

**Family and Friends:** We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We will disclose medical information and treatment options only to parents or guardians of minor children unless you give us prior written authorization to disclose to another party.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, answering machines, postcards, letters, or messages left with other members of your family).

**Marketing Health Related Services:** We may notify our patients via mail or phone about various procedures or products that we provide and have available. We do not share patient names or addresses with any outside vendors for their marketing purposes.

**Your Authorization:** In addition to our use of your medical information as delineated you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization we will not use or disclose your medical information for any reason except those described in this notice.

## **YOUR INDIVIDUAL RIGHTS:**

**Access:** You have the right to look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter. If you request copies, we will charge you \$1.00 for each page, \$20 per hour for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format.

**Disclosure Accounting:** You have the right to request a list of instances where we or our business associates disclosed your medical information for purposes other than treatment, payment, healthcare operations and other specified exceptions. If requested more than once in a 12-month period, we may charge you a cost-based fee for responding to these additional request.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do we will make every attempt to abide by our agreement (except in case of emergency).

**Alternative Communications:** You have the right to request that we communicate with you about your medical information by different means or to different locations. Your request must be in writing and must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Electronic Notice:** If you received this notice electronically, you are entitled and have the right request and to receive this notice in written form.

## **QUESTIONS AND COMPLAINTS:**

If you have any questions about this notice or want more information please contact us. We support your right to the privacy of your medical information. Contact Officer: Dr. Albert Peterson (989) 832-7915

If you have a complaint or are concerned that we may have violated your privacy rights please let us know. You may request and submit a complaint form directly to the Contact Officer at: 5103 Eastman Ave. Suite 255 Midland Michigan 48640 You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with their address to file your complaint with them upon request.