

**TOTAL HEALTH CENTER, INC.**  
**NOTICE OF PRIVACY PRACTICES**

**Effective: July 1, 2004**

**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 our Privacy Office: Total Health Center, Inc., Attn: Privacy Officer, P.O. Box 1220, Battle Creek, MI 49016-1220, (269) 968-0888.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you.

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

**How We May Use and Disclose Medical Information About You.**

We may use health information about you to provide you with health care **treatment** or services. We may also disclose protected health information about you to others who are involved in taking care of you. For example we may send health information about you to your physician or other specialist involved in your care.

We may use and disclose health information about you to obtain **payment** for the treatment and services you receive from us. For example we may send billing information to your insurance company or Medicare. We may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We may use and disclose health information about you to support our health care **operations**. For example, we may use health information to review the treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many patients to decide what additional services we should offer. We may disclose medical information about you to train our staff, volunteers and students working in Total Health Center, Inc. We also may use the information to study ways to more efficiently manage our organization.

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We may use or disclose medical information about you to notify or assist in notifying, those persons of your general condition, status, and location.

We may disclose information to contact you for an **appointment reminder**, to tell you about **health-related benefits and services** or recommend **possible treatment options or alternatives** that may be of interest to you.

Subject to certain requirements, we may use or disclose health information about you without your prior authorization for other reasons:

We may give out health information about you for **public health purposes**; to **report abuse or neglect**; for **health oversight reviews**; in **research** studies (We may disclose your health information to researchers if an institutional review board has established protocols to ensure the privacy of your health information.); for **funeral arrangements** and **organ donation**; to a **coroner or medical examiner**; in response to special law enforcement requests, valid judicial or administrative orders, or for **authorized national security and intelligence activities**; for **worker's compensation** purposes; to avert a serious threat to your health or safety or those of the public or another person; and when **required by law**. If you are or were a member of the armed forces, we may release information about you as required by military command authorities or the Department of Veteran Affairs. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law

enforcement official.

In some circumstances, Michigan state law may be more stringent than federal law in restricting how we may use or disclose your health information. In such situations, we will comply with the law that is more protective of your health information or that gives you additional rights with respect to your health information.

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing your health information. You may revoke this authorization for any subsequent disclosures by notifying us in writing.

#### Your rights regarding health information about you.

You have the right to request in writing that you **inspect and obtain a copy** of the health information that we use to make decisions about your care. We may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. If we deny your request to inspect or obtain a copy in certain limited circumstances, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Total Health Center, Inc. will review your request and the denial and we will comply with the outcome of that review.

If you believe that health information we have about you is incorrect or incomplete, you may make a written request to ask us to **amend information**. The request should state the reason for the amendment and specific information to be amended. The amendment must be contained in five pages of paper legibly handwritten or typed in at least 10 point font size. Any amendment we make to your health information will be disclosed to those with whom we disclose information as previously noted.

We may deny your request to amend if the information to be amended was not created by us, is no longer maintained by us, is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. We will notify you if we deny your request for amendment and you may appeal, in writing, our decision. Any statements of disagreement or rebuttal will be linked to your health information and made a part of any subsequent disclosure we make of such information.

You have the right to make a written request for a **list of disclosures** we have made of your health information, except for uses and disclosures for treatment, payment, and or health care operations, as previously described, and those for which you have authorized disclosure. Your request must state a time-period which may not be longer than six years and may not include dates prior to April 14, 2003. We will not charge you for the first list you request within a 12-month period, additional request will be charged according to our cost of producing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

You have the right to **request a restriction** on the health information we use or disclose about you for treatment, payment, or health care operations. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You have the right to request, in writing without requiring you to state a reason, that confidential communications with you be made in an alternative manner or location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

#### Written Requests and Complaints

For all written requests, or appeals, or if you are concerned that your privacy rights may have been violated or if you disagree with a decision we make about your health information, you may contact our privacy office at: Total Health Center, Inc., Attn: Privacy Officer, 1018 North Ave, Battle Creek, MI 49017, (269) 968-0888. You may also send a written complaint to the U.S. Department of Health and Human Services. Our Privacy Officer can provide you the address.

#### Copies of Notice and Changes

Total Health Center, Inc. reserves the right to make changes to this document. Upon your request, we will provide you with any revised notice of privacy practices. A revised Notice will also be posted in the waiting room.