

A.F. Associates Family Medicine, P.C

2849 Michigan N.E.
Grand Rapids, MI 49506
(616) 285-6450
(616) 285-6455 FAX

Kirk J. Agerson, M.D.
James E. Flood, M.D.
Jeffrey D. Johnson, M.D.
Molly Paulson, P.A.-C.

NOTICE OF PRIVACY PRACTICES

Understanding Your Health Record Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. We use this information, often referred to as your health or medical record, as a basis for planning your care and treatment, a means to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others. We also send appointment reminder postcards and call your home to leave appointment reminders or test results with spouses, family members or on answering machines. You may request a restriction form if you require additional confidential treatment of communications.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact our Privacy Manager.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you 5 cents for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our Privacy Manager. You may also send a written complaint to the U.S. Department of Health and Human Services. The Privacy Manager can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice and in our policy.

Acknowledgment

I acknowledge receipt of this notice of information practices. I understand that I may request additional restrictions on the use and disclosure of my protected health information or for additional confidential treatment of communications.

Signature: _____

Date: _____, 200__