

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review carefully.

Protected health information (PHI), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e. name, address, phone number, etc.) that may identify you and relates to your past, present or future physical or mental health condition and related healthcare services. Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

Your Rights Under the Privacy Rule

Following is a statement of your rights, under the Privacy Rule, about PHI.

You have the right to receive, and we are required to provide you with, a copy of this notice of privacy rights. We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised notice of privacy practices if you call our office and request that a revised copy be sent to you in the mail or ask the one at time of your next appointment. The notice will also be posted in conspicuous location within the practice, and if such is maintained by the practice.

You have the right to authorize the other use and disclosure- This means you have the right to authorize any use of disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purpose, for most uses or disclosures of psychotherapy notes, or if we intended to sell you PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

You have the right to request an alternative means of confidential communication- This means you have the right to ask us to contact you about medical matters using an alternative method and destination designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted. If other than the home address/telephone; email; cellphone; work phone that we have on file. We follow reasonable request.

You have the right to inspect and copy your PHI- This means you may inspect and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.

You have the right to request a restriction of you PHI- This means you may ask us, in writing, not to use or disclose any part of your protected health information for purposes of treatment, payment, of healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstance when the information's is needed for your treatment, in certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, paid for in full, out of pocket. We are not permitted to deny this specific type of requested restriction.

You may have the right to request an amendment to your protected health information- This means you may request and amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request.

You have the right to request a disclosure accountability- This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside our office.

You have the right to receive a privacy breach notice- You have the right to receive written notification if the practice discovers a breach of your unsecured PHI and determines through a risk assessment that notification is required.

How We May Use or Disclose Protected Health Information

Following are examples of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosure.

Treatment- We may use and disclose your PHI to provide, coordinate, or manage your healthcare and any related services. This includes the coordination of management of your healthcare with a third party that is involved in your care of treatment. For example, we would disclose you PHI, as necessary, to a pharmacy that would fill your prescription. We will also disclose PHI to other healthcare providers who may be involved in your care and treatment.

Special Notices- We may use or disclose you PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or test and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office or to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out.

Payment- Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you such as, making a determination of eligibility or coverage for insurance benefits.

Healthcare Operations- We may use or disclose, as needed, your PHI to support the business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal series, auditing functions and patient safety activities.

Healthcare Information Organization- The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

To Others Involved in Your Healthcare- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other persons that you identify, your PHI that directly relates to that person’s involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

Other Permitted and Required Uses and Disclosures- We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug Administration requirement; research purposes: legal proceeding; law enforcement purposes; coroners; funeral directors; organ donations; criminal activity; military activity; national security; worker’s compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

Privacy Complaints- You have the right to complain to us, or directly to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying the Privacy Manager at:

Donald Wurtzel DDS PC 4554 Washtenaw Avenue, Ann Arbor, MI 48108

We will not retaliate against you for filing a complaint.

Patient’s Name _____

Signed _____ Date _____