



Your Information, Your Rights, Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION.

Your Rights	When it comes to your health information you have certain rights. This section explains your rights and how to exercise them.
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<p>Receive an electronic or paper copy of your medical record: You can ask to see or receive an electronic or paper copy of your medical record. You may submit your request in writing. We will provide you with a copy or a summary of your health information within 30 days of your request. We may charge a reasonable, cost-based fee.</p> <p>Ask us to correct or amend your medical record: You can ask us in writing to correct health information about you that you think is incorrect or incomplete. We may say “no” to your request but we will tell you why in writing.</p> <p>Request confidential communications: You can ask us to contact you in a specific way, for example cell phone, or to send mail to a different address. We will accommodate all reasonable requests.</p> <p>Ask us to restrict or limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurance. We will say “yes” unless a law requires us to share that information.</p> <p>Notification of a breach: We will notify you if there is a breach of your health information.</p>	<p>Ask for a list of certain disclosures with whom we’ve shared information: You may ask for a list of certain disclosures of your health information made by us, if any. This list will not include disclosures about treatment, payment, or healthcare operations and certain other disclosures you may have asked us to make. We will include all disclosures of health information for six years prior to the date you ask. We will provide this to you once per year for free but will charge a reasonable, cost-based fee if you ask for one within 12 months.</p> <p>Obtain a copy of this privacy notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</p> <p>Protecting your health information is important to us: We are required by law to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice. If you are concerned that we have violated your privacy rights, you may contact our privacy officer. You may also file a written complaint with the secretary of US department of health and human services. There will be no retaliation for filing such a complaint. If you wish to exercise any of your right above, you may submit a written request. Forms are available upon request at our facility or by calling our office at the end of this notice.</p>
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Our Uses and Disclosures

We may, without your authorization, use and disclose your health information in the follow manner.

Help manage the healthcare treatment you receive: We may use your health information in the provision and coordination of your healthcare. For example, your physical therapist may disclose your health information when consulting with your primary care physician regarding your medical condition.

Healthcare operations: We may use or disclose your health information to monitor and support the operation of our facilities. For example, evaluating the quality of service for services provided, performing licensing and credentialing activities, and other administrative functions.

Payment: We can use and disclose your health information to build and receive payment for your healthcare services. For example, we may contact your insurer to get paid for services that we delivered to you.

Patient contact: We may contact you to set up or remind you about future appointments, billing, or payment matters.

Family members and others involved in your care: Unless you object we may disclose relevant health information to a family member, relative, or close friend who is involved in your care or payment of your care. For example, we may share information with a family member to help you understand your care, handle your bills, or schedule appointments.

Worker's Compensation: We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to Worker's Compensation and other similar programs established by law. These programs provide benefits for work related injuries or illnesses.

As required by law: We may discuss health information about you when required by state, federal, or local law.

Health oversight activities: We may use or disclose health information about you with health oversight agencies for activities authorized by law. For example oversight activities may include audits, investigations and inspections necessary for government to monitor the healthcare system.

Marketing communications: We may use and disclose your health information to contact you with an information about treatment services, products, or new locations that we believe might be of interest to you. We may use and disclose personal information, such as name, email, and phone number to request an online review or patient satisfaction survey.

Research: We may use your health information for research purposes in certain circumstances with your authorization.

Public health and safety issues: We may share your health information for certain situations such as preventing disease, reporting so suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety.

Law enforcement and specialized government functions: We may disclose your health information for law-enforcement purposes as permitted by law under certain circumstances we may disclose health information to units of the government with specialized functions such as US military in response to request as authorized by law.

Respond to lawsuits and legal actions: We may share health information about you in response to a court or administrative order or in response to a subpoena or similar legal request.

Continued on next page.

Our Uses and Disclosures Continued:

To business associates: We may disclose your health information to our business associates, individuals or companies that provide services for Activo. For example, a business associate would include the company that administers the billing claims for Activo. In all cases we require business associates to appropriately safeguard the privacy of your information.

To parents and legal guardians of minors: As permitted by federal and state law, we may disclose health information about minors to their parents or guardians. Highly confidential information: federal and state laws provide additional privacy protection for certain confidential health information, this includes information dealing with mental health, HIV/AIDS, alcohol and drug abuse treatment.

Uses and disclosures pursuant to an authorization: Other uses and disclosures of your protected health information, not described above, will be made only with your written authorization. You may revoke your authorization, in writing, at any time, except that a revocation will not affect any uses or disclosures we have made in reliance on such authorization.

Changes to the terms of this Notice: We can change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available upon request and posted at each of our facilities.



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