

MONROE URGENT CARE, P.C.

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.

**If you have any questions about this Notice please contact
Our Privacy Officer who is Lacey Cooper**

This Notice describes the privacy practices of Plan and any third party administrators of Plan about how we use or disclose your Personal Health Information (“PHI”) as Plan participants. These privacy practices may not be the same as those of your health care providers so you should check with your health care providers to understand their privacy practices. This Notice does not apply to medical information relating to disability, worker’s compensation, life insurance benefits or any other health information not created or received by the Plan.

Our Privacy Policy: We are required by law to maintain the privacy of your PHI, and to provide you with this notice describing our privacy practices. We will follow the terms of the Notice currently in effect. Only individuals who have both the need and the legal right may see your PHI. We will use and disclose your PHI for purposes of treatment, payment, or health care operations without authorization from you. Disclosures for treatment, payment and health care operation may be made to our vendors and subcontractors. The following categories describe different ways that we use and disclose PHI.

Treatment: We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes that coordination or management of your health care with another provider. For example, we would disclose your PHI as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your PHI will be used and disclosed, as needed to obtain payment for your health care services provided by us or by another provider. This 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 a determination or eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose, as needed, your PHI in order to support the business activities of your physician’s practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. We will share your PHI with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves that use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Other Uses and Disclosures of PHI Without Your Authorization

We may use or disclose your PHI in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

As Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

For Health Oversight Activities: The Plan may disclose PHI to the government for oversight activities such as audits, investigations, inspections, license or disciplinary actions, and other activities for monitoring the health care.

Disclosures to the Plan Sponsor: The Plan may disclose your PHI to the plan sponsor and business associates, and may permit insurance companies that provide benefits under the plan to disclose your PHI to the Plan Sponsor and business associates. In addition, PHI may be disclosed to the plan sponsor personnel for purposes of administering benefits under the plan.

Uses and Disclosures to which You Have an Opportunity to Object: Unless you object, the plan may disclose your PHI to a family member, other relative, friend, or other person involved in your health care or payment for your health care.

Authorizations: If you give us written authorization to do so, we may use and disclose your PHI. You have the right to change your mind and revoke the authorization.

Copies of this Notice: You have the right to receive a paper copy of this notice, even if you have agreed to receive this notice electronically.

Changes to this Notice: We reserve the right to change this Privacy Notice and our privacy policies. A revised notice will be effective for PHI we have about you as well as any information we may receive in the future. Any changes to our office will be provided to you.

Your Right to Inspect and Copy: Upon written request, you have the right to inspect PHI we have about you and to get copies of that information.

Your Right to Amend: If you feel that the PHI about you which we have is incorrect or incomplete, you can make a written request to us to amend it. We can deny your request, but we will give you a written reason for our denial.

Your Right to an Accounting of Disclosures: Upon written request, you have the right to receive a list of our disclosures of your information, except when you have authorized those disclosures or if the disclosures are made for treatment, payment or health care operations.

Your Right to Request Restrictions on Our Use or Disclosure of Information: If you do so in writing, you have the right to request restrictions on the PHI we may use or disclose about you. You are not required to agree to such requests.

Your Right to Request Confidential Communications: You have the right to request that we communicate with you about PHI in a certain manner or at a certain location. Your request must be in writing. We will make efforts to accommodate your request.

Complaints and Communications to Us: You have the right 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: **Privacy Officer Lacey Cooper**. You can also call us at 734-243-3200. You will not be penalized for filing a complaint.

Complaints to 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: Office of Civil Rights, U.S. Department of Health & Human Services, and 233 N. Michigan Ave, Suite 240, Chicago, Illinois 60601.** You will not be penalized for filing a complaint with the federal government.

This Notice was published and becomes Effective on June 10, 2013.