

**Health Partners, Inc.
Form 2**

Acknowledgement of Receipt of Notice of Privacy Practices

Acknowledgement:

I acknowledge that I have received Health Partners' Notice of Privacy Practices.

Patient or Personal Representative
Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:

Health Partners, Inc.
NOTICE OF 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.

I. Uses and Disclosures of Protected Health Information

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and communicate with other treating providers.

B. Payment. We may use your protected health information, as needed, to obtain payment for the services that we provide; For example, to obtain approval from an insurer.

C. Operations. We may use or disclose your protected health information, as necessary, for our own health care operations such as quality assessment and improvement, compliance or training activities, and general administrative activities.

D. Other Uses and Disclosures. We may also use or disclose your protected health information to inform you of potential treatment alternatives or options or to inform you of health-related benefits or services that may be of interest to you. Payment for these communications may be subsidized by a third party, but only if we disclose that fact to you and provide you with the right to opt-out of such communications.

Disclosures may be made in writing, orally, or by facsimile.

II. Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

We do not need your authorization to use or disclose your information if we are required to do so by any Federal, State or local law. We may also disclose your protected health information for the for public health activities such as communications to the FDA.

We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence if we are required to do so by law.

We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law.

We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order.

We may disclose your protected health information to a law enforcement official, coroner or medical examiner in certain limited circumstances.

We may use or disclose your protected health information for research in certain circumstances when approved by an institutional review board or privacy board.

We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or disclosure is necessary to

prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

In certain circumstances, Federal regulations authorize us to use or disclose your protected health information to facilitate certain governmental functions. We may also release your health information to comply with worker's compensation laws or similar programs.

III. Uses and Disclosures Permitted Without Authorization But With Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location or condition.

You may object to these disclosures. Any objection to these disclosures should be put in writing. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

IV. Uses and Disclosures Which You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. Specifically, we must obtain your authorization prior to disclosing your information for marketing or remuneration. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

V. Your Rights

You have the following rights regarding your health information. If you wish to exercise these rights you should make a request in writing to our Privacy Officer.

A. The right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information, including an electronic copy of information that is maintained electronically. We may deny your request to inspect or copy your protected health information in certain limited circumstances.

B. The right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. We are generally not required to agree to your requested restriction, however, if you request limitations on disclosures to third party payors for services that you have paid for "out of pocket", we are required to agree to such a restriction.

C. The right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by

asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

D. The right to have your physician amend your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information.

E. The right to receive an accounting. You have the right to request an accounting of certain disclosures of your protected health information made by us. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. You may be charged for requests in excess of one per twelve months.

F. The right to obtain a paper copy of this notice. Upon request, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

G. The right to breach notification. We will notify you if there has been a Breach involving your health information.

VI. Our Duties

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain.

VII. Complaints

You have the right to express complaints to our Privacy Officer verbally or in writing or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. We encourage you to express any concerns you may have regarding the privacy of your information using the contact information below. You will not be retaliated against in any way for filing a complaint.

VIII. Contact Person

Health Partners contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. Complaints against Health Partners can be mailed to the Privacy Officer by sending it to:

Health Partners, Inc.
17515 W. 9 Mile Road, Suite 1185
Southfield, MI 48075
ATTN: Privacy Officer

The Privacy Officer can be contacted by telephone at 1 (800) 969-7723.

IX. Effective Date

This version of the Notice of Privacy Practices is effective September 2013.