

MICHIGAN INSTITUTE OF UROLOGY, 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.

If you have any questions, please contact our Privacy Officer or Contact Person at the address at the end of this notice.

This notice of Privacy Practices describes how we may use and disclose your protected health information needed to treat you, obtain payment for services, for health care operations and for other purposes permitted by law. The term "protected health information," means any information about you, including information that may identify you and relates to your past, present or future physical, mental health or condition and related health care services.

MIU provides this Notice to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our practice is required to comply with the terms of this Notice of Privacy Practices.

This Notice of Privacy Practices will apply to:

- Any health care professional authorized to enter information into your chart (including physicians, PAs, NPs, RNs, etc.);
- All areas of MIU (front desk, administration, billing and collection, etc.);
- All employees, staff and other personnel that work for or with MIU;
- Any business associate with whom we may share health information so that they can perform services to, for or on behalf of Michigan Institute of Urology.

MIU may change the terms of this Notice at any time. The changes will be effective for all protected health information we already have, as well as for information obtained in the future. The effective date will appear in the lower left hand corner of this Notice. The current notice will always be posted in our offices. You can obtain a paper copy of the current notice at any time upon request.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. You should be comfortable in sharing any information about your health with your doctor in order to help him/her provide the most appropriate health care. As our patient, we create paper and electronic medical records about your health, our care for you, and the services and/or items we provide to you as our patient. We need this record to provide for your care and to comply with certain legal requirements.

Our Responsibilities

Our medical and administrative staff understands that MIU is required by law to:

- Keep medical information about you private;
- Provide you with a Notice of our Privacy Practices and your legal rights with respect to protected health information about you;
- Follow the terms of the Notice that is currently in effect;
- Notify you if we do not agree to a requested restriction; and
- Accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following are examples of different ways that we use and disclose protected health information that we have and share with others. Each type of use or disclosure provides a general explanation and provides some examples of uses. This list does not include every potential use for disclosure of information in a category. The explanation is provided only to help you understand how MIU may use or disclose your protected information in compliance with any authorizations or consents required by law.

Treatment

We will use medical information about you that was on file prior to this notice or which may be obtained after the date of this Notice to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with others that have already obtained your permission to have access to your protected health information. Therefore, we may disclose medical information about you to doctors, nurses, laboratory or imaging technicians, medical students, hospital or home health personnel who are involved in taking care of you. We may also disclose information to other doctors who may be treating you or to whom we may refer you for care. These doctors may need information from your medical record to provide appropriate care.

Payment

We may use and disclose medical information about you for services and procedures so they may be billed and collected from you, an insurance company, or any other third party. For example, we may need to give your health care information, about treatment you received at MIU, to obtain payment or reimbursement for the care. We may also tell your health plan and/or referring physician about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment, to facilitate payment of a referring physician, or the like.

Health Care Operations

We may use and disclose medical information about you so that we can run our practice more efficiently and make sure that all of our patients receive quality care. These may include:

- Reviewing our treatment and services to evaluate the performance of our staff;
- Deciding what additional services to offer and where;
- Deciding what services are not needed, and whether certain new treatments are effective;
- We may disclose information to doctors, nurses technicians, medical students, and other personnel for review and learning purposes;
- We may also use or disclose information about you for internal or external utilization review and or quality assurance, to business associates for purposes of helping us to comply with our legal requirements, to auditors to verify our records, to billing companies to aid us in this process and the like.

Appointment & Patient Recall Reminders

We will ask that you sign in at the receptionists' desk, a "sign-in" log on the day of your appointment. We will call you by name in the waiting room when your healthcare provider is ready to see you. We may use and disclose medical information to contact you as a reminder that you have an appointment. This contact may be by phone, in writing, e-mail, or otherwise and may involve leaving an e-mail, a message on an answering machine, or otherwise which could (potentially) be received or intercepted by others. We may contact you by phone or other means to provide result from exams or tests. Please let us know, in writing, if this is not acceptable.

Family Members, Friends, Personal Representatives

Unless you notify our Privacy Officer in writing, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. MIU may use or disclose private health information if it is necessary to notify or aid in the notification of a family member, personal representative or another person responsible for your care or your location, your general condition or death. If you are present and capable of deciding what information and to whom that information should be released, you will be given that option. If you are incapacitated because of an emergency, we will use or disclose only that private health information that is deemed necessary in our professional judgment and experience to make reasonable recommendations of your best interest in allowing another individual to pick up prescriptions, medical supplies, x-rays or other similar forms of healthcare information.

Business Associates

We have contracts with individuals and other entities (our business associates) that perform services for or on our behalf. Examples include laboratory tests, and transcription services. We may disclose your medical information to our business associates so they can perform the job we have asked them to do and bill you or your third party payer for the service rendered. We require all business associates to appropriately safeguard your information.

Emergency Situations & Disaster Relief

We may disclose medical information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Required by Law

We will disclose medical information about you when required to do so by federal, state or local law.

Coroners, Medical Examiners

We may release medical information consistent with applicable law to assist these individuals in carrying out their duties. This may be necessary for example, to identify a deceased person or determine the cause of death

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

Law or public policy may require us to disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at MIU; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend any member of the Michigan Institute of Urology in any actual or threatened action.

Government Activities

We may disclose medical information to a local, state or federal agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the payer, the government and other regulatory agencies to monitor the health care system, government programs, and compliance with civil rights laws.

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates

If you are an inmate of a correctional institution or in the custody of law enforcement officials, we may disclose information to the medical staff or intake staff of the correctional institution or the Department of Corrections as needed for your health and to protect the health and safety of other individuals.

Military

If you are a member of the armed forces, we may release medical information about you as required by military command authorities as authorized by applicable law.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, to monitor product defects or problems, to report biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

PATIENT RIGHTS

This section describes your rights and the obligations of MIU regarding the use and disclosure of your medical information.

Right to Inspect and Copy

You have the right to look at or get a copy of medical information that we used to make decisions about your care, with certain exceptions such as psychotherapy notes. You must make your request to review or obtain copies of your medical information in writing by completing a request form. We may charge a fee for the cost of copying, mailing, or other related supplies.

Personal Representative

You have the right to designate a personal representative. This means you may designate a person with the delegated authority to consent to, or authorize the use or disclosure of protected health information. To delegate a personal representative (s), you must fill out MIUs "Designation of Personal Representative" form. You will need either the last 4 digits of their social security number or their mother's maiden name (for security purposes). Any front desk personnel will assist you with this form.

Right to Amend

If you believe that information in your medical record is incorrect or incomplete, you have the right to request that we amend the records following the procedure below.

- Your request must be submitted in writing, along with your intended amendment and a reason that supports your request to amend. The amendment must be dated, signed by you and notarized.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by MIU
- Is not part of the medical information kept by MIU
- Is not part of the information which you would be permitted to inspect a copy; and
- Is inaccurate and incomplete

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" made by MIU after April 14, 2003. This is a list of the disclosures we made of medical information about you to others that are not involved with your treatment, payment of services rendered to you or health care operations as previously defined in this Notice of Privacy Practices or where you specifically authorize a disclosure. To request this list, you must submit your request in writing. Your request must state a time period not longer than six (6) years back and may not include dates before April 14, 2003. The first disclosure request in a 12-month period is free; other requests will be charged according to our cost of producing the accounting. We will inform you of the cost before you incur any cost in advance.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care (a family member or friend). For example, you could ask that MIU not use or disclose information about a particular treatment you received.

MIU is not required to agree to your request and may not be able to comply with your request. If we do agree, we will comply with your request except that we shall not comply, even with a written request, if the information is excluded from the consent requirement or we are otherwise required to disclose the information by law.

To request restrictions, you must make your request in writing. In your request you must indicate:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply, (e.g., disclosures to your children, parents, spouse, etc.)

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, that we not leave voice mail or e-mails.

To request confidential communications, you must make your request in writing. You are not required to explain the request. We will accommodate all reasonable requests. Your request must specify how or where you wish us to contact you.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Complaints

All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you should document your concern and send it to Michigan Institute of Urology, P.C. 20952 12 Mile Road, Suite 200, St. Clair Shores, MI 48082, Attention Privacy Officer.

Finally you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington D. C. 20201 or phone the Secretary at 1-877-696-6775 or 1-202-619-0257

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to MIU will be made only with your written permission, unless those uses can be reasonably inferred from the intended uses above, if you have provided us with your permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures MIU has already made with your permission, and that we are required to retain our record of the care that we provided to you.