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PRIVACY NOTICE

This notice describes how your protected health information (PHI) may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

- ♦ Used: applies to activities that are performed within my office
- ♦ Disclosed: applies to activities outside of my office. In most cases, your written authorization will be required to disclose PHI

My Privacy Commitment to You

The information I collect about you is private. I am required by law to give you a notice of my privacy practices. Only people who have both the need and the legal right may see your protected health information (PHI). Unless you give me permission in writing, I will only disclose your PHI for purposes of treatment, payment, business operations or when I am required to do so by law. I do not involve PHI in sales or marketing of any kind.

- ♦ **Protected Health Information (PHI):** PHI refers to information in your health record that could be used to identify you
- ♦ **Treatment:** I may disclose PHI to coordinate or manage your health care services
- ♦ **Business Operations:** I may need to use and disclose PHI to review the quality of care you receive
- ♦ **As Required by Law:** I will release PHI when required by law to do so. Examples of such releases would be for law enforcement of national security purposes, subpoenas, or other court orders, to avert a serious threat to health or safety or in other kinds of emergencies
- ♦ **With Your Authorization:** if you give your permission in writing, I may use and disclose your PHI. If you do give me permission, you have the right to revoke it at any time. This must be done in writing as well. I cannot take back any releases of PHI already made with your written authorization

Your Privacy Rights

You have the following rights regarding PHI I have about you:

- ♦ **Right to Inspect & Copy:** in most cases, you have the right to review and get copies of your records. You may be charged a fee for the cost of copying your records
- ♦ **Right to Amend:** you may ask me to change your records if you feel that there is a mistake. I can deny your request, but must give you a written reason for denial
- ♦ **Right to List of Disclosures:** you have the right to a list of disclosures made after April 14, 2003. This list must not include the times that PHI was disclosed for treatment, payment or health care operations. This list will not include information provided directly to you or your family, or PHI that was sent with your authorization
- ♦ **Right to Request Restrictions on My Use of Disclosure Information:** you have the right to ask for limits on how your PHI is used or disclosed. I am not required to agree to such requests
- ♦ **Right to Receive Confidential Communications:** you have the right to ask that I share information with you in a certain way or in a certain place. For example, you may ask me to send information to your work instead of your home address. You do not have to explain the basis for your request

How to Use Your Rights Under this Notice

If you want to use your rights under this notice, you may write to me. If needed, I can help you prepare your written request.

- ♦ **Complaints and Communications to Me:** if you wish to communicate with me about privacy issues or if you wish to file a complaint, you can write to me at my office – 549 Seminole Rd., Suite 103, Muskegon, MI 49444
- ♦ **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 of Civil Rights, Dept. of Health & Human Services, 200 Independence Avenue, S.W., Washington, DC 20201

You will not be penalized for filing a complaint

Changes to This Notice

I reserve the right to change this notice. A revised notice will be effective for Protected Health Information I already have about you as well as any information I may receive in the future. I am required by law to comply with whatever notice is currently in effect. Any changes in this notice will be provided to you in writing at your next scheduled appointment.