

NOTICE OF PRIVACY

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

I. OUR OBLIGATIONS

Weissman Gitlin Herkowitz MD PC is required by law to protect the privacy of its health information, and to advise you of your legal rights as to how we maintain any and all records pertaining to the care and services you receive at Weissman Gitlin Herkowitz MD PC. You have a right to receive adequate notice of all uses and disclosures by Weissman Gitlin Herkowitz MD PC.

In this Notice, we explain how we protect the privacy of your Protected Health Information (“PHI”), and how we will allow it to be used and given out (“disclosed”). We must follow the privacy practices described in this Notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace or modify it.

This Notice is applicable to all of the records of your medical care generated by Weissman Gitlin Herkowitz MD PC, whether made by office personnel, or your physician.

If you have any further questions about any section of this Notice or if you want to receive additional information about the health privacy procedures at Weissman Gitlin Herkowitz MD PC, please contact:

Privacy Officer
Weissman Gitlin Herkowitz MD PC

27207 Lahser Road Suite 200B Southfield, MI 48034 (248) 663-1900	6900 Orchard Lk Rd Suite 103 W Bloomfield MI 48322 (248) 855-7400
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II. WHO IS SUBJECT TO THIS NOTICE

This Notice describes our practices and the required privacy procedures of the following:

- Any of our health care professionals with authorization to enter information into your chart or medical records.
- All employees, staff and other Weissman Gitlin Herkowitz MD PC personnel.

III. WHAT WE ARE OBLIGATED BY LAW TO DO

We will follow the conditions set forth in this Notice of Privacy including:

- Provide you with our Notice of Privacy which informs you of our legal obligations with respect to your medical information.
- Maintain all health information concerning your care according to the privacy requirements of the law.

A. How we may use or disclose your private health information:

We are describing the following categories that pertain to how we may use and disclose any medical information about you. For some of these categories, we will provide examples of our privacy procedures.

1. Treatment We may use health information which concerns you to provide either medical treatment or services. We may disclose information about you to treating doctors, nurses, lab technicians, or other Weissman Gitlin Herkowitz MD PC personnel who are providing treatment to you. For example, if blood or urine specimens are drawn at our office, we may have to provide the results to consulting doctors' offices. Or, Weissman Gitlin Herkowitz MD PC may have to coordinate medical information about you with other departments at various hospitals or laboratories, such as diagnostic centers, pharmacies, etc. We may also find it necessary, in order to provide optimum medical care, to disclose medical information about you to individuals outside our organization, such as your family members, trusted friends, clergy, or others that we may be in contact with to assist us in providing services as a part of your care and

treatment. We may also at times need to leave messages on your answering machine.

2. Payment We may use and disclose health information about you in order for our organization to bill for the treatment and care you receive. In order to collect fees for our services and treatment, it may be necessary to bill either you, an insurance company or a third party. For example, we may find it necessary to disclose information concerning your health care to your health plan insurer about medical treatment or lab work which you received at our office in order to obtain payment for those services. Or, we may need to disclose private medical information to your health plan when your doctor recommends a procedure, such as knee surgery which can be scheduled in advance, in order to obtain the necessary prior approval for coverage from the insurer.

3. Health Care Operations We may use and disclose health information pertaining to your care and treatment at our organization in order to implement our health care operations in the most productive manner. For example, we may determine that it is necessary to utilize medical information from your records to review our staff policies concerning treatment. We may also compile statistics from your records together with other patient's files in order to determine if certain medical techniques are effective, and if we need to consider new treatments. We may compare medical information from your records with information from other hospitals or physician offices to determine how we may improve delivery of our medical services.

B. Uses and Disclosures Which DO NOT Require Authorization

1. Public Safety We may use and disclose health information about you when it is necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another individual. However, any disclosure we may feel necessary to implement would only be to an individual in a position to counter the threat.

2. Research We may disclose your health information to researchers who are conducting research which has been approved by an Institutional Review Board or Weissman Gitlin Herkowitz MD PC privacy board. All projects are subject to special approval process, and will focus on balancing the patient's privacy and certain research goals. If it is necessary for the researcher to have access to your name, address or other pertinent information, we will request your specific permissions.

3. Public Health Safety Issues It is required by law that under the following circumstances, we may disclose your health information to public health authorities for reasons related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect, or domestic violence; reporting to the Food and Drug Administration regarding any problems with reactions to medications or products; notification regarding an individual who may have been exposed to a disease or who

may be at risk for contracting or spreading a disease or condition.

4. Health Oversight Activities We may disclose health information to health agencies for activities related to audits, investigations, inspections, and licensure proceedings. This is required in order for the government to monitor the health care system, government programs, and compliance with civil rights statutes.

5. Required By Law We will disclose your health information when we are required to do so by federal, state or local law.

6. Judicial and Administrative Matters If you become involved in any judicial dispute or administrative proceeding, we may disclose health information about you when necessary to respond to a court or administrative order. Further, we may also disclose health information concerning you if required to do so in response to a subpoena, discovery request, or other lawful process by another individual who may be involved in the dispute but we will disclose such information only if we have attempted to advise you of the request or to obtain a protective order for the requested information.

7. Law Enforcement We may disclose your health information to a law enforcement official or agency when requested to do so for the following purposes: identification or location of a suspect, fugitive, material witness or missing person; in response to a court order, subpoena, summons, warrant or other court

document; with regard to a crime victim if, under certain circumstances, we are unable to obtain your agreement.

8. Workers Compensation We may disclose health information about you in order to comply with workers compensation laws.

9. National Security Issues We may disclose health information about you to authorized federal officials for military, national security, intelligence, counterintelligence, and other national security issues required by law.

10. Deceased Person Information We may disclose your health information as requested by coroners, medical examiners and funeral directors.

11. Military Service We may disclose health information concerning you if you are a member of the armed forces as may be required by military command authorities.

C. Uses and Disclosures For Which You Have the Opportunity to Object.

1. Notification and Communication With Individuals Involved in Your Care We may disclose your health information to notify or assist in notifying a family member, friend, your personal representative, or any other person who is responsible for your care. We may provide information to an individual who assists in paying for your care and treatment. We may

also divulge information about your condition to your family or friends as well as advising that you have been admitted to a hospital, if relevant. Also, we may disclose medical information which concerns you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are available to either agree or object, we will give you the opportunity to object prior to making this notification. If you are not in a condition to make this determination, then our health care professionals will use their best judgment in notifying your family and other concerned individuals.

IV. Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health information. Weissman Gitlin Herkowitz MD PC is not required to agree to a requested restriction. You have the following rights:

A. Right to Request and Receive Confidential Communications. You have the right to request that we communicate with you about health information through reasonable alternative means or at a certain location. For example, you may request that we only contact you at work or by mail. In order to request this information, you must submit your request in writing to the following:

Weissman Gitlin Herkowitz MD PC
27207 Lahser Road Suite 200B Southfield, MI 48034
6900 Orchard Lk Rd Suite 103 W Bloomfield, MI 48322

We will not inquire as to the reason for your request. We will attempt to make all reasonable accommodations.

B. Accounting of

Disclosures

You have the right to request an accounting of certain disclosures of your health information. To receive the list of accounting of disclosures, you must submit your request in writing to the following:

Weissman Gitlin Herkowitz MD PC

27207 Lahser Road	6900 Orchard Lk Rd
Suite 200B	Suite 103
Southfield, MI 48034	W Bloomfield, MI 48322

Your request must indicate a time period that may not be lengthier than six (6) years and may not include dates prior to April 13, 2003. Your request should specify in what form you want the list. For example, on paper or electronically, etc. The first list which you request within a 12-month period will be sent to you at no cost. We may charge a reasonable, cost-based fee for each subsequent request within the 12 month period, provided that we inform you in advance of the fee and provide you with the opportunity to withdraw or modify the request for a subsequent accounting in order to avoid or reduce the fee.

You have a right to obtain an accounting of disclosures of your health information except as to those disclosures relating to treatment, payment, health care operations, information provided by you, and certain government functions as indicated in the section entitled OUR OBLIGATIONS in this Notice of Privacy.

C. Right to Inspect and

Copy.

You have the right to inspect and copy your health information that may be used to make decisions about your care. This will usually apply to medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information which may be used to make decisions about you, you must submit your request in writing to the following:

Weissman Gitlin Herkowitz MD PC

27207 Lahser Road	6900 Orchard Lk Rd
Suite 200B	Suite 103
Southfield, MI 48034	W Bloomfield, MI 48322

If you request a copy of the information, we may assess a reasonable, cost-based fee for the costs of copying, mailing or other documents associated with your request.

D. Right to Amend.

You have the right to request that your health information be amended if you believe the information is inaccurate or incomplete. Weissman Gitlin Herkowitz MD PC is not required to make the requested changes, but must provide you with a timely, written denial, and indicate on what basis you may complain to Weissman Gitlin Herkowitz MD PC about your disagreement with the denial.

You must submit your request in writing to:

Weissman Gitlin Herkowitz MD PC

27207 Lahser Road	6900 Orchard Lk Rd
Suite 200B	Suite 103
Southfield, Mi 48034	W Bloomfield, MI 48322

Further, you must provide a reason which supports your request. We may deny your request if we determine that the amendment was not created by Weissman Gitlin Herkowitz MD PC; is not part of your health records; is not information which you would be permitted to copy or inspect; or is accurate and complete.

E. Right to Request Restrictions.

You have the right to request restrictions on certain uses and disclosures of your health information with regard to treatment, payment or health care operations. Weissman Gitlin Herkowitz MD PC is not required to agree to the requested restriction. If we do agree, we will abide by your request unless the information is required to provide you with emergency treatment.

To request restrictions, you must make certain that your request is in writing to the following:

Weissman Gitlin Herkowitz MD PC
27207 Lahser Road 6900 Orchard Lk Rd
Suite 200B Suite 103
Southfield, MI 48034 W Bloomfield, MI 48322

In your request, you must advise us of the following:

- a. What information you want to limit;
- b. Whether you want to limit use or disclosure, or both; and

- c. To whom you want the limits to apply. For example, protecting confidentiality as to disclosures to your spouse, etc.

F. Right to Obtain a Paper Copy of this Notice.

You have the right to receive a paper copy of this Notice upon request, and at any time. You are entitled to this paper copy even if you have received the Notice previously.

Also, you may obtain a copy of this Notice at our website,

www.michiganspinecenter.com or
www.michiganorthogroup.com.

To obtain a paper copy of this Notice, you may request it in person at the address listed below or you may submit it in writing to the following:

Weissman Gitlin Herkowitz MD PC
27207 Lahser Road 6900 Orchard Lk Rd
Suite 200B Suite 103
Southfield, MI 48034 W Bloomfield, MI 48322

G. Changes to this Notice of Privacy.

Weissman Gitlin Herkowitz MD PC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information we already maintain on file about you or as to any information we may receive in the future.

H. Posting the Notice.

We will post a copy of the current Notice in our offices at Weissman Gitlin Herkowitz MD PC: 27207 Lahser Rd 6900 Orchard Lk Rd
Suite 200B Suite 103
Southfield, MI 48034 W Bloomfield, MI 48322

V. Other Uses of Medical Information.

Other uses and disclosures of health information not covered by this Notice or other applicable laws will be made only with your written permission through a written authorization. If you provide us 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 contained in your written authorization. You understand that we are unable to revoke any disclosures which we may have already made with your permission. Further, you understand that we are required to retain our records of the care and treatment which we provide to you.

VI. Complaints

You have the right to complain to Weissman Gitlin Herkowitz MD and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have not been honored. To file a complaint with Weissman Gitlin Herkowitz MD, you must contact the following:

Privacy Officer
Weissman Gitlin Herkowitz MD PC

27207 Lahser Road	6900 Orchard Lk Rd
Suite 200B	Suite 103
Southfield, MI 48034	W Bloomfield, MI 48322
(248) 663-1900	(248) 855-7400

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Secretary of the Department of Health and Human Services, Washington, D.C.

We also advise you that the law prohibits retaliation against any individual who files a complaint.

ACKNOWLEDGEMENT

I acknowledge that I have received the Notice of Privacy and a copy of the office policies for WGHMDPC.

Patient or Personal Representative
Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:

