



Notice of Privacy Practices

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used.

Western Wayne Physicians is required to maintain the privacy of your health information and how we may use and disclose your health information.

Western Wayne Physicians may use and disclose your medical records only for each of the following purpose: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service.

We may contact you to provide appointment reminders, information about treatment, or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing, unless the authorized request has been processed.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the office manager.

- The right to request restrictions on certain uses and disclosures of protected health information. We are, however, not required to agree to a requested restriction.
- The right to inspect and or receive a copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information, for purposes other than treatment, payment or operation.
- The right to obtain a paper copy of this notice from us upon request.

This notice is effective as of April 14, 2003. We reserve the right to change the terms of our notice of privacy practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

If you are concerned that your Protected Health Information has been violated, you have the right to file written complaint with our office manager or with the department of Health & Human Services, Western Wayne Physicians will not retaliate against you for filing a complaint.

Send all complaints or questions regarding this policy to:

Western Wayne Physicians
ATT: Office Manager
37650 Professional Center Dr. Ste.1000
Livonia, MI 48154
Telephone: (734) 462-0090