

# WESTERN MICHIGAN PEDIATRICS, PC

710 KENMOOR AVE SE, GRAND RAPIDS, MI 49546 • 1915 GEORGETOWN CENTER DR, JENISON, MI 49428

616-949-6112

616-457-3510

John M. Koetsier, MD, F.A.A.P.

Dennis L. Lake, MD, F.A.A.P.

Megan N. Clark, MD, F.A.A.P.

Jennifer L. Van Zee, MD, F.A.A.P.

## NOTICE OF PRIVACY PRACTICES

*Adopted April 14, 2003*

In accordance with the Health Insurance Portability & Accountability Act of 1996, or "HIPAA", Western Michigan Pediatrics, PC will not release or disclose any protected health information about an individual except that which is required for the treatment of the individual, obtaining payment for treatment, or for the operation of our practice. Patients, their authorized representatives, or (if the patient is a minor) their parents or legal guardians, must sign a Consent to permit Western Michigan Pediatrics, PC to use or disclose protected health information about the patient for these purposes. Disclosures of PHI not listed in this notice will be made only with written authorization. We will comply with HIPAA laws and regulations.

### **Our Practice may:**

1. Disclose identifiable health information about you without additional authorization (subject to certain requirements, for public health purposes, for auditing purposes, and in case of an emergency, or when required by law in certain circumstances).
2. Make daily telephone reminders about upcoming appointments, and may leave a message about the appointment, and/or send a reminder postcard about the need to schedule routine appointments.
3. Only disclose the portion of the individual's medical records that is minimally necessary to continue the individual's treatment, obtain payment for treatment; or properly and efficiently operate our practice. And, if requested by the patient, we will restrict PHI disclosed to a health plan if the individual pays out of pocket IN FULL for a service or health care item we provide.
4. Transmit information to be disclosed in accordance with the Notice by telephone, mail, facsimile, courier, electronic, or other means.
5. Not use or disclose protected health information for any other purpose without an express Authorization signed by the patient, their authorized representative, or (if the patient is a minor) their parent or legal guardian.
6. Change these practices at any time. When we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area, in our exam rooms, and on our website.
7. Appoint a HIPAA Compliance Officer to oversee our practice's use and disclosure of protected health information, to resolve questions about these matters that arise in the operation of our practice, and to assist patients, their families, and this practice in dealing with applicable laws and regulations.
8. Notify a patient of a breach of unsecured PHI.

### **You have the right:**

1. To inspect your medical records, or to receive a list of circumstances where we disclosed your health information (for purposes other than treatment, payment, or the operation of our practice) in accordance with our policy. This will be done by appointment only, and in the presence of a staff member of Western Michigan Pediatrics, PC.
2. To request that Western Michigan Pediatrics, PC be restricted from disclosing your personal health information in carrying out treatment, obtaining payment, or in the operation of our practice. However, we are not required to agree with your requested restrictions.
3. To register a complaint if you feel that your protected health information has been improperly used or disclosed.
4. To revoke your consent or authorization for use or disclosure of protected health information.

**If you have questions or need assistance:** Please contact Jane Post, our HIPAA Compliance Officer, at the telephone number (616) 949-6112.

Adopted April 14, 2003

Revised May 1, 2013

Revised September 13, 2013