



Michigan Advanced Neurology Center

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HIPPA NOTICE OF PRIVACY PRACTICES FOR DEBASISH MRIDHA, M.D., P.L.L.C.

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

Introduction:

This Notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective since April 14, 2003.

Understanding Your Health Record/Information:

Your medical information is personal. We are committed to protecting your medical information. Each time you visit DEBASISH MRIDHA, M.D., 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. This information, often referred to as your health or medical record, serves as a:

- **Basis for planning your care and treatment:** We will use medical information about you to provide you medical treatment and services. We may disclose your medical information to doctors, nurses, technicians and other personnel who are involved in providing you medical treatment.
- **For payment:** We may use and disclose your medical information so that the treatment and services you receive at this office may be billed to or payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your treatment to your insurance company so that your health plan may pay us for treatment you received. Sometimes, we may need to send your health information to prior approval or to determine whether your plan will cover the treatment.
- **For health care operation:** We may use and disclose medical information about you for office operations. These disclosures are necessary to run the office and make sure that all of our patients receive quality care. We may disclose your medical information when we contact with you as a reminder that you have an appointment for treatment or medical care at this office.
- **For research:** Under certain circumstances, we may use and disclose medical information for research purposes.

- **As required by law:** We will use and disclose your medical information when required to do so by Federal, State or Local Law. For example, disclosure may be required by Worker's Compensation statutes and various public health statutes in connection with reporting required reporting of certain disease, child abuse and neglect, domestic violence, adverse drug reaction, etc.
- **For legal issue:** We may disclose medical information about you to respond the court order.
- **Health oversight activities:** We may disclose your medical information to Government or other oversight agency or organization for activities by Law. For example, disclosure of your medical information may need for adults, investigations, inspections, etc.
- **Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- **Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- **Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

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.

Your Health Information Rights:

Although your health record is the physical property of DEBASISH MRIDHA, M.D. the information belongs to you. You have the right to:

- **Obtain a paper copy of this notice** of information practices upon request.
- **Inspect and copy your health record.** You must request in written form to DEBASISH MRIDHA, M.D. We may charge a fee for the cost of copying, mailing or other supplies associated with our request.
- **Amend your health record.** If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information in writing and you must prove the reason that supports your request. We may deny it if it is not in writing or does not include the reason. We may also deny it if you ask us to amend information that: was not created by us, is not part of the medical information kept by this office, is not part of the information which you were permitted to inspect and copy or is accurate and complete.

- **Obtain an accounting of disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures this office has made of your medical information. To request this disclosure, you must submit your request in writing to DEBASISH MRIDHA, M.D. Your request must state a time period, which may not be longer than six years and may not include dates before March 15, 2003.
- **Request a restriction on certain uses and disclosures** of information as provided by 45 CFR 164.522, and you must request this in writing to DEBASISH MRIDHA, M.D.
- **Revoke your authorization to use or disclose** health information except to the extent that action has already been taken.

Our Responsibilities:

DEBASISH MRIDHA, M.D. is required to:

- Maintain the privacy of your health information,
- provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- abide by the terms of this notice, notify you if we are unable to agree to a requested restriction.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

If you have questions or would like additional information, you may contact CHINU MRIDHA at (989)799-2770.

If you believe your privacy rights have been violated, you can file a complaint with the practice’s Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. All complaints must be submitted in writing. This office will not penalize you in any way for filing a complaint.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post in the office. In addition, each time you visit the office you are welcome to ask for the most recent Notice in effect.

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