

J C Center for Psychiatric Services

43200 Dequindre Rd., Suite 104

Sterling Heights, MI 48314

Phone: (586) 799-4350

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NOTICE OF PRIVACY INFORMATION 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.

1. Your Protected Health Information (PHI) may be used or disclosed by those within our office who have a necessary reason to access the information, or we may use or disclose your PHI to those outside our office who have a need to know your information in order to provide you with health care services related to your treatment, payment or health care operations. We will make reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary.

What is Treatment Related? We may use and disclose your PHI for use by staff, physicians or other health care professionals involved in your care who may provide you with treatment, evaluation, diagnostic and other health care services. Examples are, but not limited to: other physicians who are treating you, home health care services, pharmacies, laboratories, radiologist, specialists or diagnostic facilities required for your treatment.

What is Payment Related? We will use your PHI as necessary to assist you in paying for your health care services. Example are, but not limited to: providing insurance companies with information about the dates of service, services provided and the medical condition you are being treated for in order for them to make a decision regarding eligibility, coverage or payment.

What is Health Care Operations Related? We may use/disclose your PHI in order to conduct the normal, ordinary and reasonable business operations for our office on a day-to-day basis. Examples include, but not limited to: planning, budgeting, directing and managing our staff in performing their duties. Occasionally, we may use or disclose your PHI in order to train residents, medical students or office staff.

2. We will not make any other use or disclosure of a patient's protected health information without the individual's written authorization

Revocation: You may revoke any authorization you have made at any time, provided that your request is in writing and states which authorization you wish to revoke. However, if we have already relied upon your authorization to use or disclose your PHI, you may not revoke your authorization regarding released prior to the date of your revocation.

3. You/your dependent as a patient have the right to:

Request an amendment to your/your dependent's medical records if you feel they are incorrect or incomplete. We may deny your request and notify you of the reason for our denial.

Request an account of disclosures. This is a list of disclosures for other than treatment, payment or health care operations.

Request a restriction or limitation on the medical information we use or disclose about you/your dependent's for treatment, payment or health care operations. All requests must be in writing. However, we have the right to deny the restriction. If we do agree to restriction, we will comply with your request unless the information is needed to provide you with emergency care.

4. We are permitted or required to use or disclose protected health information without the individual's written consent or authorization in certain circumstances. Example includes, but not limited to: Public Health requirements, Food and Drug Administration, Federal or State Law requirements, such as court orders and Victims of Abuse, Neglect or Domestic Violence (164.512).

5. We may contact you at home to remind you of an appointment or request a call back and leave reminders on an automatic answering device connected to your home telephone number or with a person answering your home telephone, unless you request otherwise.
6. We will also request that you sign-in upon visiting our office and may call your name in the waiting room.
7. We will abide by the terms of this notice or the notice currently in effect at the time of the disclosure.
8. We are required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Information Practices.
9. We reserve the right to change the terms of this notice and to make new notice provisions effective for all protected health information that maintains.
10. We will provide each patient with a copy of any revisions of this Notice of Information Practice at the time of their next visit, or at their last known address if there is a need to use or disclose any protected health information of the patient. Copies may also be obtained at any time at our office.
11. Any person/patient may file a complaint to the Practice and to the Secretary of Health and Human Services if they believe their privacy rights have been violated. All complaints should be in writing, state the nature of the complaint and how to contact you. You will not be retaliated against for filing a complaint and your complaint will not affect your diagnosis or treatment we are providing you. You may contact:

<p>Office Manager 43200 Dequindre Rd., Suite 104 Sterling Heights, MI 48314 Phone: (586) 799-4350</p>	<p>Health and Human Services The US Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201 (202) 619-0257 or Toll Free 1-877-696- 6775</p>
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12. The effective date of this notice is January 1, 2016.