

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.

Your Rights

You have the right to:

- Get a copy of your medical record.
- Correct your medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those whom we've shared your information.
- Get a copy of this privacy notice.
- File a complaint if you believe your privacy rights have been violated.

We May Use and Share Your Information as We:

- Treat you.
- Comply with the law.
- Work with law enforcement, and other government requests; Or, if you sign a written request for us to provide your information to your physician or another third party of your choosing.

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

Get a Copy of Your Medical Record

Note: Photo identification must be provided and this request must be made in person.

- You can ask to see or get a 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.

Get a Copy this Privacy Notice

You can ask for a paper copy of this notice any time.

File a Complaint if You Feel Your Rights are Violated

- You can complain if you feel we have violated your rights by contacting us by sending a letter to P.O. Box 5363, Traverse City, MI 49686, calling us at 231-929-3488, or visiting www.thrivemedicalclinic.org/contact-us
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C., 20201, calling 1-800-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.