

**Michael J. Mahon, D.O., P.C., DBA Middlebelt Dermatology and/or Skin Logics**

21141 Middlebelt Rd.  
Farmington Hills, MI 48336

Telephone: (248) 477-7022  
Fax: (248) 477-9370

**PATIENT NOTICE OF PRIVACY PRACTICES**

**THIS FORM IS TO CONFIRM YOUR AUTHORIZATION TO USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) FOR A SPECIAL PURPOSE.**

**1. THE USE AND/OR DISCLOSURE AUTHORIZED**

**PHI to be used and/or disclosed**

Each time you visit our office; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, any medications and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as a:

- Basis for planning your care and treatment
- Obtaining payment for treatment
- Means of communication among the many health care professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health care professionals
- A source of data in medical records
- A source for information for public health officials charged with improving the health of this state and nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make informed decisions when authorizing disclosure to others.

By signing this notice you are indicating that:

- You understand and give permission for Michael J. Mahon D.O., P.C. to use and/or disclose your medical information to your insurance company(s) in order to receive payment. You also give permission for Michael J. Mahon D.O., P.C. to use and/or disclose any information that may be needed to the laboratory for diagnosis in certain cases.
- You also authorize Michael J. Mahon D.O., P.C. to use an automated telephone system for the limited purpose of contacting you to notify you of a pending appointment or other health care related communication.
- You also authorize Michael J. Mahon D.O., P.C. to disclose to third parties who answer your phone, limited protected health information regarding pending appointments, and to leave a reminder message on your voice mail system or answering machine.

**2. YOUR RIGHTS AND ENDING THIS AUTHORIZATION**

This authorization will remain valid unless otherwise notified.

Although your health record is the physical property of Michael J. Mahon D.O., P.C., the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524]
- Amend your health record as provided in 45 CFR 164-528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164-528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your health information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**3. CHANGING YOUR MIND ABOUT THIS AUTHORIZATION**

You may revoke this authorization at any time by giving written notice to the Contact Office listed below. In addition, understand that if you are giving this authorization as a condition of obtaining insurance coverage, and you revoke this authorization, the insurance company has a right to contest your claims under the insurance policy.

**Middlebelt Dermatology (or)  
Skin Logics**

Cindy Furdero, C.M.O.M., Certified Medical Office Manager  
21141 Middlebelt Rd.  
Farmington Hills, MI 48336  
Telephone: (248) 477-7022 ext. 205  
Fax: (248) 477-9370

**4. SIGNING THIS AUTHORIZATION IS NOT A CONDITION OF TREATMENT**

Understand that under most circumstances a health care provider may not condition treatment, payment, enrollment, or eligibility for benefits on your signing this authorization. Under some circumstances, a health care provider may condition your enrollment in a health plan or your eligibility for benefits on your providing an authorization permitting the health plan to make enrollment and eligibility determinations.

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**Notice of Privacy Practices Acknowledgement**

This chart is to list any person(s) or group(s) you would like to be able to receive any PHI about you, other than your referring doctor or insurance company(s). For example: your spouse, children, or parent if you are of legal age. If you are a Parent/Guardian filling this out for your child, you need not list yourself, as we can already legally release information to you.

Other Parties to which PHI can be Released Person/Entity and Relationship to Patient	Type of Information (Yes or No)		
	Medical	Billing Financial	Other (Indicate)

**I acknowledge:**

- I was able to review Michael J. Mahon D.O., P.C.'s Notice of Privacy Practices at the place where I went for health care services.
- The Notice was posted in a clear and prominent location where I was able to read it.
- If you would like a copy of this Patient Notice, please ask us for a copy.
- I was able to view the Notice on the first day I received health care services after April 14, 2003.

\_\_\_\_\_  
Patient or Patient Representative Signature

\_\_\_\_\_  
Date

If an acknowledgement is not obtained, document below Michael J. Mahon D.O., P.C.'s good faith efforts to obtain the acknowledgement and the reason why the acknowledgement was not obtained.

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**YOU HAVE A RIGHT TO HAVE A COPY OF THIS FORM AFTER YOU SIGN IT.**