



607 Dewey Ave. NW, Suite 300 • Grand Rapids, MI 49504 • T.616.356.5000 • F.616.356.5001

AGILITY HEALTH LLC NOTICE OF INFORMATION PRACTICES

This notice describes how Agility Health, LLC (AH) may use and disclose your health information and how you can get access to this information. Please review this notice carefully.

USING AND DISCLOSING YOUR HEALTH INFORMATION

Whenever you visit a hospital, physician or other healthcare provider, a record of your visit and the care provided to you during that visit is made. Typically, this record contains information regarding your symptoms, examinations, tests performed (including the results), diagnoses, treatment, and any current and future treatment purposes. In addition, this record is usually used to obtain payment for treatment provided to you, for administrative purposes, and to evaluate the quality of the care provided to you. This notice tells you the ways in which we may use and disclose your medical information. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

Specifically, we may use or disclose certain identifiable health information about you for reasons such as:

- **Treatment.** A means of communication with other health professionals who contribute to or participate in your care while you are a patient, including doctors, nurses, technicians, therapy students, therapists, and other clinical personnel involved in your care, as well as those outside our organization who may be involved in your medical care after you leave our facilities, such as family members, clergy, or others who provide services that are part of your care. For example, we may need to disclose information about whether you have diabetes to a doctor treating you for a broken bone or an infection because of the implications.
- **Payment.** A means by which you or your insurance company can verify services provided to you so that we may receive payment for those services provided. For example, we may need to give your health plan information about treatment you received in therapy so the plan will pay us for the care provided.
- **Operations.** A source of data in our daily operations as a health care provider. For example, we may need to use your health information and record as a tool in educating and assessing the competency of doctors, therapists, and technicians who provide care here.

At times, information may be released from your medical record that is not for the purposes of treatment, payment or operations. You have the right to restrict or prohibit these disclosures. These situations include the following:

- We may contact you by phone to provide appointment reminders, offer you information about treatment alternatives, or other health related benefits and services that may be of interest to you.
- The release of information for health professional education or research studies that have been approved by us.

At times we are required by law to release you health information. These situations include the following:

- Release of information to public health officials charged with improving the health of our city, state, and nation, or responsible for averting a serious threat to health or safety to you, another person or the public;
- Release of information required by federal, state or local law, or in response to a court order, subpoena, or other discovery request, as permitted by law.
- Release of information requested by members of domestic or foreign armed forces, to comply with the requirements of domestic or foreign military command authorities;
- Release of information for purposes of national security;
- Release of information to health oversight agencies in connection with legally authorized activities related to the investigation, inspection, and licensure of health care providers; and
- Any other release of information required by law.

In situations not outlined above, we will ask you for written authorization before using or disclosing any of your identifiable health information. If you choose to sign an authorization, it can later be revoked to stop future use and disclosure without your consent. Such a revocation will be effective, however, for any actions that we take in reliance on your authorization prior to your revocation.

In addition, we will make reasonable efforts when using, disclosing, or requesting patient health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. This applies for all situations outlined above.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of AH, the information contained within your health record belongs to you. You have certain rights with respect to that information, such as the right to inspect and copy your medical information (with the exception of certain psychotherapy notes); the right to request the restrictions of certain uses and disclosures of your information; the right to obtain an accounting of disclosures of your health information when such disclosures are made other than for treatment, payment, related administrative or operating purposes as described above, or to you, your personal representative, or to family members or others involved in your medical care; and the right to amend and request changes in the information contained within your health record. These rights are explained in more detail below.

We may deny your request to amend or change your medical record, if:

- The request is not in writing.
- The request does not include a reason to support the request;
- The information was created by another healthcare provider;
- The information is not part of the health information kept by or for us;
- The information is not part of the health information you would be permitted to inspect or copy; or
- Your health information is already accurate and complete.

If we exercise this right to deny your request, you will receive a detailed explanation of the reasons for denial in writing. You have the right to complain about this denial as outlined in the “Your Complaints” section of this notice.

Any request for an accounting of disclosures of your information from either AH must be in writing at AH address, can be for a time no longer than six (6) years, and may not include a period before April 14, 2003. The first disclosure list you request within a 12-month period is free. For any additional request, we may charge you for the cost of providing the list. We will notify you of that charge in advance and provide you with the opportunity to withdraw or modify your request after such notification.

You may request that we not use or disclose your medical information except as specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, **but you should be aware that we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard your request in an emergency.** If we agree to your request, we will comply with it unless the information is needed to provide you with emergency treatment. To request restrictions, you may make your request in writing at our address.

You have the right to inspect and obtain a copy of your health record. Usually, this includes medical and billing records, but does not include records such as certain psychotherapy notes.

If you request copies of you health records, the request must be in writing and there will be a charge for such copies. This cost is directly related to the administrative and copying charges associated with your request. If your request for copies is, in your opinion, an emergency, please let us know and we'll work with you to meet these emergency needs.

We may deny our request to inspect and copy your medical information in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. For information regarding such a review, contact our office as stated below.

You also have the right to request that we communicate with you about medical matters in certain ways (home phone/cell phone) or at certain locations. Again, this request must be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request. We will comply with all reasonable requests for us to communicate with you in a certain way.

YOUR COMPLAINTS

We are required by law to maintain the privacy of your health information, to provide you with this notice of our legal duties and privacy practices, and to abide by the terms of this notice, although we may change this notice from time to time. We must also provide a process to address any complaints that you have regarding privacy issues.

If you are concerned that we have violated your privacy rights, our own policies as summarized in this notice, or if you disagree with a decision made about access to your records, you may contact the person listed below. You may also send a written complaint to the United States Department of Health & Human Services. The person and office listed below can provide you with the appropriate address upon request. You will not suffer any retaliation for filing a complaint. All complaints must be submitted in writing.

Complaints may be filed by contacting Kevin Crossman in writing at 607 Dewey Ave., NW, Suite 300, Grand Rapids, MI 49504.

OUR RESPONSIBILITIES

We are required by law to protect the privacy of your information and to provide you with this notice about our information practices. We are also required to abide by the terms of this notice and to notify you if we are unable to agree to a requested restriction you have made relative to the use or disclosure of your information. In addition, we are required to accommodate reasonable requests you make regarding the communication of your health information by alternate means or at alternative locations.

We may change our policies regarding the use of your health information from time to time as explained in this notice. If we make any changes, we will post the new in our waiting areas and our exam rooms. You have the right to a written copy of this notice and can always request a copy of our current notice at any time. In particular, you have the right to a paper copy of this notice if you received this notice electronically.

This notice applies to Agility Health, LLC. (AH).

If you have any questions regarding this notice or use or disclosures of your health information, or wish to file a complaint regarding our use or disclosure of your health information, please contact Kevin Crossman of Agility Health, LLC at 616.356.5000.