

PORT CITY PEDIATRICS, PLC  
1455 FARR ROAD  
Norton Shores, MI 49444

## **OFFICE PRIVACY POLICY**

*This policy outlines how we protect the privacy of personal information and medical record. Everyone working in this office is required to adhere to the protections described in this policy. If you have any questions regarding our privacy practices, please contact the Office Manager.*

### **Collection, Use and Disclosure of Personal Information**

#### **What personal information do we collect?**

- Identification and contact information (name, address, date of birth, emergency contact, etc.)
- Billing information (provincial plan and/or private insurer)
- Health information (symptoms, diagnosis, medical history, test results, report and treatment, record of allergies, prescriptions, etc.)

#### **Limits on collection of information**

We collect only the information that is required to provide care, administrate the care that is provided and communicate with you. We do not collect any other information or allow information to be used for other purposes, without your express (i.e., verbal or written) consent – except where authorized to do so by law.

#### **When and to whom do we disclose personal information?**

*Implied consent for provision of care:* By virtue of seeking care from us, your consent is implied (i.e., assumed) for information to be used by this office to provide you/your child with care and to share with other providers involved in that care.

*Disclosure to other health care providers:* Relevant health information is shared with other providers involved, including (but not limited to) other physicians and specialists, pharmacists, lab technicians, nutritionists, physiotherapists and occupational therapists.

*Disclosures authorized by law:* There are limited situations where we are legally required to disclose personal information without consent. These situations include (but are not limited to) billing provincial health plans, or by court order. The following public health activities do not require authorization:

- To prevent or control disease, injury or disability
- To report the abuse or neglect of children
- To report reactions to medications or problems with products

To notify you of the recall of products you/your child may be using  
To notify you/your child who may have been exposed to a disease.

*Disclosures to all other parties:* Express consent is required before we will disclose information to third parties for any purpose other than to provide care or unless we are authorized to do so by law. Examples of disclosures to other parties requiring express consent include (but are not limited to) third party medical examinations, enrollment in clinical (research) trials and provision of charts or chart summaries to insurance companies.

*Can you/your child withdraw consent?*

You/your child can withdraw consent to have the information shared with other health care providers or other parties at any time, except where the disclosure is authorized by law. However, please discuss with your physician first.

## **Patient Rights**

### **How do you access the personal information held by this office?**

You have the right to access medical records in a timely manner. If you request a copy of the record, one will be provided at a reasonable cost. If you wish to review the original record, one of our staff must be present to maintain the integrity of the record, and a reasonable fee may be charged for this access. Patient/family requests for access to the medical record can be made verbally or in writing via letter or secured email:

Port City Pediatrics, PLC  
1455 Farr Road  
Norton Shores, MI 49444  
(231) 737-0411  
(231) 220-2234 - Medical Records

### **Limitations on access**

In extremely limited circumstances, access to records may be denied, but only if providing access would create a significant risk to you/your child or another person.

### **What if you feel your/your child's record is not accurate?**

We make every effort to ensure that all information is recorded accurately. If an inaccuracy is identified, you can request that a note be made to reflect this in the file.

## **Office Safeguards**

### **How secure is your/your child's information?**

Safeguards are in place to protect the security of medical information. These safeguards include a combination of physical, technological and administrative security

measures that are appropriate to the sensitivity of the information. These safeguards are aimed at protecting personal information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.

**What is our communications policy?**

We will communicate with you using the information (telephone, email, text) that you provide. Unless you notify us to the contrary, we will use the contact information you provide to communicate general information such as appointment date and time.

**How long do we keep information?**

We retain patient records as required by law and professional regulations.

**How do we dispose of information when it is no longer required?**

When information is no longer required, it is destroyed in a secure manner, according to set procedures that govern the storage and destruction of personal information.

**Complaints Process**

If you believe that this office has not replied to your access request or has not handled your personal information in a reasonable manner, please address your concerns with the Office Manager.