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NOTICE OF PRIVACY PRACTICES OF (CLINIC OF COLUMBIA)

Note: This notice template does not apply to CLINIC OF COLUMBIA facilities or PHYSIATRY AND REHABILITATION ASSOCIATES

(CLINIC OF COLUMBIA) must collect timely and accurate health information about you and make that information available to members of your health care team in this agency, so that they can accurately diagnose your condition and provide the care you need. There may also be times when your health information will be sent to service providers outside this agency for services that this agency cannot provide. It is the legal duty of (CLINIC OF COLUMBIA) to protect your health information from unauthorized use or disclosure while providing health care, obtaining payment for that health care, and for other services relating to your health care.

The purpose of this *Notice of Privacy Practices* is to inform you about how your health information may be used within (CLINIC OF COLUMBIA), as well as reasons why your health information could be sent to other service providers outside of this agency.

This *Notice* describes your rights in regards to the protection of your health information and how you may exercise those rights. This *Notice* also gives you the names of contacts should you have questions or comments about the policies and procedures (CLINIC OF COLUMBIA) uses to protect the privacy of your health information.

Please review this document carefully and ask for clarification if you do not understand any portion of it.

Client Acknowledgement

I have received (CLINIC OF COLUMBIA)'s *Notice of Privacy Practices*, which describes this agency's methods for protecting the privacy of my health information that is used in providing health care services to me.

Client (or Personal Representative)

/ _____
Date

Note: CLINIC OF COLUMBIA Agency retains this signed page. Client retains the *Notice of Privacy Practices* document.