

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.

Understanding the Type of Information We Have

We get information about you when you visit us. It includes your name, date of birth, sex, financial information, insurance information and other personal information. We also get enrollment information from your health insurers and medical information from your other health care providers. When you see us, we also collect information about your condition, diagnosis and treatment.

Our Privacy Commitment To You

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, when we are required by law to do so, or for the other reasons listed below.

- **Treatment:** We may use or disclose medical information about you to provide and coordinate your health care. Ordinarily, you will have approved our release of patient information to your primary care doctor and/or to other specialists who may also be treating you at this time.
- **Payment and Business Operations:** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may send your health insurer a bill for our services that explains what treatment we gave you and why. We may need to use and disclose information for our business operations, but such information will only be in the hands of our employees and approved subcontractors..
- **Appointment Reminders:** We may contact you to give you appointment reminders or information about treatment alternatives or other services that may be of interest to you.
- **As Required By Law and for Other Government Functions:** We may be required by law to release information, or may do so for other government functions. Examples of such releases would be for law enforcement, in response to subpoenas or other court orders, to support communicable disease reporting, or in connection with state or federal agency review of our practice.
- **With Your Permission:** If you give us permission in writing, we may use and disclose your personal information to specific people and for specific purposes you list. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable Michigan law. Michigan law provides different protections to your personal health information. For example, Michigan provides extra protection for sensitive information, like HIV/AIDS information and mental health information.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to us at Pain Recovery Solutions, PC.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your medical records. You may be charged a fee for the cost of copying your records. (You may need to make an appointment to look at your record to assure that we will have it available for you.)
- **Your Right to Amend:** You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of certain disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You can ask for limits on how your information is used or disclosed. We are not required to agree to such requests, but can if we believe it is reasonable to do so.
- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. We will do our best to accommodate such a request.

Changes to this Notice

We reserve the right to revise this notice. In the event changes occur to HIPAA that affect us, we will make the revisions required by law. Any revised notice will be effective for medical information we already have about you as well as any information we may receive in the future.

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call us or write to us at:

Pain Recovery Solutions, PC 4870 W. Clark Road, Ste 201 Ypsilanti, MI 48197
Our Phone: 734-434-6600 Our Fax: 734-434-6684.

Complaints to the Federal Government:

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to the Office for Civil Rights of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Us:

If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to us at the address listed above for Pain Recovery Solutions. You will not be penalized for filing a complaint. Ask us for more information about privacy at any time.