



## Notice of Privacy Practices

VPA, P.C.  
d/b/a Visiting Physicians Association  
**Effective Date:** 2/1/2020

**Attn:** Privacy Officer  
500 Kirts Blvd  
Troy, MI 48084  
**PH:** (248) 824-6000  
**FAX:** (855) 252-4449  
**EMAIL:** [compliance@usmmlc.com](mailto:compliance@usmmlc.com)

### Your Information. Your Rights. Our Responsibilities.

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This notice of privacy practices describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

This notice is a **summary only**. Applicable law may place requirements on us and this notice that may not be obvious. For example, HIPAA's definitions of "marketing", "breach" or "healthcare operations" are technical, include exceptions, and do not apply to all situations you may personally consider to be within those definitions. This notice is not intended to be more restrictive than applicable law unless **explicitly** noted.

#### Your Rights

**With your health information, you have certain rights.** This section generally explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We do not have to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires/allows us to share that information.

#### **Get an accounting of certain disclosures**

- You can ask for a list (accounting) of the times we've

shared your health information for six years before the date you ask, who we shared it with, and why.

- We will include all the disclosures required to be tracked under this right. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

#### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation



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*If you cannot tell us your preference – for example, if you are unconscious – we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

**How do we typically use or share your health information?** We typically use or share your health information in these ways:

**Treat you.** We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

**Bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

**Help with public health and safety issues.** We can share health information about you for certain situations such as: (i) preventing disease; (ii) helping with product recalls; (iii) reporting adverse reactions to medications; (iv) reporting suspected abuse, neglect, or domestic violence; or (v) preventing or reducing a serious threat to

anyone's health or safety

**Do research.** We can use or share your information for health research.

**Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests.** We can use or share health information about you: (i) for workers' compensation claims; (ii) for law enforcement purposes or with a law enforcement official; (iii) with health oversight agencies for activities authorized by law; or (iv) for special government functions such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions.** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Other Ways We Can Use/Disclose Information.**

Applicable law allows for additional uses and disclosures which are not all enumerated and explained above, and we will use/disclose information in any manner allowed by applicable law, including, without limitation, uses and disclosures: made at your request; for appointment reminders; to recommend treatment alternatives and healthcare-related products and services; limited data sets in certain circumstances; to avert a serious threat to health or safety; for certain public health and safety issues; to third party business associates who assist us; to coroners, medical examiners, and funeral directors if death occurs; to aggregate data and de-identify data (at which point it is not subject to HIPAA); sharing within an Organized Healthcare Arrangement we may participate in, within accountable care organizations, regional health information organizations, blue button project, or other health information exchanges (in these situations, there may be an "opt-out" right or other rights you may have); and uses and disclosures that are incidental to other



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permitted uses and disclosures.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as noted herein unless you tell us we can do so in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### Nondiscrimination

VPA, P.C., complies with applicable Federal civil rights laws and does not discriminate, exclude, or treat people differently based on race, color, national origin, age, disability, sex, or other legally enumerated protected classes. We, as necessary, provide free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats), language services to people whose primary language is not English (e.g., qualified interpreters, information written in other languages). If you need these services, contact Ronald Sagritalo. If you believe that VPA, P.C., has failed to provide these services or discriminated in another way based on a protected class, you can file a grievance with our *Chief Compliance Officer*, 500 Kirts Blvd, Troy, MI 48084, phone: 248-824-6400, email: [compliance@usmmlc.com](mailto:compliance@usmmlc.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our *Chief Compliance Officer* is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Changes to the Terms of this Notice

We can change this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, in our office, and on our website.

### Other

- We are advising you in this notice that, if you email or text us health information, or request that we provide you with information in these or similar mediums, that these are unsecure mediums for transmitting information and that there is some risk to using these mediums. Information transmitted these ways is more likely to be intercepted by unauthorized third parties than more secure transmission channels. If you want to communicate with us in these mediums, you are accepting the risks we have notified you of, and you agree that we are not responsible for unauthorized access of such medical information while it is in transmission to you based on your request, or when the information is delivered to you.
- There are other federal or state health information privacy laws. These laws occasionally may require your specific written permission before disclosures of certain particularly sensitive information when HIPAA regulations would permit disclosure without your permission. We comply with all applicable laws that apply stricter nondisclosure or other requirements.
- This notice applies to any other entity/member of an organized healthcare arrangement in which we might participate, including, without limitation, our affiliated entities, including Centene Corporation and U.S. Medical Management, LLC.

## ACKNOWLEDGEMENT

I, the undersigned, acknowledge receiving this Notice of Privacy Practices.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

If you are signing on behalf of Patient, print your name: \_\_\_\_\_

Your Relationship with Patient: \_\_\_\_\_