

GREAT MINDS

...fostering success in development, learning and living

NOTICE OF PRIVACY PRACTICES

Great Minds of Michigan PLLC (“GREAT MINDS”) is required by law to follow the practices described in this document. This document summarizes our Privacy Policy.

This Notice applies to personal medical and health information that we have about you and that GREAT MINDS keeps either in its offices or in offsite storage. We may obtain your permission for the use or disclosure of some information about you. We are required to obtain your permission for certain purposes. There are some situations where we can legally use or disclose your information without first obtaining your permission. This document cannot cover every possible use or disclosure of your information. If you have any questions, please contact Dr. Reed.

With your permission, we may use your personal information to:

- Plan your treatment and services. This includes releasing information to qualified professionals who work in our office and are involved in your care or treatment. It may also include provider agencies that pay for your services. We will only release the minimum amount of information necessary for these parties to do their jobs.
- Submit bills to your insurance, Medicare, Medicaid or other third party payors.
- Obtain approval in advance from your insurance company.
- Exchange information with Social Security, Employment Security or Social Services.
- Measure the quality of our services.

Without your permission, we may use your personal information:

- To exchange information with state agencies as required by law.
- To treat you in an emergency.
- To treat you when there is something that prevents us from communicating with you.
- To send you appointment reminders.
- To inform you about possible treatment options.
- To inform agencies involved in a disaster situation.
- For certain types of research.
- When there is a serious public health or safety threat to you or others
- As required by state, federal or local law. This includes investigations, audits, inspections and licensure.
- When ordered to do so by a court.

- To communicate with law enforcement if you are the victim of a crime, or if you have threatened to commit a crime. We will not communicate with law enforcement if we are hired by you as part of your defense to a criminal prosecution. We will share your information with the Court if we are appointed by the Court in the course of your criminal prosecution.
- To communicate with coroners, medical examiners, and funeral homes when necessary for them to do their jobs.
- To communicate with federal officials involved in security activities authorized by law.
- To communicate with a correctional facility if you are an inmate.

By law, you have the following rights concerning your medical and or health information;

- To see and get a copy of your record (with some exceptions).
- To appeal if we decide not to let you see all or some parts of your record.
- To ask us to change your record if you believe you see a mistake or something that is not complete. You must make this request in writing. We may deny your request if (1) we did not create the entry that is wrong; or (2) the information is not part of the file we keep; or (3) we believe the record is accurate and complete.
- To know to whom we have sent information about you for up to the last six years, other than for treatment, payment or health care operations.
- To limit how we use or disclose information about you. For example, you may wish us not to release your information to a spouse or provider agency. You must make this request in writing. We are not required to agree to the request.
- To ask that we communicate with you about medical matters in a certain way or at a certain location. For example, you may not wish us to mail information to your home address. You must make this request in writing.
- To authorize other releases of your information not described above. This authorization must be in writing. You may change your mind and revoke the authorization at any time, in writing.
- To have a paper copy of the complete Privacy Policy.
- To file a complaint if you believe any of your rights have been violated. All complaints must be in writing. You will not be penalized if you file a complaint.

If you wish to exercise any of these rights, contact Dr. Reed.