

Harbour Towne Health PLLC

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PATIENT 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.

Harbour Towne Health PLLC respects your privacy. We understand that your personal health information is very sensitive. The law protects the privacy of the health information we create and obtain in providing care and services to you. Your protected health information includes your symptoms, test results, diagnoses, treatment, and health information from other providers, and billing and payment information relating to these services. We will not use or disclose your health information to others without your authorization, except as described in this Notice, or as required by law.

1. What is Protected Health Information (PHI)

PHI is information that individually identifies you. We create a record or get from you or from another health care provider or health plan.

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

2. Your health information rights.

The health and billing records we create, and store are the property of **Harbour Towne Health PLLC**. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request unless the request is to restrict disclosure of your protected health information to a health plan for payment or health care operations and the protected health information is about an item or service for which you paid in full directly.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices ("Notice").
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- Have us review a denial of access to your health information—except in certain circumstances. •
- Ask us to change your health information that is inaccurate or incomplete. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record and included with any release of your records.
- When you request, we will give you a list of certain disclosures of your health information. The list will not include disclosures for treatment, payment, or health care operations. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another confidential means of communication or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we receive the revocation. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

3. Our responsibilities.

We are required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice for as long as it is in effect.
- Notify you if we become aware of a breach of your unsecured protected health information.

We reserve the right to change our privacy practices and the terms of this Notice, and to make the new privacy practices and notice provisions effective for all of the protected health information we maintain. If we make material changes, we will update and make available to you the revised Notice upon request. You may receive the most recent copy of this Notice by calling and asking for it.

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4. To file a complaint.

If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also file a complaint with the Department of Health and Human Services Office for Civil Rights (OCR). We respect your right to file a complaint with us or with the OCR. **You will not be penalized for filing a complaint.**

5. How we may use and disclose your protected health information.

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways we may use and disclose your protected health information without your permission. For each category, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within one of the categories.

Below are examples of uses and disclosures of protected health information for treatment, payment, and health care operations.

For treatment:

- We may contact you to remind you about appointments via phone, text and email.
- We may use and disclose your health information to give you information about treatment alternatives or other health-related benefits and services.
- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used by members of our health care team to help decide what care may be right for you.
- We may also provide information to health care providers outside our practice who are providing your care or for a referral (e.g., a specialist or laboratory). This will help them stay informed about your care.

For payment:

- We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and collect payment from you, health plan or a third party.
- This disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services, we recommend for you, such as making determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
- For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

For health care operations:

- We may use your PHI to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may use and disclose your information to conduct or arrange for services, including:
 - Medical quality review by your health plan,
 - Accounting, legal, risk management, and insurance services; and
 - Audit functions, including fraud and abuse detection and compliance programs

Some of the other ways that we may use or disclose your protected health information without your authorization are as follows.

- **Required by law:** We must make any disclosure required by state, federal, or local law.
- **Business Associates:** We contract with individuals and entities to perform jobs for us or to provide certain types of services that may require them to create, maintain, use, and/or disclose your health information. We may disclose your health information to a business associate, but only after they agree in writing to safeguard your health information. Examples include billing services, accountants, and others who perform health care operations for us.
- **Minors:** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by the law.
- **Research:** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board that has reviewed the research proposal to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may disclose PHI to be used in collaborative research initiatives amongst Advanced Rehab and Pain Management PC.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Public health and safety purposes:** As permitted or required by law, we may disclose protected health information:
 - To prevent or reduce a serious, immediate threat to the health or safety of a person or the public

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- To public health or legal authorities:
 - To protect public health and safety.
 - To prevent or control disease, injury, or disability.
 - To report vital statistics such as births or deaths.
 - To report suspected abuse or neglect to public authorities.
- **Coroners, medical examiners, and funeral directors:** We may disclose PHI to funeral directors and coroners consistent with applicable law to allow them to carry out their duties.
- **Organ-procurement organizations:** Consistent with applicable law, we may disclose protected health information to organ-procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- **Food and Drug Administration (FDA):** For problems with food, supplements, and products, we may disclose protected health information to the FDA or entities subject to the jurisdiction of the FDA.
- **Workers Compensation:** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Correctional institutions:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.
- **Law enforcement:** We may disclose PHI to law enforcement officials as required by law, such as reports of certain types of injuries or victims of a crime, or when we receive a warrant, subpoena, court order, or other legal process.
- **Government health and safety oversight activities:** We may disclose PHI to an oversight agency that may be conducting an investigation. For example, we may share health information with the Department of Health.
- **Disaster relief:** We may share PHI with disaster relief agencies to assist in notification of your condition to family or others.
- **Military, Veteran, and Department of State:** If you are involved with military, national security or intelligence activities or if you are in the law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Lawsuits and disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **National Security:** We are permitted to release PHI to federal officials for national security purposes authorized by law.
- **De-identifying information:** We may use your PHI by removing any information that could be used to identify you.
- **Individuals Involved in Your Care:** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.
- **Payment for Your Care:** Unless you object in writing, you can exercise your right under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for services and refuse to file a claim with your health plan.

6. Uses and disclosures that require your authorization.

Certain uses and disclosures of your PHI require your written authorization. The following list contains the types of uses and disclosures that require your written authorization:

- **Psychotherapy Notes:** If we record and maintain psychotherapy notes, we must obtain your authorization for most uses and disclosures of psychotherapy notes.
- **Marketing Communications:** we must obtain your authorization to use or disclose your health information for marketing purposes other than for face-to-face communications with you, promotional gifts of nominal value, and communications with you related to currently prescribed drugs, such as refill reminders.
- **Sale of Health Information:** disclosures that constitute a sale of your health information require your authorization. In addition, other uses and disclosures of your health information that are not described in this Notice will be made only with your written authorization. You have the right to cancel prior authorizations for these uses and disclosures of your health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we receive the revocation. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

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7. Your Rights Regarding Your PHI.

You have the following rights, subject to certain limitations, regarding your PHI.

- **Inspect and Copy:** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the cost of copying, mailing, or other supplies associated with your request.
- You can only direct us in writing to submit your PHI to a third party not covered in this notice.
- We may not charge you a fee if you need the information for claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.
- We may deny your request in certain limited circumstances. If we do deny your request, we will comply with the outcome of the review.

8. Effective date: This Notice is originally effective as of September 28, 2015.

HARBOUR TOWNE HEALTH PLLC ACKNOWLEDGEMENT OF RECEIPT OF PATIENT NOTICE OF PRIVACY PRACTICES

I acknowledge that I read and/or received a copy of the Harbour Towne Health PLLC Patient Notice of Privacy Practices effective June 17, 2016.

Print Patient/Guardian's Name

Relationship

X

Signature of Patient/Guardian

Date Signed

FOR FACILITY USE ONLY We attempted to obtain written acknowledgement of patient's receipt of our Patient Notice of Privacy Practices, but acknowledgement could not be obtained from the patient for the following reason:

- Individual Refused to Sign
- Emergency Situation Prevented Signature
- Patient Requested Above Individual Sign on His / Her Behalf
- Other (please specify)

X

Harbour Towne Health PLLC Staff Signature

Date Signed

Harbour Towne Health PLLC

Patient Name: _____ DOB: _____

Reminder Appointment Disclosure

		YES / NO	
Phone:	_____		
Text:	_____		

Medical Health Information Disclosure

	May leave a message?	YES / NO	
Home:	_____		
Cell:	_____		
Work	_____		
Email:	_____		

I, _____, the undersigned, hereby authorize Harbour Towne Health PLLC, its representatives, physicians, providers and staff, to share any and all my medical health information with the following individual(s). The individuals listed below have authorization to talk to our staff on the phone and/or in the office and/or pick up my prescriptions (these individuals must show a valid picture ID).

Specialist

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Individuals

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

I understand that authorization to anyone other than myself is voluntary and I can revoke authorization at any time:

X _____
 Patient/Guardian Signature Relationship to Patient Date

Gregory Pinnell, MD • David Wilkins, PA-C • Rafael Torres, MD • Kadence Edelblut, PA-C • April Lucht, FNP
 Curt Cunningham, DO • Dana Cochrane-Hoekstra, PA-C • Amber Shull, PA-C • Adam Strantz, PA-C • Brigid Bulger, PA-C
 • Eliza Sudbury, FNP, PMHNP-BC • Susan Persson, PA-C • Elizabeth Pellegrom, MA, LPC • Dawn Shank, LLMSW
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