

**Coroners and Medical Examiners.** We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

**National Security.** Our practice may disclose medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

**Inmates.** Our practice may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

**Workers' Compensation.** Our practice may release your medical information for workers' compensation and similar programs.

## **Your Rights Regarding Your Medical Information**

You have the following rights regarding the medical information this office maintains about you:

**Right to Inspect and Copy.** You have the right to inspect and copy your medical information with the exception of any psychotherapy notes. To inspect and copy your medical information, you must submit your request in writing to **THE PRIVACY OFFICER**. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. For information regarding such a review contact **THE PRIVACY OFFICER**.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by this office. To request an amendment, your request must be made in writing and submitted to **THE PRIVACY OFFICER**. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- (a) Was not created by us;
- (b) Is not part of the medical information kept by this office;
- (c) Is not part of the information which you would be permitted to inspect and copy; or
- (d) Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures this office has made of your medical information. To request this accounting of disclosures, you must submit your request in writing to **THE PRIVACY OFFICER**. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. *We are not required to agree to your request for a restriction.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to **THE PRIVACY OFFICER**.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to **THE PRIVACY OFFICER**. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, contact **THE PRIVACY OFFICER**.

**Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Please note, we are required to retain records of your care.

## **Revisions to This Notice**

We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in this office. Any revised Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you visit the office we will offer you a copy of the current Notice in effect.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact **THE PRIVACY OFFICER, MY KID'S DOC-SOUTHFIELD, PLLC, 29255 NORTHWESTERN HIGHWAY, SUITE 100, SOUTHFIELD, MI 48034 (248) 358-2410**. All complaints must be submitted in writing. **THIS OFFICE WILL NOT PENALIZE YOU IN ANY WAY FOR FILING A COMPLAINT.**

## **Other Uses of Medical Information**

Other uses and disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **THE PRIVACY OFFICER, MY KID'S DOC-SOUTHFIELD, PLLC, 29255 NORTHWESTERN HIGHWAY, SUITE 100, SOUTHFIELD, MI 48034 (248) 358-2410**.