BELLEVILLE LAKE PEDIATRICS
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") applies to Belleville Lake Pediatrics, and to all of its physicians, other health care providers, and staff (together, "we," "us," or "our"). When the patient is a minor, "you" and "your" also refer to the patient's parent, legal guardian, or other personal representative, to the extent permitted by law.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Get an Electronic or Paper Copy of Your Medical Record

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we maintain about you by submitting a written request to our office.
- We will provide a copy or summary of your health information, within thirty (30) days of your request, with one possible thirty (30)-day extension if we notify you in writing of the reason. We may charge a reasonable, cost-based fee. In limited circumstances we may deny your request; if we do, we will explain the reason in writing and, in certain cases, you may have the denial reviewed.

2. Ask Us to Correct Your Medical Record

- You may request in writing that we correct health information about you that you believe is incorrect or incomplete.
- We may deny your request under certain circumstances, but we will explain the reason in writing, and you may file a statement of disagreement. We will act on your request within sixty (60) days, with one possible thirty (30)-day extension if we notify you in writing of the reason.

3. Request Confidential Communications

- You may ask us to contact you in a specific manner, such as at your home, office, mailing address, secure email address, or telephone number of your choosing.
- We will accommodate reasonable requests and will not ask you the reason for your request.

4. Ask Us to Limit What We Use or Share

- You may request restrictions on certain uses or disclosures of your health information for treatment, payment, or health care operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If we agree, we will comply unless the information is needed for emergency treatment.
- If you pay for a health care item or service entirely out-of-pocket, you may request that we not disclose that information to your health insurer for payment or health care operations. We will say "yes" to a request to withhold information from your health plan for an item or service you have paid for in full, unless a law requires us to share it.

5. Get a List of Those With Whom We Have Shared Information

- You may request an accounting of disclosures showing certain times we have shared your health information during the six (6) years prior to your request, including who received the information and why it was disclosed.
- The accounting will not include disclosures for treatment, payment, and health care operations, disclosures made with your authorization, and certain other disclosures, such as those made to you or otherwise permitted by law. We will provide one accounting free within any twelve (12)-month period and may charge a reasonable, cost-based fee for additional requests within twelve (12) months.

6. Get a Copy of This Privacy Notice

- You may request a paper copy of this Notice at any time, even if you previously agreed to receive it electronically. We will provide a copy promptly.

7. Choose Someone to Act for You

- If you have designated a patient advocate under Michigan law (MCL 700.5506 et seq.), or if a person is your legal guardian or other personal representative, that individual may exercise your rights and make choices concerning your health information. For minors, parents or legal guardians generally act as personal representatives, subject to the minor-consent exceptions described in this Notice.
- We will verify the person's authority before taking any action.

8. File a Complaint if You Feel Your Rights Are Violated

- You may complain if you believe your privacy rights have been violated by submitting a written complaint to our Privacy Officer using the contact information listed in this Notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to the address below, calling the number below, or visiting the website below.

  Office for Civil Rights
  U.S. Department of Health and Human Services
  200 Independence Avenue, S.W., Room 509F, HHH Building
  Washington, D.C. 20201
  Telephone: 1-877-696-6775
  www.hhs.gov/hipaa/filing-a-complaint/index.html
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you may tell us your choices about what we share. If you have a preference regarding how we share your information in the situations listed below, please tell us and we will follow your instructions whenever legally permitted.

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

- Share information with family members, close friends or others involved in your care
- Share information in a disaster relief situation
- Restrict disclosure to persons not expressly authorized by you

If you are unable to communicate your preferences, for example because you are unconscious or incapacitated, we may share information if we determine it is in your best interest in our professional judgment. We may also disclose information when necessary to prevent or lessen a serious and imminent threat to health or safety, consistent with law.

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

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

OTHER USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

1. Treatment

We can use and share your health information with other health care professionals involved in treating you.

Example: A physician treating you for an injury may consult another physician regarding your overall health condition.

2. Payment / Bill for Your Services

We may use and share your health information to bill and obtain payment from health plans, insurers, or other responsible parties.

Example: We provide information to your health insurance plan so it can pay for your health care services.

3. Health Care Operations

We may use and disclose your health information to operate our practice, improve patient care, maintain quality assurance programs, evaluate provider performance, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

4. Appointment Reminders and Treatment Alternatives

We may use and share your health information to contact you with appointment reminders and to tell you about possible treatment alternatives or other health-related benefits and services that may be of interest to you.

How else can we use or share your health information? We may disclose your information in other situations permitted or required by law, generally for purposes that serve the public interest such as public health, safety, oversight, and research activities.

1. Help With Public Health and Safety Issues

We may share health information about you for activities such as:

- Preventing or controlling disease, injury, or disability, including reporting communicable diseases to public health authorities as required by law
- Reporting births and deaths
- Reporting immunizations to the Michigan Care Improvement Registry (MCIR)
- Reporting suspected child abuse or neglect as required by the Michigan Child Protection Law (MCL 722.623)
- Reporting suspected abuse, neglect, or domestic violence involving adults as permitted or required by law
- Assisting with product recalls
- Reporting adverse reactions to medications or products
- Preventing or reducing a serious threat to anyone's health or safety

2. Research

We may use or disclose your health information for approved health research activities.

3. Compliance With the Law

We will disclose information if required by applicable federal, state, or local law, including requests by the Department of Health and Human Services to confirm compliance with federal privacy requirements.

4. Organ and Tissue Donation Requests

We may disclose health information to organ procurement organizations.

5. Medical Examiners and Funeral Directors

We may disclose health information to a coroner, medical examiner, or funeral director when an individual dies.

6. Workers' Compensation, Law Enforcement, and Government Requests

We may use or disclose health information

- For workers' compensation or similar programs that provide benefits for work-related injuries or illness
- For law enforcement purposes or to a law enforcement official, as permitted or required by law
- To health oversight agencies for audits, investigations, inspections, licensure, and other activities authorized by law
- For special government functions, such as military, national security, and presidential protective services

7. Lawsuits and Legal Actions

We may disclose health information in response to a court order, or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

8. Additional Protections Under Michigan Law

Michigan law may provide greater protection for certain types of health information, such as HIV/AIDS and other communicable disease information (MCL 333.5131), mental health records (MCL 330.1748), and substance use disorder records. When Michigan or other applicable law is more protective of your information than federal law, we will follow the more protective law.

10. Reproductive Health Care

Federal privacy rules may limit our use or disclosure of health information related to lawful reproductive health care. Where such limits apply, we may require a signed attestation from the person requesting the information before disclosing it for health oversight, judicial or administrative proceedings, law enforcement, or coroner or medical examiner purposes.

ADDITIONAL PRIVACY PROTECTIONS FOR CHILDREN AND ADOLESCENTS

Belleville Lake Pediatrics recognizes the important role parents and guardians play in their children's healthcare while also respecting the privacy rights of adolescents.

Private Time During Adolescent Visits

Beginning at age 12, our providers routinely offer adolescents an opportunity to speak privately with their physician. This allows teenagers to ask questions, discuss sensitive concerns, and develop independence in

managing their health. Private conversations do not automatically mean that information is legally protected from parental access. Confidentiality depends on the nature of the information and applicable law.

Additional Clarification

Parents', guardians', and minors' rights under this Notice remain subject to applicable federal law, Michigan law, court orders, custody provisions, and confidentiality statutes. Where laws conflict, Belleville Lake Pediatrics will follow the law that applies and, where HIPAA permits, will follow the state law that is more protective of the patient's privacy.

Michigan Minor Consent and Confidentiality Laws

Michigan law permits minors to independently consent to certain healthcare services without parental permission. These include:

- **Sexually Transmitted Infections and HIV - Under Age 18.** Minors may consent to evaluation, testing, and treatment for sexually transmitted infections and HIV if they are, or profess to be, infected. For medical reasons, the treating provider may, but is not obligated to, inform the minor's parent or guardian, based on the provider's professional judgment. MCL 333.5127.
- **Substance Use Disorder Services - Under Age 18.** Minors may consent to evaluation and treatment for substance use disorders. For medical reasons, the treating provider may inform the minor's parent or guardian, with or without the minor's consent. Records of certain substance use disorder programs may also be subject to federal confidentiality protections under 42 CFR Part 2, which may limit disclosure to a parent without the minor's written consent. MCL 330.1264.
- **Pregnancy-Related Healthcare - Under Age 18.** Minors may consent to prenatal and pregnancy-related health care, and health care for their own children as authorized by MCL 333.9132. For medical reasons, the treating provider may inform the minor's parent or guardian.
- **Outpatient Mental Health Services - Ages 14-17.** Adolescents age 14 and older may request and receive outpatient mental health services without parental consent, limited to not more than twelve (12) sessions or four (4) months per request. The minor's parent or guardian will not be informed of these services without the minor's consent, unless the treating professional determines there is a compelling need for disclosure based on a substantial probability of harm to the minor or another person and the minor is notified first. These services do not include psychotropic drugs or pregnancy termination referral services. MCL 330.1707.

Parental Access and Confidentiality

Parents and legal guardians generally have access to their minor child's medical information. However, certain records and services may be protected by Michigan or federal confidentiality laws.

When a minor independently consents to legally authorized healthcare services, information related to those services will be handled according to the applicable confidentiality requirements.

Michigan law permits or requires parental disclosure in certain circumstances, including specified medical reasons and safety-related situations.

Confidentiality is not absolute. Information may also be disclosed when required or permitted by law, including mandatory reporting of suspected abuse or neglect.

We encourage adolescents to involve their parents or guardians in important healthcare decisions whenever possible while respecting their legal privacy rights.

Patient Portal Access

Belleville Lake Pediatrics will manage parental and adolescent access to electronic health information in accordance with applicable privacy laws.

Certain confidential information may require restrictions on parental proxy access, electronic communications, test results, or other portions of the medical record.

Beginning at age 12, parental proxy access to the patient portal may be limited to protect adolescent confidentiality.

When a minor patient turns eighteen (18), the parent's or guardian's access to the patient's health information and patient portal account will end unless the patient provides written authorization or the parent or guardian has other legal authority, such as a court-ordered guardianship or a power of attorney.

Families may contact our office with questions about patient portal access and adolescent confidentiality.

ADDITIONAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

Certain substance use disorder treatment records are subject to additional federal confidentiality protections under 42 CFR Part 2. When Belleville Lake Pediatrics receives or maintains records protected by Part 2, such records will be used and disclosed only as permitted by law and any required patient consent.

Additional Protection: Records protected by 42 CFR Part 2 generally may not be redisclosed unless specifically authorized by federal law or by a valid patient authorization.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly, and no later than sixty (60) days after discovery, if a breach of unsecured protected health information occurs, as required by law.
- We must follow the duties and privacy practices described in this Notice and provide you with a copy of it.
- We will not use or disclose your information other than as described in this Notice unless you authorize us to do so in writing. You may revoke such authorization at any time by submitting a written revocation, except to the extent we have already acted in reliance on it.
- Michigan law may also require us to notify you of certain security breaches involving your personal information under the Identity Theft Protection Act, MCL 445.72.

For more information see: www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html

PRIVACY OFFICER CONTACT INFORMATION

Privacy Officer: _____

Belleville Lake Pediatrics

Address: _____

Telephone: _____

Email: _____

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, posted in our office, and on our website at https://bellevillelakepediatrics.com and will include its effective date.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of this Notice of Privacy Practices.

I understand that:

- This Notice of Privacy Practices describes how Belleville Lake Pediatrics may use and disclose my protected health information for treatment, payment, and health care operations.
- Belleville Lake Pediatrics may change this Notice as permitted by law.
- I may obtain a current copy of the Notice of Privacy Practices.
- I have the right to file a complaint if I believe my privacy rights have been violated.
- I have had the opportunity to ask questions about this Notice.
- My signature acknowledges only that I received this Notice; signing is not required to receive treatment, and I may decline to sign.

Patient Information

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

SIGNATURES

Patient (If 18 Years of Age or Older)

Signature: _____

Printed Name: _____

Date**:** ____ / ____ / _____

Parent or Legal Guardian (If Patient Is a Minor or Has a Legal Representative)

Signature: _____

Printed Name: _____

Relationship to Patient: _____

Date**:** ____ / ____ / _____