff to follow the privacy rules and we must discipline them when they do not.
- We must monitor our compliance and take steps to improve any weak areas.
- We must notify you if we accidentally release your protected health information to someone who should not have the information.

Complaints:

If you believe that we have not protected your health care information properly, you have a right to file a complaint. We will take your complaint very seriously and investigate the complaint completely.

To Make a Complaint:

To make a complaint please write a letter or request a form and mail or give the form to Our Privacy Officer, or call him/her at (616) 296-9100.

This Notice is effective April 14, 2003, and will remain in effect until a new Notice is issued.