



## RESILIRE NEURO

### NOTICE OF MEDICAL INFORMATION PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **How We May Use and Disclose Your Medical Information**

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Resilire Neuro and the independent physicians who care for you at Resilire facilities may share your medical information as necessary to carry out treatment, payment, or health care operations relating to Resilire. We may use and disclose your medical information for treatment (such as to provide, coordinate, or manage your care), to obtain payment for treatment (such as sending billing information to a health insurance plan), and for administrative purposes (such as assessing the care and outcomes in your case and others like it). We will ordinarily obtain your consent before we use or disclose medical information about you for these purposes.

If you do not object, we may give out information about you to your family members, friends, and others who are involved in your care. If you agree, we may add your name to our facility directory so that we can provide information about your location and general condition to callers who ask about you. We may also call you about appointment reminders and treatment alternatives, or to tell you about health-related benefits or services that may be of interest to you.

We may use or disclose medical information about you without your consent for several other reasons. Subject to certain requirements, we may disclose medical information about you for public health purposes such as disease control, reporting and investigating abuse and neglect, and reporting health statistics; for health oversight activities such as government benefit program audits and investigations; for research studies; or to avert a serious threat to your health or safety or the health or safety of another person. We may provide information to law enforcement officials if we believe that you committed a crime on our premises, and when required by law, such as for judicial and administrative proceedings or in response to an order of a court, administrative tribunal, or authorized governmental subpoena or other investigative demand.

In other situations, we will ask for your specific authorization before using or disclosing any identifiable medical information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures.

#### **Individual Rights**

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In most cases, you have the right to look at or get a copy of medical information about you that we use to make decisions about you. You also have the right to receive a list of the disclosures of your medical information that we have made without your written authorization for reasons



other than treatment, payment, or health care operations. If you believe that information in your 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 have the right to request that your medical information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice was sent to you electronically, you may obtain a paper copy of the notice.

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

### **Complaints**

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If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. Under no circumstance will you be retaliated against for filing a complaint.

### **Our Legal Duty**

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

We may change our medical information practices at any time. Before we make a significant change in our practices, we will change our notice and post the new notice in the reception area of each of our facilities and on our Web site. The new practice will then apply to any of your medical information that we maintain.

You can request a copy of our notice at any time. If you have any questions or complaints, or want more information about our information practices, please contact the person listed below:

Nicole C. Curzydlo, Privacy Officer  
Resilire Neuro  
600 Stephenson Highway  
Troy, MI 48083  
248-951-4034