

McLaren Print System Order

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 User: Kristin Wren
 Phone: 231.627.1368

Ship Location: McLaren Northern Michigan Demmer Wellness Pavilion Attn: Kristin Wren
 416 Connable Ave
 Petoskey, MI 49770

Brochures
 Quantity: 1
 Paragon Prod No: 26900-1025
 Dept Name: Physical Therapy
 Company Number: 410

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Item Number: MHCC-550
 Item Description: Notice of Privacy Practices Sign
 Revision Date: 6/2022
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 Misc Info:

NOTICE OF PRIVACY PRACTICES

McLaren Health Care

This notice describes how health information about you may be used and disclosed and how you can get access to the information. Please review it carefully.

WHY WE'LL PROVIDE THIS NOTICE ON TOPIC ON THIS NOTICE

McLaren Health Care ("McLaren") provides health care to our patients in partnership with physicians, health care providers, and other professionals and organizations. It is important that you understand how we use and disclose your health information. This notice describes our privacy practices. The practices in this Notice will be followed by:

- Our health care professionals and other staff who use health information about you to provide or coordinate your care.
- Our business and administrative staff who use health information about you to provide or coordinate your care.
- Our employees, staff and volunteers, including contract staff and affiliates.

Some uses and disclosures of your health information may be required by law. We will use or disclose your health information if we are required to do so by law.

YOUR RIGHTS

You have the right to:

- Access and review your health information.
- Amend or correct your health information.
- Request restrictions on our uses and disclosures of your health information.
- Receive a copy of your health information.
- Have someone else act on your behalf.
- Get a copy of this notice.

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use and disclose your health information for the following purposes:

- To provide, coordinate, and manage your health care.
- To provide you with information about your health.
- To bill for health care services.
- To conduct research.
- To improve the quality of our services.
- To comply with legal requirements.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Access and Review: You have the right to access and review your health information. We will provide you with a copy of your health information if you request it. We may charge a fee for copying, mailing, or other costs. We will not charge a fee for providing you with a copy of your health information in electronic form.

Amend or Correct: You have the right to amend or correct your health information. We will amend or correct your health information if you request it and we agree to do so. We may charge a fee for copying, mailing, or other costs.

Restrictions: You have the right to request restrictions on our uses and disclosures of your health information. We will consider your request and will respond to you as soon as possible. We may not be able to agree to all of your requests.

Obtain a Copy: You have the right to obtain a copy of your health information. We will provide you with a copy of your health information if you request it. We may charge a fee for copying, mailing, or other costs.

Right to File a Complaint: If you believe we are not following this notice, you may file a complaint with the U.S. Department of Health and Human Services or the state attorney general.

How to Contact Us: If you have any questions about this notice, please contact our privacy officer at (231) 627-1368. You may also contact our privacy officer at (231) 627-1368. You may also contact our privacy officer at (231) 627-1368.

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