



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.-

We may use and disclose your information for the following purposes:

- **Treatment** - which means providing or directing your health services provided by one or more health providers (such as sending your medical record information to a specialist physician as part of a referral).
- **Payment** - which includes verifying your coverages, billing and collecting payment for our services and products, and seeking reimbursements for services and products. Examples of this would be sending billing information to a health insurance plan, billing you for deductibles and co-payments, and following up on unpaid services.
- **Health Care Operations** - which include the business of running our practice, such as quality assessment and evaluating the quality of care that you receive (such as comparing patient data to improve treatment methods).

We may also be required to disclose your health information by federal, state or local laws, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area, and on our website. You may also request a copy of our notice at any time. You also have the following rights to your protected health information. When you present written request to our Privacy Officer, you may:

- Place restrictions on our disclosure of your health information to family members, relatives, friends or any other person identified by you. We may disagree with such a restriction, but if we do agree, your limitation of disclosure will be honored.
- Inspect and copy your protected health information.
- Request an amendment to your health information.
- Receive an accounting of the disclosures of your protected health information.
- Request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.

If you are concerned that we have violated your privacy rights, or disagree with a decision we made about access to your records, you may contact the person below. You may also send a written complaint to the U.S. Department of Health and Human Services. Under no circumstances will you be retaliated against for filing a complaint.

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:

Todd Totzke 133 East Michigan, Paw Paw, MI. 49079 (269)657-7288