

NOTICE OF PRIVACY PRACTICES

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 ABOUT THIS NOTICE, PLEASE CONTACT DEANNA BYRD, PRIVACY OFFICIAL, AT 248-540-9866.

A. Martin Lerner, MD, PC's employees and staff understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record that details the care and services you receive at this office. We need that record in order to provide you with quality care and to comply with certain legal requirements. This Notice applies to any medical record generated by A. Martin Lerner, MD, PC. While we may sometimes care for you during a hospital stay, the hospital(s) may have different policies and/or notices about your medical information.

This Notice will tell you about the ways in which we may use and disclose your medical information. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

This office is required by law to:

- (1) make sure that medical information that identifies you is kept private;
- (2) give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- (3) follow the terms of the 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. For clarification we have included some examples. Not every possible use or disclosure is specifically mentioned. However, all of the ways we are permitted to use and disclose your medical information will fit within one of these general categories:

For Treatment. We will use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other office personnel who are involved in providing you medical treatment. For example, we may need to talk to another physician who will provide you care when your doctor is away or we may want to talk with family members or clergy who will assist you with care you need outside the office.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from A. Martin Lerner, MD, PC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received here so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Individuals Involved In Your Care or Payment For Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are receiving care. We may also give information to someone who helps pay for your care.

For Health Care Operations. We may use and disclose medical information about you for office

operations. These uses and disclosures are necessary to run our office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many of our patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. 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 so others may use it to study health care and health care delivery without learning the identity of the specific patients.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at this office.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. There are several things you should know about research projects:

(1) Research projects are subject to a special approval process, usually handled by the Food and Drug Administration (FDA). The approval process includes considering a patient's right to privacy of their health information and the need to conduct research to improve medical care. Before A. Martin Lerner, MD would participate in a research project, it will have been approved by the FDA.

(2) If you are a candidate for participation in a research project, you will always be given very specific information about the research project and be asked if you want to participate.

If it is necessary to disclose your name or address or other information that specifically reveals who you are, we will ask specific permission from you for that.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, disclosure may be required by Workers' Compensation statutes and various public health statutes in connection with required reporting of certain diseases, (HIV, tuberculosis, sexually transmitted diseases, etc), suspected child or elder abuse and neglect, domestic violence, adverse drug reactions, etc.

Fundraising. We may contact you as part of a fundraising effort.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities. We may disclose medical information to a governmental or other oversight agency for activities authorized by law. For example, disclosures of your medical information may be made in connection with audits, investigations, inspections, and licensure renewals, etc.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may use your medical information to defend the office or to respond to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information about you if required by law when asked to do

so by a law enforcement official:

- (a) In response to a court order, subpoena, warrant, summons, or similar process
- (b) To identify or locate a suspect, fugitive, material witness, or missing person
- (c) About the victim of a crime if, under certain circumstances, we are unable to obtain the victim/patient's agreement
- (d) About a death we believe may be the result of criminal conduct
- (e) About criminal conduct in the practice's office
- (f) In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Military or Veterans. If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may disclose medical information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks. We may disclose medical information about you for public health activities. For example, to prevent or control disease, injury or disability; to report births and deaths; to report problems with medical products; to notify people of recalls of products they may be using or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Your Rights Regarding Your Medical Information:

You have the following rights regarding the medical information this office maintains about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information with the exception of any psychotherapy notes.

To inspect and obtain a copy of your medical information, you must submit your request in writing to Medical Records, A. Martin Lerner, MD, PC 32804 Pierce Rd, Beverly Hills, MI 48025. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial. The person conducting the review will **not** be the person who denied your request. We will comply with the outcome of the review. For information regarding such a review contact Deanna Byrd, Privacy Official at 248-540-9866.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for this practice.

To request an amendment, your request must be made in writing and submitted to Deanna Byrd, Privacy Official, A. Martin Lerner, MD, PC 32804 Pierce Beverly Hills, MI 48025. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- (a) Was not created by A. Martin Lerner, MD, PC, unless the person or entity that created the information is no longer available to make the amendment;
- (b) Is not part of the medical information kept by or for this office;
- (c) Is not part of the information which you would be permitted to inspect and copy; or
- (d) 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.

To request this accounting of disclosures, you must submit your request in writing to Deanna Byrd, Privacy Official, A. Martin Lerner, MD, PC 32804 Pierce Beverly Hills, MI 48025. Your request must state a time period, which may not be longer than six years and may not include dates before April 1, 2003.

The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure we make of your medical information. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request for a restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Deanna Byrd, Privacy Official, A. Martin Lerner, MD, PC 32804 Pierce Beverly Hills, MI 48025. In your request, you must tell us 1) what information you want limited, 2) whether you want to limit our use, disclosure, or both, and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you only in a certain manner. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Deanna Byrd, Privacy Official, A. Martin Lerner, MD, PC 32804 Pierce Beverly Hills, MI 48025. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

You may obtain a copy of this Notice at our website, www.treatmentcenterforcfs.com.

To obtain a paper copy of this Notice contact Deanna Byrd, Privacy Official at 248-540- 9866 or pick one up in the lobby of our office.

Revisions to This Notice

We reserve the right to revise this Notice. Any revised Notice will be effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of any revised Notice in the waiting room. Any revised Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you visit the office we will offer you a copy of the current Notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with this office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact Deanna Byrd, Office Mgr/Privacy Official, 248-540-9866. 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 disclosures of your medical information not covered by this Notice of Privacy Practices will be made only with your written authorization. If you provide us such an authorization in writing to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care that we provided you.