

# ALGER PEDIATRICS, P.C.

## NOTICE OF PRIVACY PRACTICES

### OUR LEGAL DUTY

Our practice is required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 04/14/03, and will remain in effect until we replace it. You may request a copy of our Notice at any time.

### USES AND DISCLOSERS OF YOUR HEALTH INFORMATION

Our practice may use and disclose health information about you for treatment, payment, and health care operations. For example:

**Care/Treatment:** As your provider, we will share your patient information with other providers who are involved in your care, as appropriate. Information sharing may be through provision of written medical information or through electronic sharing of information.

**Payment:** Our practice may use or disclose your health information in order to bill and collect payment for the services and items you may receive from us.

**Health Care Operations:** Our practice may use and disclose your health information to operate our business. Our practice may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

**Appointment Reminders:** At times our practice will send you postcards regarding appointments or needed health updates. We will contact you by phone(home/cell/text) and leave messages regarding scheduled appointments or the need to call us back for further information.

**Internet:** Several insurance carriers have referral access over the Internet, which is something our office utilizes when available. Claim status is also obtained via the Internet.

**Michigan Childhood Immunization Registry (MCIR):** Our practice is involved with MCIR and all of your child's immunizations will be recorded on this registry.

**Release of Information to Family/Friends:** Our practice may release your health information to a friend or family member that is involved in your care, or who assists in taking care of you.

**Disclosure Required By Law:** Our practice will use and disclose your health information when we are required to do so by federal, state or local law.

## PATIENT RIGHTS

You have the right to look at or get copies of your health information, with limited exceptions. You may request copies of your records in writing. If you request copies, we will charge you \$20.00 for first family member and \$5.00 for sibling. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by laws, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization.

## QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may file a complaint with our practice. You also may send a written complaint to the U. S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

If you have any questions or complaints please contact:

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733 Alger, S.E.  
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