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## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

### **OUR LEGAL DUTY**

We are required by 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 October 23, 2024, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by the law. We reserve the right to make changes in our privacy practices with any new terms of our Notice, effective for all health information that we maintain; including health information we created or received before we made any change. Before we make a significant change in our privacy practices, we will amend this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

**Treatment:** We may disclose your health information to a physician or other healthcare provider providing treatment to you.

**Payment:** We may disclose your health information to your insurance company, Medicare or another payor to obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

**Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations; you may give us written authorization to use your health information or to disclose it to any one for any purpose. If you give us an authorization, you may revoke it, in writing, at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Persons Involved In Care:** We must disclose your health information to you, as described in the Patient Rights section of this Notice. Under certain circumstances, we may disclose health information to family members, other relatives, or close personal friends or others that you identify, to the extent it is directly relevant to their involvement with your care or payment related to your care; or to notify them of your location, general condition, or death. If you are present, you may object to such uses or disclosures. However, in the event of your incapacity or emergency situation, we will disclose health information when, in our professional judgment, it is in your best interest.

**Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

**Required by Law:** We may use or disclose your health information when we are required to do so by law.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

**National Security:** We may disclose the health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose health information required for lawful intelligence; counterintelligence; and other national security activities to authorized federal officials. We may disclose health information to correctional institution or law enforcement officials having lawful custody of protected health information for inmates under certain circumstances.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders (via telephone, SMS text messaging, telephone answering machine, voicemail, or letter).

## **PATIENT RIGHTS**

**Access:** You have the right to look at or get copies of your health information. We will provide your health information in the format you request, unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by contacting our office directly or by sending us a letter to the address at the end of this Notice. We may charge you a reasonable cost-based fee for expenses (such as copies, staff time and postage). Currently we do not charge any fee.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, healthcare operations and certain other activities for the last six years. You are entitled to one such list per year without charge. Additional requests may be subject to a cost-based fee.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency situation).

**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or location, eg only in your lawyer's office. Your request must be made in writing and must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

**Additional Notice Copies:** Regardless of whether you received this Notice electronically or in paper form; you are entitled to additional paper copies (via written request).

## **QUESTIONS AND/OR COMPLAINT**

If you want more information about our privacy practices or have a question and/or concern, please contact us.

If you are concerned that we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services (address provided upon request). We will not retaliate in any way if you choose to file a complaint.

We support your right to the privacy of your health information.

Privacy Officer: Rob Shelby

Telephone: (586) 771-4900

Email: [compliance@team-rehab.com](mailto:compliance@team-rehab.com)

Address: 33900 Harper Ave, Suite 104, Clinton Twp, MI 489035