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Internal Medicine

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Notice of Privacy Practices

11/1/2017

**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. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE PLEASE CONTACT THE OFFICE.**

Your medical information is personal and we are committed to protecting it. We create a medical record of the care and service at this office. We use this record to provide you with quality care and to comply with certain legal requirements. This applies to all of the records of your care provided by this office whether made by your personal physician or one of the office's employees. This notice will tell you how we may use and disclose your medical information. It will also describe your rights and obligations you have regarding the use and disclosure of your medical information.

Our office is required by law to:

* Make sure your medical information is kept private.
* Give you this Notice of Legal duties and privacy practices regarding medical information about you.
* Follow the terms of this Notice that is currently in effect.

**HOW THIS OFFICE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following describes the different ways that your medical information may be used or disclosed by this office. All of the ways we are permitted to use and disclose your medical information will fall within one of these categories.

For Treatment: We will use and disclose medical information about you to provide you with treatment and services, or to recommend possible treatment options. We may disclose medical information to doctors, nurses, technicians, and other office personnel who are involved in your treatment.

For Payment: We may use and disclose medical information so that the treatment and services you receive may be billed to and payment be made by you, an insurance company or a third party. We may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to see whether your plan will cover the treatment.

For Health Care Operations: These uses are necessary to run our office and make sure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, and other office personnel for review and learning purposes. We may remove information that identifies you from this set of medical information.

Health Related Benefit Services: We may use and disclose your medical information to inform you about Health Related Services.

Research: We may use and disclose medical information about you for research.

As Required by Law: We will disclose medical information about you as require to do so by Federal, State, or Local Law.

Lawsuits and Disputes: If involved in a lawsuit or dispute, we may use your medical information to defend the office or respond to a court order.

Law Enforcement: We may release medical information about you if required by law or a law enforcement official.

Coroners and Medical Examiners: We may release your medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

Right to Inspect and Copy: You have the right to inspect and copy your medical information with the exception of psychotherapy notes. If you request a copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request in certain circumstances. If you are denied access to your medical information, you may request that the denial be reviewed.

Right to Amend: If you feel that the medical information that we have on file about you is incorrect, you may ask us to amend the information. You may request an amendment for as long as the information is kept by this office. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

* Was not created by us
* Is not part of the medical information kept by this office
* Is not part of the information which you would be permitted to inspect and copy
* Is accurate and complete

Right to an Accounting of Disclosures: You have the right to request an Accounting of Disclosures; this is a list of the disclosures this office has made of your medical information. Your request must state a time period, which may not be longer than six years and may not include dates before November 1, 2011.

Right to Request Restrictions: You have the right to request a restriction. If we do agree, we will comply with your request unless the information is needed for your treatment.

Right to Request Confidential Communications: You have the right to request that we communicate with you in only a certain manner. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this Notice.

\*all of the above requires a written request by the patient\*

**COMPLAINTS**

If you believe your rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

\*this office will not penalize you in any way for filing a complaint\*

Other Uses of Medical Information: Other uses and disclosure of your medical information not covered by this Notice will be made only with your written permission. If you provide such authorization in writing to disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer disclose medical information about you for the reasons covered by your written authorization.