



Notice of Privacy Practices

This notice describes how protected medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.

1. Digestive Health Associates of Northern Michigan, P.C. (DHA) is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples:
 - a. For treatment - such as progress updates to your primary care physician.
 - b. For payment - such as claims for services rendered being sent to your insurance carrier.
 - c. for health care operations - for example, we may call you by name in the waiting room when your provider is ready to see you.
2. DHA is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.
3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. DHA intends to engage in none or more of the following activities:
 - a. DHA may contact the individual to provide appointment reminders or information about treatment alternatives or other' health-related benefits and services that may be of interest to the individual or patient.
 - b. A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

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5. The Individual has the following rights regarding protected health information:
- a. The right to request restrictions on certain uses and disclosures of protected health information. DHA is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of protected health information, as applicable.
 - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
 - d. The right to amend protected health information, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of protected health information.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. DHA is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
7. DHA is required to abide by the terms of the Notice currently in effect.
8. DHA reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. DHA will provide individuals or patients with a revised Notice by mail or in person at the time of the next scheduled visit.
10. Individuals may complain to DHA and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. You may file a complaint with us by notifying our Practice Administrator. We will not retaliate against you for filing a complaint.
11. DHA's contact person for matters relating to complaints is:
- a. Practice Administrator
 - b. (231) 935-5710
 - c. 4100 Park Forest Drive, Suite 208, Traverse City, MI 49684
12. This Notice is first in effect on April 14, 2003.

Acknowledgement of Receipt

I hereby acknowledge that I have received a copy of DHA's Notice of Privacy Practices

Name

Date