

KALAMAZOO ANESTHESIOLOGY, P.C.

PATIENT NOTICE OF PRIVACY PRACTICES

*THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY KALAMAZOO ANESTHESIOLOGY, P.C. AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.*

*THIS NOTICE APPLIES TO THE PRIVACY PRACTICES OF:*

- Kalamazoo Anesthesiology, P.C. (hereinafter KAPC).
- Any member of a volunteer group we allow to help you while you are a patient of KAPC.
- All employees, medical staff and other KAPC personnel, including personnel at the KAPC business office and the pain clinic.
- Dr. Lazar, Dr. Lewis-Ginebaugh, and Emily Stewart-Stevens, MA, LLP when they are providing services to KAPC pain clinic patients.

In this Notice, each reference to “we” is meant to include all of the above entities, providers, sites, and locations. Any or all of these entities, providers, sites and locations may share information about you for treatment, payment or health care operation purposes described in this Notice. This Notice is being provided to you pursuant to the federal law known as HIPAA and an amendment to that law known as HITECH.

USING AND DISCLOSING YOUR HEALTH INFORMATION

Each time you receive care from a physician office, clinic, or pain clinic, a record of your visit and the care provided to you during that visit is made. Typically, this record contains information regarding your health history, symptoms, examinations and tests performed including the results of those tests, any diagnoses or treatment and any plan for future care or follow-up with respect to your condition or treatment. Some of this information may be collected from other health care providers. This information is often referred to as your health or medical record. Any genetic information (family medical history) we have about you is considered part of your health or medical record. When we create a record or collect this type of health information about you, we use it for current and future treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes, and to evaluate the quality of the care provided to you. By way of example, we may use or disclose certain identifiable health information about you, without your authorization for reasons such as:

- A means of communication with other health professionals who contribute to or participate in your care while you are our patient including doctors, nurses, technicians, medical students and other clinical personnel involved in taking care of you, as well as people outside of our organization who may be involved in your medical care after you leave our facilities, such as family members. For