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### **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We are committed to preserving the privacy of your health information generated and maintained by Caroline D Mathew MD PC.

We are required by law to maintain the privacy of your health information and provide you with this notice of our legal duties and privacy practices with respect to you protected health information. We will abide by the terms of this notice; we however, have the right to change the terms of this notice and to make a new notice by contacting our office. This notice describes the ways in which we may use or disclose you rights and our duties regarding the use and disclosure of you health information.

### **Written Acknowledgment**

You will be asked to sign a statement acknowledging a copy of this notice is available to you at anytime.

### **Uses and disclosures of you health information**

The following describes the different ways we may use and disclose you health information and includes some examples of types of uses or disclosures:

**Treatment:** Your Medical information may be used and disclosed by us for providing and coordination you healthcare. We may disclose health information about you to doctors, nurses, healthcare students, and providers involved in you care and treatment For example a nurse may disclose you health information to an x-ray technician or another physician providing medical treatment to you.

**Payment:** Your medical information may be used and disclosed by us for the purpose of determining coverage, billing, claims management, reimbursement and collections of an unpaid account or to assist another health care provider in obtaining payment for their health care bills. For example: we may send a bill to your insurance company that may include information that identifies you, your diagnosis and any procedures performed. We may also disclose you medical information as required by your health insurance plan before it approves or pays for the health care services we recommend for you.

**Health Care Operations:** Your medical information may be used and disclosed during routine operations including quality assessment review, employee performance review, training of healthcare students, licensing, fundraising activities and other activities necessary for our

operations. For example: we may use your health information to review our treatment and services and to evaluate our performance in providing you care.

**Appointment Reminders:** We may disclose your health information to contact you to remind you of your appointment by mail or by telephone.

**Treatment Alternatives:** We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or other health related benefits and services that may be of interest to you. For example: We may contact a home health agency to discuss services they provide which might assist you.

**Business Associates:** We will share your health information with “business associates” that perform various activities for the practice. Whatever an arrangement between our office and a business associate involves the use or disclosure of your medical information; we will have a written agreement that contains terms that will protect the privacy of your medical information. For example: the medical practice may hire a billing company to submit claims to your health care insurer.

**Individuals involved in your health care:** Unless you object, we may disclose your health information to a member of your family, a close friend or any other person you identify who is directly involved in your health care. If you are unable to agree or object such 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 also use or disclose your medical information to a person or organization to assist in disaster relief efforts for the purpose of notifying to family or other individuals involved in your health care regarding your condition, status and location.

**Required by law:** We may use and disclose your health information, to the extent that the use and disclosure is required by law. The use or disclosure complies with and is limited to the relevant requirements of such law.

**Public Health Activities:** We may disclose your health information to public health authorities authorized to receive and collect health information for the purpose of controlling disease, injury or disability. We may also disclose your health information at the direction of the public health authority, to any other government agency that is collaborating with the public health authority.

**Food and Drug Administration:** We may disclose your medical information to a person subject to the jurisdiction of the Food and Drug Administration to collect or report product defects or problems, track products, enable product recalls/repair/replacements or to conduct post marketing surveillance, etc.

**Communicable Disease:** We may disclose your medical information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition if authorized by law to notify such person.

**To your Employer:** As required by law, we may disclose your health information at the request of your employer to conduct an evaluation relating to medical surveillance of the work place or to evaluate whether you have a work related injury or illness.

**Abuse or Neglect:** We may disclose your health information to a public health or government body authorized to receive reports of abuse or neglect as required or permitted by state or federal law if we reasonably believe that you have been a victim of abuse, neglect or domestic violence.

**Health Oversight:** We may disclose your health information to a health oversight agency authorized by law to conduct health oversight activities. These may include activities necessary for oversight of the health care system, government benefit programs relevant to beneficiary programs for which health information is necessary for determining compliance with program standards and entities subject to civil rights laws.

**Judicial or Administrative Proceedings:** We may disclose your health information to an order of a court or administrative tribunal to the extent expressly authorized and in certain conditions in response to a subpoena, discovery request or other lawful request.

**Law Enforcement:** We may disclose your health information to law enforcement officials as required by law. Examples:

1. Information request for identification and locations of a suspect, fugitive or missing person.
2. Pertaining to victims of a crime, if under limited circumstances, we are unable to obtain the individual's agreement.
3. Suspicion that death has occurred as a result of criminal conduct.
4. Evidence of criminal conduct on the premises, and in a medical emergency to alert law enforcement that a crime has been committed.

**Coroners and Funeral Directors:** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your health information to funeral directors as required by law, as necessary to carry out their duties.

**Organ Donation:** We may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaver organs, eyes or tissue for the purpose of facilitation organ, eye or tissue donation and transportation.

**Criminal Activity:** Consistent with applicable laws and ethical conduct, we may disclose your medical information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person in the public.

We may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military activity and National Security:** We may disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also disclose your health information for the purpose of determination by the department of veteran Affairs of your eligibility for benefits or to foreign military authority if you are a member of that foreign military service. We may also disclose your medical information to authorized federal officials for the purpose of national security and intelligence activities, including for the provision of protective services to the president or other person as authorized by the law.

**Workers Compensation:** Your medical information may be disclosed to the extent necessary to comply with laws relating to workers compensation or as required by law that provides benefits for work related injuries or illness.

**Inmates:** We may use or disclose you medical information if you are an inmate of a correctional facility and your physician created or received your medical information in the course of providing care to you.

**Research:** We may disclose your health information for research purposes when it has been established that the research meets the requirements of federal and state laws.

Use and disclosure of you medical information for any other reason other than those set forth above will be made only with you written authorization. You may revoke you authorization in writing at anytime. You understand, however, the revocation will not apply to any actions, we have already taken.

### **Your Rights**

The Following is a statement of your right with respect to your medical information and a brief description of how you may exercise these rights.

**Right to inspect and copy your medical information:** You may inspect and obtain a copy of your medical information that may be used to make decisions about your health care. Usually this information includes medical and billing records, but does not include psychotherapy notes, information compiled related to a civil, criminal, or administrative action and medical information that is subject to law that prohibits access to medical information in certain circumstances. You must submit your request in writing. We may deny your request in limited circumstances. You may request to have this decision reviewed. We may charge a fee for the cost of coping, postage, or other supplies associated with your request. Please contact our privacy officer if you have questions about access to your medical record.