

## NOTICE OF PRIVACY PRACTICES

**1. 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.**

**2. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)**

We are legally required to protect your protected health information ("PHI") — information that identifies you regarding your health, treatment, or payment. We may not use or disclose more PHI than necessary. We reserve the right to change our privacy policies at any time; changes apply to PHI already on file and any new PHI.

**3. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We use and disclose health information for many reasons. Some require your authorization; categories are described below.

**3.1 Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations**

**3.1.1 For treatment.** We may disclose your PHI to health care personnel involved in your care (e.g., sharing with physical therapy to coordinate treatment).

**3.1.2 To obtain payment.** We may use your PHI to bill and collect payment, including sharing with your health plan and billing companies.

**3.1.3 For health care operations.** We may use your PHI to operate our clinics, evaluate quality of services, and share with accountants, attorneys, and consultants.

**3.2 Other Uses and Disclosures That Do Not Require Your Authorization**

**3.2.1** When required by federal, state, or local law, judicial or administrative proceedings, or law enforcement — including reports of abuse, neglect, domestic violence, and gunshot wounds.

**3.2.2** For health oversight activities, such as government investigations or inspections of health care providers.

**3.2.3** For research purposes, in certain circumstances.

**3.2.4** To avoid a serious threat to the health or safety of a person or the public.

**3.2.5** For specific government functions, including military/veteran disclosures and national security purposes.

**3.2.6** For workers' compensation purposes, to comply with workers' compensation laws.

**3.2.7** For appointment reminders, treatment alternatives, or other health-related benefits or services we offer.

**3.3 Uses and Disclosures to Which You Have an Opportunity to Object**

**3.3.1 Patient directories.** We may include your name, location, and general condition in our directory unless you object.

**3.3.2 Family, friends, or others.** We may share PHI with persons involved in your care or payment, unless you object.

**3.3.3 Special legal restrictions.** Michigan law/Federal Regulations require explicit authorization for mental health, substance abuse, and HIV/AIDS disclosures.

**3.4 All Other Uses and Disclosures Require Your Prior Written Authorization**

In any other situation, we will ask for your written authorization before using or disclosing your PHI. If you sign an authorization, you can later revoke it in writing to stop future uses and disclosures (to the extent we have not already taken action relying on it).

**4. YOUR RIGHTS REGARDING YOUR PHI**

**4.1 Request limits.** You may ask us to limit use/disclosure of your PHI. We are not required to accept, but must honor requests not to disclose to your health plan for services you paid out-of-pocket in full.

**4.2 Choose delivery method.** You may request PHI be sent to an alternate address or by alternate means.

**4.3 Access and copies.** You have the right to see or get copies of your PHI (written request; 30-day response; copying fee may apply).

**4.4 Disclosure list.** You may request a list of disclosures (excluding treatment/payment/operations) for up to six years. First request per year is free; additional are \$25.

**4.5 Correct or update.** You may request corrections to your PHI in writing. We will respond within 60 days.

**4.6 Paper copy.** You may request a paper copy of this notice even if received electronically.

**4.7 Marketing.** Written authorization is required before using your PHI for marketing (except face-to-face or nominal gifts).

**4.8 Sale of PHI.** Written authorization is required before any sale of your PHI.

**4.9 Breach notification.** We will notify you of any breach of your unsecured PHI.

**5. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may file a complaint with Movement Orthopedics at 43475 Dalcoma Dr. Suite 250, Clinton Twp, MI 48038, or with the Secretary of the Department of Health and Human Services. No retaliatory action will be taken.

**6. CONTACT INFORMATION**

For questions or complaints about our privacy practices, contact the **HIPAA Privacy Officer at (586) 436-3785 x102.**

Effective Date of This Notice: July 2017