

**Family Tree Medical Associates
R. Troy Carlson, MD
1375 W. Green St., Suite 1
Hastings, MI 49058**

(This Privacy Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully!)

Each time you visit a hospital, physician, or other healthcare provider, a record of the visit is made. Typically, this record contains symptoms, examinations, test results, diagnoses, treatment, and a plan of future care or treatment. We use this information, often referred to as the health or medical record, as a basis for planning care and treatment, as a means to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care. In any other situation, we will ask for a written authorization form from you before using or disclosing any identifiable health information about you. If the patient chooses to sign an authorization to disclose information, this can later be revoked to stop any future uses and disclosures. Understanding what is in a health record and how this health information is used helps to ensure its accuracy, provide a better understanding of who, what, when, where, and why others may access this health information, and assist you in making more informed decisions when authorizing disclosures to others.

Appointment reminders are given by an automated telephone call to the patient and leaving a message if the patient is unavailable. Test results may be provided via mail or by leaving a message for the patient to call our office, if the patient is unavailable.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at anytime. For more information about our privacy practices, please call our office and ask for the office manager.

Individual Rights

In most cases, you have the right to look at or get a copy of health information. If copies are requested, we may charge a fee for each page. You also have the right to receive a list of instances where we have disclosed health information for reasons other than treatment, payment, or related administrative purposes. If you believe that information in the record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose information for treatment, referrals, payment, and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. We will consider this request, but are not legally required to accept it.

Complaints

If you are concerned that we have violated privacy rights, or if you disagree with a decision we have made about access to these records, you may contact the Office Manager. You also may send a written complaint to the U.S. Department of Health and Human Services. Our office can provide the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, to provide this notice about our information practices, and to follow the information practices that are described in this notice.

Acknowledgement of Receipt of Privacy Notice

By signing below, I acknowledge that I have received a copy of the Privacy Notice for **Family Tree Medical Associates**.

Printed Name: _____

Patient Signature or Authorized Signature: _____

Date: _____

Documentation of Failure to Obtain Signed Acknowledgement

On (date) _____, Family Tree Medical Associates presented this form to (Patient) _____. The patient or patient's authorized representative refused to provide a signature when requested.

Witness: _____