ROCHESTER GASTROENTEROLOGY ASSOCIATES

1349 South Rochester Road Suite 210. Rochester Hills, MI 48307 | 248-844-2600 |

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 if carefully.**

You have the right to:
Get a copy of your paper or electronic medical record (we may charge reasonable fees for a copy)
correct your paper or electronic medical record in certain situations
request confidential communication
ask us to limit the information we share
Get a list of those with whom we’ve shared your information in certain situations
Get a copy of this privacy notice

 **Your Choices**

* + You have some choices in the way that we use and share information as we:
	+ Tell the family and friends about your condition by your choosing
	+ Provide disaster relief
	+ Market our services and sell your information

**Our users and disclosures**

* + We may use and share your information as we:
	+ Treat you
	+ Run our organization
	+ Bill for your services
	+ Help with public health and safety issues
	+ Comply with the law
	+ Work with medical examiner or funeral director
	+ Address workers compensation, law enforcement, and other government requests
	+ Respond to lawsuits and legal actions

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of your responsibilities to help you.

**Get and electronic or paper copy of your medical record**

* You can ask us to get and electronic (if accessible by us) or paper copy of your medical record and other health information we have about you. Ask us how to do this.
* We will provide a copy or a summary of your health information, usually within 7-10 days of your request. We may charge, depending on the chart.

**Ask us to correct your medical record**

* + You can ask us to correct health information about you that you think is incorrect or incomplete. ask us how to do this.
	+ We may say no to your request, but well tell you why in writing within 60 days.

Request confidential communications

* You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
* We will say “yes” to all reasonable requests.

Get a copy of this privacy notice

* You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

* If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
* We will make sure the person has this authority and can act for you before we take any action.

**Your choices**

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share your information in the situation described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

* + Share information with your family, close friends, or others involved in your care
	+ Share your information in a disaster relief situation
	+ Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent treat to health or safety.*

In these cases, we never share your information unless you give us written permission

* Marketing purposes

**Our uses and disclosures**

**How do we typically use or share your health information?**

**TREAT YOU:**

We can use your health information and share it with other professionals who are treating you.

*Example: sending your colonoscopy report to your primary care physician*

**RUN OUR ORGANIAZATION:**

We can use and share information to run our practice, improve your care, and contact you when necessary.

 *Example: we use health information about you to manage your treatment and services*

**Bill for your services:**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan, so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have met many conditions in the law before we can share your information for these purposes. For more information see: <http://www.hhs.gov/ocr/privacy/hippa/understanding/consumers/index.html>

**Help with public health and safety issues**

 We can share health information about you for certain situations such as:

* Preventing disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

**Comply with the law**

We share information about you if state or federal laws require it, including with the department of health and human services if it wants to see that we are complying with federal privacy laws.

**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a corner, medical examiner, or funeral director when an individual die.

**Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

* + - For workers compensation claims
		- For law enforcement oversight agencies for activites authorized by law
		- With health oversight agencies for activites authorized by law
		- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**For clarification, please note that we do not create or manage a hospital directory of patient names nor do we create or maintain psychotherapy notes. The HIPPA privacy regulations establish a minimum acceptable threshold for the use and disclosure of a patient’s health information. State and other federal laws may require greater limits. The state of Michigan sets forth greater protections governing the use and disclosure of certain types of records, reports and data including substance abuse treatment HIV/AIDS, communicable diseases and mental illness.**

**Our Responsibilities**

* + We are required by law to maintain the privacy and security of your protected health information.
	+ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
	+ We must follow the duties and privacy practices described in this notice and makes a copy of it available to you.
	+ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hippa/understnding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hippa/understnding/consumers/noticepp.html)

**Changes to the terms of this notice**

* **We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.**

**Other instructions for this notice**

* **Effective date of notice: January 1st, 2017**

**If you have any questions, would like additional information, or you believe your privacy rights have been violated you may contact our Privacy Official:**

* Phone (248)844-2600
* Address: 1349 South Rochester Road suite. 210 Rochester Hills, MI 48307