

Grand Rapids OB/GYN

Dr Stephen C Dalm

Nisha McKenzie PA-C

5060 Cascade Rd SE Ste C

Grand Rapids, MI 49546

Phone (616) 247-1700 Fax (616) 247-3679

www.grandrapidsobgyn.com

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.

Our physicians and staff have always taken seriously the issue of handling your protected health information (referred to as PHI). We will continue to protect your privacy as always and abide by State and Federal laws and requirements. Your protected health information (PHI) includes any and all information that is unique only to you.

When it is necessary to use or disclose any information about you, it will fall under one of the following three categories:

- 1) **Treatment** We may use or disclose your PHI to aid in your treatment. An example of this would include sharing information with other physicians or facilities that might also be caring for you.
- 2) **Payment** We may use or disclose your PHI when trying to obtain payment for your care. An example of this would include releasing information to your insurance company to obtain payment.
- 3) **Health Care Operations** We may use or disclose your PHI in order to properly and efficiently run our daily operation of caring for our patients. An example of this would include operations ranging from utilization review with your insurance carrier to appointment reminders via mail and phone.

More uses and disclosures of you PHI, both permitted and required, as listed as follows:

- (Required) Certain diseases or conditions must be reported to the Department of Public Health.
- (Permitted) Insurance carriers or third party payors will often require specific information prior to releasing payment to us.
- (Permitted) Utilization Review companies often require information from us about your care as per their contract with your insurance carrier.
- (Permitted) Our employees may contact your previously listed alternate phone numbers when attempting to reach you for treatment or payment operations and the information provided by you is no longer accurate.
- (Permitted) If you are or were a minor at the time of service we may release information to your guardian/responsible party for payment and treatment purpose as permitted by state laws pertaining to confidentiality.
- (Permitted) We may release your information to third party collectors and reporting agencies for payment purpose.
- (Required) When government authorities request information for their own investigation purposes, such as violence, abuse, or neglect, we will comply with their request. It may also be used when it is necessary for us to report such activities.
- (Permitted) We may disclose information to correctional facilities for treatment of as incarcerated patient.
- (Permitted) We may disclose information to pharmacy staff when calling in prescriptions or to research alleged abuse of prescription or non-prescription medications.
- (Permitted) We may disclose information when contacting other providers and facilities to obtain your records and reports that are helpful in your treatment. We may also disclose information when other providers of your care contact us.

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- (Permitted) We may disclose information with any provider or facility when arranging your care with that provider or facility.
- (Permitted) We may disclose minimal information with other health related facilities to aid us in locating you when your current demographic information is no longer accurate. This applies when we are attempting to locate you for reasons of treatment, payment, or daily healthcare operations.
- (Permitted) We may disclose information when reminding you of upcoming appointments via phone, answering machine, or mail.

For any other uses or disclosures of your PHI that are not listed above, a signed authorization by you will be necessary. We will have authorization forms available for your use if so requested. For example, if you request that copies of your records be sent anywhere, we will require a signed authorization form from you. We do provide records electronically on a disc or paper copies.

We do not sell or use PHI for marketing of any type.

This Notice of Privacy Practices can be revoked.

You have the right to request in writing that you PHI be restricted from certain uses and disclosures. However, we are not required to agree to your request.

You have a right to access your own record for inspection and/or copying.

You have a right to an accounting of the details of any record releases or disclosures.

You have a right to request that we amend or correct your PHI. You should submit your request in writing and send it to our Privacy Manager at the address listed at the end of this Notice.

You have a right to receive confidential communications of your PHI. You should submit your request in writing describing to us how you would like to receive the information, what information you are requesting, where you would like it sent, and why our traditional methods would put you at risk. You may send your request to our Privacy Manager at the address listed at the end of the Notice.

You can be assured that the physicians and staff of Grand Rapids OB/GYN are required to protect your PHI. We teach our staff how to protect your privacy and we take appropriate action if procedures are not followed. We will provide the Notice to all patients and abide by the terms of the Notice.

Grand Rapids OB/GYN may revise its policies and procedures at any time. These revisions could result in additional uses and disclosures of you PHI without and authorization. This Notice and any revisions of this Notice will always be available upon request. We will also have Notice posted in our waiting room as well as copies available for you to take at all times and all locations.

If you believe your rights have been violated, you have the right to have your complaint heard by Grand Rapids OB/GYN as well as the Secretary of the Department of Health and Human Services.

If you have any questions, comments, or complaints, please direct them to:
Grand Rapids OB/GYN Attn: Privacy Manager, 5060 Cascade Rd Se Ste C, Grand Rapids, MI 49546

The effective date of this notice is 8/1/2013.