

CAPITAL INTERNAL MEDICINE ASSOCIATES, P.C.

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.

Effective Date: April 2, 2003
Last Revised Jan 1, 2025

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes your right to access and control your protected health information along with our legal duty to protect this information. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care providers, and that relates to your past, present or future physical or mental health or condition. We may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure, although there are some exceptions. We are legally required to notify you following a breach of your unsecured PHI. While we are required to abide by the terms of the Notice that is currently in effect, CIMA reserves the right to change the CIMA Notice of Privacy Practices at any time and to make the new Notice provisions effective for all PHI that it maintains about you. If CIMA Privacy Practices change, CIMA will provide you with a revised Notice at your next visit.

USES AND DISCLOSURES OF HEALTH INFORMATION

The practice may use your protected health information for purposes of providing treatment, obtaining payment, and conducting healthcare operations without prior authorization from you. Disclosures of your protected health information for purposes described in this Notice may be made in writing, orally, by facsimile or **through electronic exchange of information**.

USES AND DISCLOSURES OF YOUR PHI THAT DO NOT REQUIRE YOUR CONSENT

TREATMENT

We may use your health information to provide you with medical care in our offices, your home, or any other facility in which you receive medical care. We may provide your information to others who participate in your medical care, such as hospitals, other physicians, nursing homes, physicians and other healthcare providers, pharmacies, laboratories, emergency services, therapists and other involved providers or organizations. **We may participate in Health Information Exchange (HIE) networks or clinical data registries in which your protected health information is shared electronically with other network providers for specific purposes related to your continuum of care. These external databases may include information regarding your prescription medications, immunizations, and other PHI deemed necessary to verify medications, coordinate care and prevent drug interactions.**

PAYMENT

We may use and disclose your protected health information, as needed, to receive payment for services we provide to you or to assist others who care for you to get paid for that care. For example, we may

share your health information with a billing company or with your insurance plan to obtain prior approval for tests, procedures or specialists and/or to seek plan coverage for your care.

HEALTHCARE OPERATIONS

We may use and disclose your protected health information, as necessary, for our healthcare business operations. This includes quality assessment and improvement activities to identify where we can improve our care and services. This may also include employee review activities, training programs in which students, trainees, or practitioners in health care learn under supervision, or accreditation, certification, licensing, or credentialing activities. We may disclose your information to contractors (known as "business associates") performing services on behalf of the practice, such as legal services, auditing, accounting, medical transcription and other services necessary for business management and planning purposes as long as those who perform these services agree to protect the privacy of that information.

OTHER USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT

We may use or disclose your protected health information for the following:

- To notify, or assist in the notification of a family member, your personal representative or another person responsible for your care about your location, general condition, or death, if certain requirements are met.
- We may disclose information to family members and others involved in your or payment for their care under **certain circumstances**. If you are present and able to make decisions, we must either obtain your permission or be able to reasonably infer from the circumstances that you do not object to the disclosure. If you are not present or are not able to consent, we may disclose the information so long as your provider believes it is in your best interest to make the disclosure; you have not otherwise objected to such disclosures; and your provider limits the information disclosed to that which is relevant to the family member or other person's involvement in your care.
- To notify public or private entities authorized by law to assist in disaster relief efforts for certain notification purposes, provided certain requirements are met.
- To remind you of an appointment by mail via postcard, phone messages, text, e-mail, voicemail messages), to inform you of health-related benefits or services that may be of interest to you, sign-in sheets, computerized appointments, encounter forms, or newsletters.

Other than as stated above, we will not disclose your health information without your written authorization. You may revoke your authorization at any time; however, it will not affect any use of disclosure permitted by your authorization while it was in effect.

WHEN REQUIRED BY LAW

We will disclose your protected health information when we are required to do so by any Federal, State, or local law, in the circumstances further described below:

RISKS TO PUBLIC HEALTH

We may disclose your protected health information for the following purposes:

- to prevent, control or report disease, injury or disability as permitted by law
- to conduct public health surveillance, investigations and interventions as permitted or required by law.
- to collect or report adverse events and product defects such as product recalls.
- to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
- to report to an employer information about an individual who is a member of the workforce as legally permitted or required.

ABUSE OR NEGLECT

We may notify government authorities if we believe that a patient is the victim of abuse or neglect only when specifically required or authorized by law or when the patient agrees to the disclosure.

SPECIFIED GOVERNMENT FUNCTIONS

In certain circumstances, the Federal regulations authorize us to use or disclose your protected health information to specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and law enforcement custodial situations.

SPECIAL PROTECTIONS FOR CERTAIN TYPES OF PHI

Our use and disclosure of PHI must comply not only with federal privacy regulations but also with applicable Federal and Michigan law. Michigan law and/or Federal Regulations place certain additional restrictions on the use and disclosure of PHI for mental health, substance abuse, HIV/AIDS conditions, certain genetic information, and Reproductive Health Care. In some instances, your specific authorization may be required.

YOU'RE RIGHTS

You have the following rights regarding your health information:

TO INSPECT AND COPY

You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain it. This contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. You must submit a written request to the Privacy Officer noted on the last page of this Notice. There may be a fee involved for the costs of copying, mailing or other costs incurred by the practice. Inspection and copying of your medical information will only take place during normal business hours.

Under Federal law, you may NOT inspect or copy the following: psychotherapy notes; any information related to a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. You may have the right to have a decision to deny access reviewed.

We may deny your request if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision.

TO REQUEST RESTRICTIONS

You have the right to request restrictions be placed on your protected health information as to what can be used and disclosed and restrictions as to whom we may or may not disclose to. We are not required to agree to these disclosures, but if we do, we will abide by our agreement, except in an emergency situation. Under certain situations, we may terminate our agreement to a restriction.

ALTERNATIVE COMMUNICATION

You may request that we communicate with you by alternative means or alternative locations. You must request this in writing to the Privacy Officer. If requesting an alternative location, you must provide explanation of how payments will be handled under the alternative location you requested.

AMENDMENT

You may request to have your protected health information in a designated set amended. We may deny your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and prepare a rebuttal. You must make these requests in writing, providing a reason to support the request, and address your request to the Privacy Officer.

DISCLOSURE ACCOUNTING

You have the right to request a list of instances in which we disclosed your protected health information to another party. This applies to disclosures made for purposes other than for treatment, payment or health care operations as described in this Notice. We are not required to account for disclosures you requested or authorized by signing a form. Requests must be made to the Privacy Officer in writing and should specify the time period for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting periods must not exceed six years. We will provide the first accounting during any 12-month period without charge. Subsequent requests may be subject to a reasonable fee.

OUR DUTIES

The practice is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protective health information that we maintain. If the practice changes its Notice, we will post the new Notice in prominent locations in our facilities and on our website, at www.cimamed.com.

QUESTIONS AND COMPLAINTS

You have the right to express complaints to the practice and to the Secretary of Health and Human Services if you believe your rights have been violated. You may make complaints to the practice by contacting the Privacy Officer verbally or in writing or to the Secretary of Health and Human Services in writing. We will provide you with this address upon request. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON/PRIVACY OFFICER

The practice contact person for all issues regarding patient privacy and your rights under the Federal privacy standard is the Privacy Officer.

Privacy Officer: CIMA Medical Records Supervisor

Telephone: (517) 374-7600 Fax: (517) 374-1142

E-mail: bowens@cimamed.com

Address: 3955 Patient Care Dr., Suite A, Lansing, MI 48911