



*PATIENT COPY

Version No. 1 —Effective January 2008

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.

1. **Who Presents this Notice**

This Notice describes the privacy practices of Meadowbrook Urgent Care (the "Clinic") and members of its workforce, as well as the physician members of the medical staff and allied health professionals who practice at the Clinic. The Clinic and the individual health care providers together are sometimes called "the Clinic and Health Professionals" in this Notice. While the Clinic and Health Professionals engage in many joint activities and provide services in a clinically integrated care setting, the Clinic and Health Professionals each are separate legal entities. This Notice applies to services furnished to you at any Meadowbrook Urgent Care locations as a Clinic patient or any other services provided to you in a Clinic-affiliated program involving the use or disclosure of your health information.

II. **Privacy Obligations**

The Clinic and Health Professionals each are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of legal duties and privacy practices with respect to your Protected Health Information. When the Clinic and Health Professionals use or disclose your Protected Health Information, the Clinic and Health Professionals are required to abide by the terms of this Notice.

III. **Permissible Uses and Disclosures Without Your Written Authorization**

In certain situations, which are described in Section IV below, your written authorization must be obtained in order to use and/or disclose your PHI. However, the Clinic and Health Professionals do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. Your PHI, may be used and disclosed to treat you, obtain payment for services provided to you and conduct "health care operations" as detailed below:

Treatment. Your PHI may be used and disclosed to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, you may be contacted to provide you appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your PHI also may be disclosed to other providers involved in your treatment.

Payment. Your PHI may be used and disclosed to obtain payment for services provided to you—for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("Your Payor") to verify that Your Payor will pay for health care.

Health Care Operations. Your PHI may be used and disclosed for health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care delivered to you. For example, PHI may be used to evaluate the quality and competence of physicians, nurses and other health care workers. PHI may be disclosed to members of the Clinic staff or the privacy officer in order to resolve any complaints you may have and ensure that you have a comfortable visit. Your PHI also may be disclosed to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection or compliance. In addition, PHI may be shared with business associates who perform treatment, payment and healthcare operations services on behalf of the Clinic and Health Professionals.

B. Use or Disclosure for Directory of Individuals in Clinic. The Clinic may include your name, location in Clinic, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object.

C. Disclosure to Relatives, Close Friends and Other Caregivers. Your PHI (except for Highly Confidential Information, as described in Section IV.C), may be disclosed to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if (1) your agreement is obtained; (2) you do not object to the disclosure after being provided an opportunity to object; or (3) it can be reasonably inferred that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, the Clinic and/or Health Professionals may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, the Clinic and/or Health Professionals would disclose only information believed directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI also may be disclosed in order to notify (or assist in notifying) such persons of your location, general condition or death.

D. Public Health Activities. Your PHI may be disclosed for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence. Your PHI may be disclosed to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence if there is a reasonable belief that you are a victim of abuse, neglect or domestic violence.

F. Health Oversight Activities. Your PHI may be disclosed to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings. Your PHI may be disclosed in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. Law Enforcement Officials. Your PHI may be disclosed to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

I. Deceased Patients. Your PHI may be disclosed to a coroner or medical examiner as authorized by law.

J. Organ and Tissue Procurement. Your PHI may be disclosed to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

K. Research. Your PHI may be used or disclosed without your consent or authorization if an Institutional Review Board approves a waiver of authorization for disclosure.

L. Health or Safety. Your PHI may be used or disclosed to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

M. Specialized Government Functions. Your PHI may be used and disclosed to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

N. Workers' Compensation. Your PHI may be disclosed as authorized by and to the extent necessary to comply with Michigan law relating to workers' compensation or other similar programs. Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, your PHI may be used or disclosed only when your written authorization is granted on an authorization form ("Your Authorization"). For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

B. Marketing. Your written authorization ("Your Marketing Authorization") also must be obtained prior to using your PHI to send you any marketing materials. (However, marketing materials can be provided you in a face-to-face encounter without obtaining Your Marketing Authorization. The Clinic and/or Health Professionals are also permitted to give you a promotional gift of nominal value, if they so choose, without obtaining Your Marketing Authorization.) In addition, the Clinic and/or Health Professionals may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without Your Marketing Authorization.

C. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law requires special privacy protections for certain highly confidential information about you ("Highly Confidential Information"), including the subset of your PHI that (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, testing treatment, and referral, (4) is about sexually transmitted diseases, including but not limited, to AIDS testing; or (5) is genetic information. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

V. Your Rights Regarding Your Protected Health Information

A. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that your privacy rights have been violated or disagree with a decision made about access to your PHI, you may submit a complaint in writing to the Clinic Privacy Office at 33722 Woodward Ave Birmingham MI 48009. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Clinic Privacy Office will provide you with the correct address for the Director. The Clinic and Health Professionals will not retaliate against you if you file a complaint with the Clinic Privacy Office or the Director.

B. Right to Request Additional Restrictions. You may request restrictions on the use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While all requests for additional restrictions will be carefully considered, the Clinic and Health Professionals are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from the Clinic Privacy Office and submit the completed form to the Clinic Privacy Office. A written response will be sent to you.

C. Right to Receive Confidential Communications. You may request, and the Clinic and Health Professionals will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations.

D. Right to Revoke Your Authorization. You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that the Clinic and/or Health Professionals have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office identified below. A form of Written Revocation is available upon request from the Privacy Office identified below.

E. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by the Clinic and Health Professionals in order to inspect and request copies of the records. Under limited circumstances, you may be denied access to a portion of your records. If you are a parent or legal guardian of minor, certain portions of the minor's medical record may not be accessible to you if the child was permitted by state law to consent to medical care without your permission. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, you will be charged in accordance with federal and state law. You also will be charged for the postage costs, if you request that the copies be mailed to you.

F. Right to Amend Your Records. You have the right to request that PHI maintained in your medical record file or billing records be amended. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. Your request will be accommodated unless the Clinic and/or Health Professionals believe that the information that would be amended is accurate and complete or other special circumstances apply.

C. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your PHI made during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to February 27, 2006. If you request an accounting more than once during a twelve (12) month period, you will be charged \$2.50 per page of the accounting statement.

H. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

Meadowbrook Urgent Care may change this Notice at any time. Any change in the notice could apply to medical information we already have about you, as well as any information we receive in the future. The effective date is on the first page of the notice in the top left corner

MEADOWBROOK URGENT CARE, P.C.

PAYMENT FOR SERVICES POLICY

Prompt payment for services provided is an important part of what allows Meadowbrook Urgent Care, P.C. to offer and maintain the high level of patient care for which we are known throughout the greater Birmingham area. This is essential as well to supporting a good relationship with our patients.

We believe that your familiarity with, and understanding of, our Payment for Services policy in advance of diagnosis and treatment will help us both. Please read this carefully and if you have any questions, please do not hesitate to ask our Billing Manager or Manager of Operations.

- It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or authorization is required, if preauthorization is required prior to a procedure, and what services are covered. Not all services provided by Meadowbrook Urgent Care are covered by every insurance plan. Payment for any service determined to not be covered by your insurance plan will be your responsibility.
- Upon arrival at Meadowbrook Urgent Care, please make sure to sign in at the front desk and present your current insurance card and driver's license (or valid government issued picture ID). We will ask you to sign and date our file copy of the insurance card. This is your verification that you have presented the correct insurance information and provided your consent to bill your insurance company for services.
- If the insurance company information you have provided is incorrect, you will be responsible for payment of all charges for the visit and will have to directly submit the charges for your visit to the correct insurance plan to receive a reimbursement.
- You are responsible for the payment of any and all co-payments, deductibles, and coinsurances. These payments are due at time of service.
- If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit.
- Outstanding balances from prior visits to Meadowbrook Urgent Care must be paid before diagnosis or treatment is initiated for your current visit.
- If you do not have insurance, payment for an office visit is to be made at the time of the visit. Payment can be made by cash or credit card.
- Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits.
- Any unpaid balance over 90 days past due will be forwarded to a collection agency.
- A **\$35** fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
- We charge **\$0.50 per sheet or a minimum of \$15** to copy your medical records.