

Lung Center and Sleep Clinic

Notice of Privacy Practices

Effective Date: April 10, 2003

THIS NOTICE DESCRIBES HOW INDIVIDUALLY IDENTIFIABLE INFORMATION ABOUT YOU WILL BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions, please contact us at 269-969-6099 or in writing at: Lung Center and Sleep Clinic, 5161 B Drive South Suite A, Battle Creek, MI 49015.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information is information about you including demographics and other information that may identify you and that relates to your past, present or future physical or mental health and related health care services.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care you receive to provide quality care and to comply with legal requirements. We are required by law to:

- Keep information about you private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

Changes to This Notice

- We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make significant change in our policies, we will change our notice and post the new notice in our office. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of this notice at your initial visit to our office. You will also be asked to acknowledge in writing the offer of this notice.

Uses and Disclosures of Protected Health Information

- We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for a treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods).
- We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, funeral arrangements and organ donation, worker's compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- We may also contact you for appointment reminders. We may also call you by name in the lobby area when your physician is ready to see you. We will share your protected health information with third party business associates that are involved in office operation activities (for example, billing services or transcription) for the practice. Whenever an arrangement between the office and the

business associates involve the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your information.

Other Uses of Medical Information

- In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing protected health information about you, unless otherwise permitted or required by law. You may revoke your authorization at any time, in writing, except to the extent that your physician or the physician's staff has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights Regarding Protected Health Information About You

- In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that the information in your medical record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we appeal, in writing, a decision by us not to amend a record.
- You have the right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, healthcare operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 10, 2003.
- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.

Complaints

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact us at 269-969-6099.
- You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights.
- ***Under no circumstance will you be penalized or retaliated against for filing a complaint.***