
ENDOSCOPIC SOLUTIONS, PC

Gastroenterology · Internal Medicine · Hepatology

APPENDIX N

Notice of Privacy Practices

Required NPP under 45 CFR § 164.520

Standalone form. Also included in the HIPAA Privacy and Security Policy Manual.

Version 1.0 · Effective May 1, 2026

5701 Bow Pointe Drive, Suite 370 · Clarkston, MI 48346

(248) 625-4055 · admin@mygicareteam.com

Instructions for Use

PURPOSE

The practice's required Notice of Privacy Practices. Informs patients how PHI may be used and disclosed, and their rights.

WHEN TO USE

- Posted in every waiting room at all times.
- On practice website.
- Given to every patient at first encounter.
- Revised on any material privacy change.

WHO COMPLETES IT

- Privacy Officer: maintains current version.
- Front desk: distributes and obtains acknowledgment.
- Every patient: signs acknowledgment.

HOW TO COMPLETE IT

- Print and post in each waiting room.
- Available at front desk.
- First encounter: patient reads, signs Acknowledgment of Receipt.
- Patient declines: document good-faith effort.
- File signed acknowledgment in patient record.

DELIVERY / FILING

- Posted: waiting rooms and website.
- Hard copy to patient at first encounter and on request.
- Acknowledgment in patient record.

RETENTION

Each Notice version retained six (6) years after superseded.

RELATED POLICIES AND APPENDICES

- Policy 8
- Policy 11

NOTES

Translations and alternative formats (large print, audio) provided on request.

Appendix N — Notice of Privacy Practices

This is the practice's Notice of Privacy Practices (NPP) as required by 45 CFR § 164.520. A copy is posted at each practice location, made available on the practice website, and provided to every patient at the first service encounter, with patients asked to sign an acknowledgment of receipt that is filed in their record.

HOW THIS NOTICE IS USED

Posted: In a clear and prominent location in each waiting room and on the practice website.

Delivered: To every patient at the first service encounter; patient signs an acknowledgment of receipt; copy filed in patient record.

Available: Upon request at any time, without charge. Available in alternative formats for patients with disabilities.

Revised: Whenever there is a material change in privacy practices; new effective date posted and patients given the updated Notice at the next encounter.

NOTICE OF PRIVACY PRACTICES

Endoscopic Solutions, PC

Effective Date: May 1, 2026

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.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Endoscopic Solutions, PC ("the Practice," "we," "us," or "our") understands that information about your health is personal. We are committed to protecting it. This Notice describes how we may use and disclose your protected health information (PHI) and how you can access this information. It applies to all records of your care generated by the Practice. We are required by law to maintain the privacy of your PHI, give you this Notice of our legal duties and privacy practices, abide by the terms currently in effect, and notify you if a breach occurs that may have compromised the privacy or security of your information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

For Treatment.

We use and disclose PHI to provide, coordinate, and manage your medical care. For example, we share information with other physicians, nurses, technicians, or office staff involved in your care; we may disclose your information to a referring physician, a pharmacy filling your prescription, a lab performing tests, or a facility where you receive a procedure.

For Payment.

We use and disclose PHI to obtain payment for the services we provide. For example, we may send claims to your insurance company, contact your insurer to verify coverage and benefits, or share information with collection agencies.

For Health Care Operations.

We use and disclose PHI for activities necessary to operate the Practice. This includes quality assessment, peer review, credentialing, training, customer service, business planning, and compliance auditing.

Appointment Reminders and Health-Related Services.

We may contact you to remind you of an appointment or to provide information about treatment alternatives or other health-related services that may be of interest to you.

As Required or Permitted by Law.

We will disclose PHI when required or permitted by federal, state, or local law. This includes disclosures to:

- Public health authorities (e.g., reporting communicable diseases, vital statistics, child abuse or neglect under MCL 722.621);
- Health oversight agencies (audits, investigations, inspections, licensure);
- Law enforcement, in response to a court order, subpoena, warrant, or under other limited circumstances;
- Coroners, medical examiners, and funeral directors;
- Organ procurement organizations, when applicable;
- Workers' compensation programs, when applicable;
- Threats to health or safety, when disclosure is necessary to prevent serious threat;
- Military and veterans authorities, when applicable.

Business Associates.

We may share PHI with third-party Business Associates that perform services for us (such as our electronic health record vendor, IT services provider, billing services, and our phone and texting platform). All Business Associates are bound by written agreements requiring them to safeguard your information.

DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of PHI not described in this Notice will be made only with your written authorization. In particular, we will not use or disclose your PHI for any of the following without your specific written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures for marketing purposes;
- Disclosures that constitute a sale of PHI;
- Other uses and disclosures not described in this Notice.

You may revoke an authorization in writing at any time. Revocation will not apply to information already disclosed in reliance on the prior authorization.

SPECIAL CATEGORIES OF INFORMATION

Certain categories of health information receive additional protection under federal and Michigan law and require either your written authorization or a specific legal basis before disclosure. These include mental health records (MCL 330.1748), substance-use treatment records (42 CFR Part 2), HIV/AIDS information (MCL 333.5131), genetic information, and sexually transmitted infection records.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Access and Copy.

You have the right to inspect and obtain a copy of your PHI in our designated record set. We will provide records in the format you request if readily producible. You may request records using the Patient Request for Records form (available at the front desk). Records sent through our patient portal are provided at no charge; other formats are subject to the fee schedule established under the Michigan Medical Records Access Act (MCL 333.26261 et seq.). Records will be provided within thirty (30) days of receipt of your request, with one thirty-day extension permitted with written notice.

Right to Request Amendment.

You have the right to request that we amend PHI that you believe is inaccurate or incomplete. We may deny the request in certain circumstances. If denied, you may submit a written statement of disagreement that will be included with the record.

Right to an Accounting of Disclosures.

You have the right to receive a list of disclosures we have made of your PHI for purposes other than treatment, payment, health care operations, and certain other exceptions. The accounting covers the six (6) years preceding your request.

Right to Request Restrictions.

You have the right to request a restriction on certain uses and disclosures. We are not required to agree to a restriction, except that we will agree to restrict disclosure of PHI to a health plan when the PHI relates solely to a service that has been paid in full out-of-pocket and the disclosure is for payment or health care operations purposes.

Right to Request Confidential Communications.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., only at home, or only by mail). We will accommodate reasonable requests.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this Notice at any time, even if you have agreed to receive it electronically. Ask at the front desk or contact our Privacy Officer.

Right to Be Notified of a Breach.

You have the right to be notified following a breach of your unsecured PHI.

Right to File a Complaint.

If you believe your privacy rights have been violated, you may file a complaint with the Practice (see contact information below) or with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised Notice effective for all PHI we maintain. The current Notice is posted in our offices and on our website. Each time you receive services from us you may request a copy of the current Notice.

CONTACT INFORMATION

To exercise any of the rights described in this Notice, to ask questions, to obtain additional information, or to file a complaint, contact:

Dr. Dina Bain, DO, Privacy Officer

Endoscopic Solutions, PC

5701 Bow Pointe Drive, Suite 370

Clarkston, MI 48346

Telephone: (248) 625-4055

Email: admin@mygicareteam.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices of Endoscopic Solutions, PC.

Patient (or Personal Representative) Signature / Date

Printed Name and Relationship to Patient (if Personal Representative)

For Office Use Only:

Patient declined to sign acknowledgment. Good-faith effort to obtain signature documented by:
