**The C.A.M.P.**
**700 Newberry Avenue**
**Newberry MI 49868**
**906-293-3226 Ext. 1427**

## Patient Rights

Our office is a medical setting; we offer the following list of patient rights that must be read by each patient before they begin treatment. If you have any questions about any of these items, please present them to your health care provider.

1. Every patient has a right to be treated with dignity and respect, regardless of race, national origin, gender, age, religion, disability, or sexual orientation.
2. Every patient has the right to expect that the provider of services in this office has met the minimum requirements set by the State of Michigan for that provider's field of expertise. If you wish, you may examine public records maintained by your provider's governing board that include the credentials of your provider.
3. You have the right to participate in planning for your treatment and to hear what your treatment will consist of.
4. You have the right to be informed of alternatives to treatment and any possible side effects.
5. You have the right to be informed of any fees for which you are responsible and to hear of them before services are rendered.
6. You have a right to see your treatment record at any time. Your provider will review the contents of your file with you.
7. If you are dissatisfied or have a concern about treatment, please feel free to let your provider know. If you continue to feel dissatisfied, you can be referred to another provider. If you feel it is necessary, you can obtain information on how to file a grievance. Our recipient rights officer may be reached at 906-293-3226 Ext 1427.
8. We will bill your insurance for each visit. You may receive a bill at home for services provided by The C.A.M.P. Unpaid balances will never be turned over to a collection agency due to an unpaid balance. No student will ever be turned away due to an inability to pay.
9. You have the right to refuse or defer your treatment.

Confidentiality: The information you disclose to your health care provider is confidential, is kept in your file and is kept in a secure location. Information is released only in the following situations:

a. When your claims are filed with your insurance or Employee Assistance Program (EAP), you authorized us to release information that they request to process your claims.
b. The law requires disclosure of information you provide regarding child abuse or neglect.
c. The law requires disclosure of information on imminent danger of harm to yourself or others.
d. Courts may subpoena your file in legal action. The legal system can access your file if there are matters involving national security.
e. When information is requested by another clinic or agency, you must sign a release of information form if you wish to have this information released.

## *Notice of Privacy Practices – Brief Version*

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

Our commitment to your privacy:

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are required by law to keep your information private. This is a shorter version of the full, legally required *Notice of Privacy Practices (NPP);* you may have a copy of this to read and refer to for more information. However, we cannot cover all possible situations.

We will use the information about your health, which we get from you or from others with your consent, mainly to provide you with treatment, to arrange payment for our services and for business activities, called in the law, Health Care Operations.

If we or you want to disclose (send, share, release) your information for any other purposes, we will discuss this with you and ask you to sign a release to allow for this.

Occasionally, there are times when the laws require us to disclose your health information to protect you or others. We will only share information with a person or organization that is working to prevent or reduce a threat.

1. When there is a serious threat to your health and safety or the safety of another individual or the public.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Worker's Compensation and similar benefit programs.

There are some other situations like these, which don't happen very often. They are described in the longer version of the Notice of Privacy Practices.

There are services we offer that do not require parental or guardian consent called CONFIDENTIAL SERVICES. Confidential services we provide include: 1) Pregnancy testing; 2) Testing and treatment of sexually transmitted infections; 3) Mental Health Counseling (14 +years of age). Again, you do not need parental consent for these services, nor will we disclose/share any of this information. However, we do encourage you to involve your parents/guardians in all aspects of your health care.

**If you have questions, please talk to our Privacy Officer Toni Depew 906-293-3226 ext. 1427. Please confirm that this document was reviewed.**

**_____ Initial & date**