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Dear Patient:

Physicians have always protected the confidentiality of your health information by sealing medical records in filing cabinets and refusing to reveal your information. State and federal laws have also attempted to ensure confidentiality of this sensitive information. The Federal Government has now published regulations designed to protect the privacy of your health information. This "Privacy Rule" protects health information maintained by physicians, hospitals, other health care providers and health plans. April 14, 2003 physicians were required to comply with standards set forth by the Privacy Rule for protecting the confidentiality of your health information.

This regulation protects all patients regardless of where they live or receive health care. When patients see a physician, become admitted to the hospital, fill a prescription or have a claim sent to their health insurance, the physician, hospital or other health care provider will consider the Privacy Rule. All health information, including paper records, oral communication and electronic formats are protected by the Privacy Rule. It also provides certain rights, such as access to your medical records. However, some rights do have certain restrictions. Our office takes precautions to safeguard your health information, such as employee training and computer security measures.

Feel free to ask our physicians or Privacy Officer, Josephine Kuhlman (248.852.8020) about your rights or how our office protects your health information. The **Notice of Privacy Practices** hand outs are available in our office lobbies or on our website at [www.mycrsdoc.com](http://www.mycrsdoc.com).

## NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully. If you have any questions, contact Josephine Kuhlman at 248.852.8020.

Because your medical information is personal, the office of Colon Rectal Specialists is committed to protecting it. We create a record of the care and services you receive here. We do this to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records we generate whether it is by one of our physicians or office staff. This Notice will explain the ways in which we may use and disclose your medical information and it will describe the rights and obligation we have regarding the used and disclosure of medical information.

**This office is required by law to:** **a)** make sure that the medical information that identifies you is kept private; **b)** give you this notice of our legal duties and privacy practices with respect your medical information; **c)** follow the terms of the Notice that is currently in effect.

### How Our Office May Use & Disclose Your Medical Information

For clarification we have included some examples of how your medical information may be used or disclosed. Not every possible use and/or disclosure is specifically addressed; however, many of the ways should fit within the following categories:

- **For Treatment** We may use your medical information to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians and other office personnel who are involved with providing medical treatment to you.
- **For Payment** We may use and disclose your medical information so the treatment and services that you receive may be billed and payment collected from you, an insurance company or a third party. We may need to share treatment information with your health insurance company for the purpose of receiving payment or for your reimbursement. We may also disclose information for the reason of obtaining prior authorization for a treatment or procedure.
- **For Health Care Operations** Usage and disclosure of medical information is necessary for office operations and assurance of quality care for our patients. We may use it to review our treatment and services in the training and performance of patient care by our staff. We may combine the knowledge of medical information to evaluate what services are provided, what services may be needed and if new treatments are effective. We may also utilize this information for education and review for doctors, nurses, technicians and other office personnel. We may omit information that identifies you from this medical information so it may be utilized for the study of providing health care, without compromising the identity of specific patients.
- **Appointment Reminders** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical at our office.

- **Treatment Alternatives** We may use and disclose medical information to inform you of health related benefits or services that may be of interest to you.
- **Health Related Benefits and Services** We may use and disclose medical information to inform you of other health related benefits or services that may be of interest to you.
- **Research** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another medication for the same condition.
- **As Required By Law** We will disclose medical information about you when required to do so by federal, state or local law. For example, disclosure may be required by Worker's Compensation statutes or various public health statutes in connection with required reporting of certain diseases, child abuse or neglect, domestic violence or adverse drug reactions.
- **To Avert Serious Threat to Health or Safety** We may use and disclose medical information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Health Oversight Activities** We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections or licensure renewals.
- **Law Enforcement** We may release medical information about you if required by law when asked to do so by a law enforcement official.
- **Coroners and Medical Examiners** We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

#### Uses and Disclosures Requiring and Authorization

- Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time, except to the extent that we have acted in reliance of it. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. The following are examples of uses and disclosures requiring an authorization:
- **Psychotherapy Notes** If we maintain information which qualifies as "psychotherapy notes" as defined below, we must obtain an authorization for any use or disclosure of psychotherapy notes, except: (i) To carry out the following treatment, payment, or health care operations: (A) Use by the originator of the psychotherapy notes for treatment; (B) Use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (C) Use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual; and (ii) A use or disclosure that is required by the Secretary of HHS to investigate or determine our compliance or permitted by law; uses and disclosures for health oversight activities with respect to the oversight of the originator of the psychotherapy notes; suits and disclosures about descendants; or uses and disclosures to avert a serious threat to health or safety of a person or the public. **Psychotherapy notes** mean notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. **Psychotherapy notes** excludes medication and prescription monitoring, counseling session start and stop times, and the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- **Marketing** We are required by law to receive your written authorization before we use or disclose your health information for marketing purposes, except if the communication is in the form of: (A) a face-to-face communication made by us to you; or (B) a promotional gift of nominal value we provide. If the marketing involves direct or indirect remuneration to us from a third party, the authorization must state that such remuneration is involved. If the marketing involves financial remuneration to us from a third party, authorization must state that such remuneration is involved.
- **Sale of PHI** Under no circumstances will we sell our patient lists or your health information to a third party without your authorization. Such authorization must state that the disclosure will result in remuneration to the covered entity.

#### Your Rights Regarding Your Medical Information

You have the following rights regarding medical information this office maintains about you:

- **Right to Inspect and Copy** You have the right to inspect and copy your medical information with the exception of any psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to Colon Rectal Specialists, P.C. If you do request a copy of your information, we may charge a fee for the costs of copying, mailing and other supplies associated with your request. We may deny your request to inspect and copy information in certain circumstances. If you are denied access to your medical information, you may request the denial be reviewed. For information regarding such a review, contact the Privacy Officer of CRS Josephine Kuhlman at 248.852.8020.
- **Right to Amend** If you feel that medical information we have about you is incorrect or incomplete you may ask us to amend this information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be made in writing and submitted to Josephine Kuhlman at the Rochester Hills office of Colon Rectal

Specialists, P.C. We may deny your request for an amendment if it is not in writing and does not include a reason to support your request. In addition, we may deny your request if you ask us to amend information that: **a)** was not created by any CRS office personnel; **b)** is not a part of the medical information kept by this office; **c)** is not information that you would be permitted to inspect or copy or; **d)** is accurate and complete.

- **Right to An Accounting of Disclosures** You have the right to request an accounting of disclosures this office has made of your medical information. We are not required to list certain disclosures including disclosures made for treatment, payment, and health care operations purposes, or disclosures made incidental to treatment, payment, and health care operation; however, if these disclosures were made through an electronic health record, you have the right to request, beginning on the dates established by law or regulation, an accounting for such disclosures that were made during the previous 3 years. To request this accounting of disclosures, you must submit your request in writing to the HIPPA Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.
- **Right to Request Restrictions** You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. *We are not required to agree to your request for a restriction, except as noted below.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We are required to agree to your request for a restriction if, except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or health care operations (and is not for purposes of carrying out treatment) and the medical information pertains solely to a health care item or service for which we have been paid out of pocket in full. To request restrictions, you must make your request in writing to the HIPPA Privacy Officer.
- **Right to Request Confidential Communications** You have the right to request that we communicate with you only in a certain manner. For example, you can request that we only contact you at work or by mail.
- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this Notice. Even if you have obtained a copy electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website at [www.mycrsdoc.com](http://www.mycrsdoc.com). To obtain a paper copy of this notice, please contact the HIPPA Privacy Officer.
- **Right to Receive Notice of Discovery of a Breach of Unsecured Protected Health Information** We are required to notify you of any breach of unsecured protected health information concerning you following the discovery of the breach when required by regulation.

**Revisions to this Notice** We reserve the right to revise the **Notice of Privacy Practices**. Any revision will be effective for medical information we already have regarding you as well as any information we may receive in the future. We will post a copy of newly revised Notices that will include an effective date on the first page, in the top right hand corner. In addition, each time you visit the office we will offer you a copy of the current notice in effect.

**Complaints** If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary Department of Health and Human Services. All complaints must be submitted in writing. **This office will not penalize you in any way for filing a complaint.**

**HIPPA PRIVACY OFFICE** Josephine Kuhlman (248)852-8020  
**Colon Rectal Specialists**  
**595 Barclay Circle, Ste A**  
**Rochester Hills, MI 48307**