



MICHIGAN HEALTHCARE PROFESSIONALS, P.C.

PATIENT NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996-(HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT:

Michigan Healthcare Professionals, P.C.
Attn: Privacy Officer
32255 Northwestern Highway, Suite 130
Farmington Hills, MI 48334
(248) 539-0917

A. ABOUT THIS NOTICE

We understand that health information about you is personal, and we are committed to protecting it. We create records of the care and services you receive at all divisions and locations of **Michigan Healthcare Professionals, P.C.** We need these records to provide care (treatment), obtain payment for services, conduct healthcare operations, and to comply with certain legal requirements. This Notice explains how we may use and disclose health information, describes your rights, and outlines our legal obligations regarding the use and disclosure of health information. We are required by federal and Michigan law to maintain the privacy of your health information and to follow the terms of this Notice currently in effect.

B. WHAT IS PROTECTED HEALTH INFORMATION (“PHI”)

PHI is information that identifies you individually and is created by us or received from you or another healthcare provider, health plan, employer, or a healthcare clearinghouse that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of healthcare to you; or
- The past, present, or future payment for healthcare provided to you.

C. HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

1. **Treatment.** We may use or disclose your PHI to provide, coordinate, or manage your healthcare. For example, your PHI may be shared with physicians, specialists, or laboratories involved in your care.
2. **Payment.** We may use and disclose your PHI to bill and collect payment for the treatment and services you receive from us. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services we recommend for you, such as making a determination of eligibility, coverage verification, reviewing services provided to you for medical necessity, and undertaking utilization review activities.
3. **HealthCare Operations.** We may use and disclose PHI for operational purposes, such as quality assessments, evaluate the performance of our team members in caring for you, training, and education. We also participate in health information exchanges

to facilitate treatment, payment, or healthcare operations. You may have the right to opt out of participation in health information exchange subject to applicable law.

4. **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose PHI to contact you with appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.
5. **Minors.** We may disclose the PHI of minor children to parents or legal guardians unless such disclosure is prohibited by law.
6. **Research.** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may disclose PHI to be used in collaborative research initiatives amongst Michigan Healthcare Professionals, P.C. providers. We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
7. **As Required by Law.** We will disclose PHI about you when required to do so by international, federal, state, or local law.
8. **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent or reduce a serious threat to your health or safety or to the health or safety of others.
9. **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
10. **Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
11. **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
12. **Workers' Compensation.** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
13. **Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
14. **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
15. **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
16. **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

17. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
18. **Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.
19. **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may perform their legal duties under the law.
20. **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can perform their duties.
21. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

D. USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

1. **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your care or payment for care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
2. **Self- Paid Services.** You can exercise your rights under HIPAA that your healthcare provider does not disclose information about services received when you pay in full out of pocket for the service and request that information not be disclosed with your health plan, we are required to honor that request unless disclosure is otherwise required by law.
3. **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practicably do so.
4. **Fundraising Activities.** We may use or disclose your PHI, as necessary, to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications. Each fundraising notice will include instructions for opting out. Records subject to 42CFR Part 2 regulations will not be used or disclosed for fundraising purposes unless expressly permitted by law and authorized by you in writing.

E. YOUR WRITTEN AUTHORIZATION IF REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes;
- Disclosures that constitute a sale of your PHI: and,
- Patient records subject to Part 2 regulations may be used or disclosed only as permitted by Part 2 and HIPAA regulations. Substance use disorder treatment records received from Part 2 programs, or testimony relaying the contents of such records, will not be used or disclosed in a criminal investigation, to initiate or substantiate criminal charges, or in civil, criminal administrative or legislative proceedings by any federal, state, or local authority against you without your authorization or a court order with accompanying subpoena or similar legal mandate compelling disclosure.

Please note: PHI that is disclosed with authorization pursuant to the Privacy Rule may be subject to redisclosure and may no longer be protected by HIPAA.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no

longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

F. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights, subject to certain limitations, regarding your PHI:

1. **Inspect and copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request, as permitted by law. You can only direct us in writing to submit your PHI to a third party not covered in this notice.
2. **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form.
3. **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that a timely electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.
4. **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.
5. **Request Amendments.** If you feel that the PHI we have 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 us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment.
6. **Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the list.
7. **Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request by writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.
8. **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing, and you must specify how or where we are to contact you.
9. **Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by visiting our website: www.mhpdactor.com or contact the **Michigan Healthcare Professionals, P.C.** office you are receiving services from.

G. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and apply changes retroactively. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our offices and on our website.

H. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the **Michigan Healthcare Professionals, P.C.**, Privacy Officer, at the address listed at the beginning of this Notice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Humans Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. **You will not be penalized for filing a complaint.**

Notice Effective 2/11/2026
(Prior notices apply before this date)

MICHIGAN HEALTHCARE PROFESSIONALS, P.C.

**ACKNOWLEDGEMENT OF RECEIPT OF
PATIENT NOTICE OF PRIVACY PRACTICES**

I acknowledge that I read and/or received a copy of the **Michigan Healthcare Professionals, P.C.** Patient Notice of Privacy Practices effective February 11, 2026 (prior notices apply before this date).

Date: _____ Patient Signature: _____
(or Guardian, if applicable)