

Partners In Internal Medicine  
**NOTICE OF PRIVACY PRACTICES**

This notice describes how your medical information may be used and disclosed, or how you can get access to this information. Please review it carefully.

**EFFECTIVE DATE OF NOTICE: APRIL 14, 2003**  
**Revision Date: September 23, 2013**

**Our Responsibilities**

Partners In Internal Medicine takes the privacy of your health information seriously and is committed to protecting your medical information. We are required by law to maintain the privacy of protected health information, to provide you with this Notice of Privacy Practices, and to notify affected individuals following a breach of unsecured protected health information. This Notice describes how we use and disclose your health information and what rights you have regarding your medical information.

**How we may use and disclose your health information:**

Partners In Internal Medicine collects health information about you and stores it in an electronic chart. This is your medical record. The medical record is the property of this practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

- ◆ **TREATMENT.** We may use health information about you to provide your medical care. We may disclose your health information to doctors, nurses, or employees of Partners In Internal Medicine who are involved in taking care of you. Additionally, we may use or disclose your health information with other physicians or health care providers who will provide services that we don't provide. We may also disclose information to members of your family or others who can help you when you are sick or injured, or after you die.
- ◆ **PAYMENT.** We use and disclose medical information about you to obtain payment for the services we provide. For example, we give your health plan the information it requires before it will pay us. We may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you.

**Health Care Operations.** We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run our office and to make sure you receive competent, quality health care, as well as maintain and improve the quality of health care we provide. For example, we may use medical information to review our treatment and services in addition to evaluating the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. Other examples of how we may use or disclose your health information for health care operations are: financial, billing audits, internal quality assurance, personnel decisions, participation in managed care plans, defense of legal matters, business planning and outside storage of our records. We may also disclose information to doctors, nurses, technicians, and other office personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care

delivery without learning the identity of specific patients. We will also disclose your health information when required others may use it to study health care and health care delivery without learning the identity of specific patients. We will also disclose your health information when required to do so by federal, state or local law.

**Sign In Sheet.** We may call out your name when we are ready to see you by having you sign in when you arrive at the office.

- ◆ **For Public Health Purposes.** We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child, elder or dependent adult abuse or neglect, reporting domestic violence, reporting to the FDA medication problems, and reporting disease or infection exposure.
- ◆ **Other Uses such as:**
  - Appointment Reminders
  - Health Oversight Activities
  - Judicial Purposes/Subpoena
  - Law Enforcement
  - Coroners, Medical Examiners & Funeral Directors
  - Organ & Tissue Donation
  - Military & Veterans
  - National Security and Intelligence Activities
  - Custodial Situations
  - Worker's Compensation
  - Treatment Alternatives
  - Individuals involved in your care or payment of your care
  - Breach Notification

**When Partners In Internal Medicine May Not use or Disclose Your Health Information.** Except as described in this Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization at any time.

**Your Rights Regarding Your Health Information:**

- ◆ **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information by written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. We reserve the right to accept or reject any request, and will notify you of our decision.

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◆ **Right to Request Confidential Communications.** We communicate with you regarding your health care either through your home phone, work phone, cell phone, email, or through the mail at your home address. You have the right to request that we communicate with you in a specific way. We will accommodate all **reasonable** requests submitted in writing which specify how or where you wish to be contacted.

◆ **Right to Inspect and Copy.** You have the right to inspect and copy health information with limited expectations. To access your medical information, you must submit a written request detailing what information you want access to, whether you want to inspect it or get a copy of it, and if you want a copy, your preferred form and format. We will provide copies in your requested form and format if it is readily producible, or we will provide you with an alternative format you find acceptable, or if we can't agree and we maintain the record in an electronic format, your choice of readable electronic or hardcopy format. We will also send a copy to any other person you designate in writing. We will charge a reasonable fee for labor, mailing or other supplies associated with your request. However, there is no charge for requests that involves forwarding your records to another physician office directly. We may deny your request under limited circumstances. If we deny your request because we believe allowing access would be reasonably likely to cause substantial harm, you will have the right to appeal.

◆ **Right to Amend.** You have the right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information. If we deny your request, you may submit a written statement of your disagreement with that decision, and we may, in turn, prepare a written rebuttal. We may deny your request if we do not have the information, if we did not create the information (unless the person that created the information is no longer available to make the amendment), or if the information is accurate and complete as is. All information related to any request to amend will be maintained and disclosed in conjunction with any subsequent disclosure of the disputed information.

◆ **Right to an Accounting of Disclosure.** You have the right to receive an accounting of disclosures of your health information made by Partners in Internal Medicine, except that this medical practice does not have to account for the disclosures provided to you with your written authorization, or as described in this notice for treatment, payment, health care operations, public health, or law enforcement officials.

◆ **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may also obtain copy of this Notice at our web Site at [www.piim.org](http://www.piim.org).

◆ **Changes to this Notice.** By law, we must abide by the terms of the Notice of Privacy Practices. We reserve the right to amend this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We

post a copy of the current Notice in a clear and prominent location to which you have access in our office. This Notice is also available upon request and is also posted on our website. The Notice will contain, on the first page, the effective date. In addition, if we revise the Notice and you are still with the Partners in Internal Medicine, we will offer you a copy of the current Notice in effect.

◆ **Complaints.** Complaints about this Notice of Privacy or how Partners in Internal Medicine handles your health information should be directed to our Privacy Officer listed below.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

**DHHS Region V - Chicago (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)**

Celeste Davis, Regional Manager

Office for Civil Rights U.S. Department of Health and Human Services 233 N. Michigan Ave., Suite 240

Chicago, IL 60601

Voice Phone (800) 368-1019

FAX (312) 886-1807

TDD (800) 537-7697

The complaint form can be found at:

[www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf)

You will not be penalized in any way for filing a complaint.

**If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, please contact:**

**Partners in Internal Medicine**

**Attn. Privacy Officer/Practice Manager**

**2200 Green Rd., Ste B**

**Ann Arbor, MI 48105**

**(734) 994-7446**

**(734) 623-8590 fax**