# COMBINED HIPAA + 42 CFR PART 2 NOTICE OF PRIVACY PRACTICES

*Revised Date February 13, 2026*

*Effective Date: February 16, 2026*

**SURGEONS CHOICE MEDICAL CENTER / OAKLAND NURSING CENTER**
22401 Foster Winter Drive, Southfield, Michigan 48075

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, INCLUDING INFORMATION RELATED TO SUBSTANCE USE DISORDER (SUD) TREATMENT RECORDS PROTECTED BY 42 CFR PART 2. PLEASE REVIEW IT CAREFULLY.**

Questions? Contact our Privacy Officer at (248) 423-5772.

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We understand that health information about you is personal. We are committed to protecting your medical information, including Substance Use Disorder (SUD) treatment records ("SUD records") protected by 42 CFR Part 2. We create a record of the care and services you receive to provide quality care and to comply with law. This combined Notice explains our privacy practices and your rights under HIPAA and 42 CFR Part 2.

**Who Will Follow This Notice**

This Notice applies to Surgeons Choice Medical Center, Surgeons Choice Macomb Center, Surgeons Choice Imaging Center, Oakland Nursing Center, and all workforce members, volunteers, trainees, and business associates acting on our behalf. These entities may share information for treatment, payment, and healthcare operations consistent with HIPAA and, when applicable, 42 CFR Part 2.

**Your Rights**

**• Get an electronic or paper copy of your medical record**
You can ask to see or get a copy of your medical and billing records we have about you. If we keep your information electronically, you can ask for an electronic copy. We may charge a reasonable, cost-based fee. For some records, we may deny your request, and you may have a right to have that denial reviewed.

**• Ask us to correct your record**
You can ask us to correct health information you think is incorrect or incomplete. We may say 'no' to your request, but we'll tell you why in writing within 60 days.

**• Request confidential communications**
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will agree to all reasonable requests.

**• Ask us to limit what we use or share**
You can ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree to your request, and we may say 'no' under certain circumstances. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health plan for payment or operations. We will say 'yes' unless a law requires us to share that information.

**• Get a list of those with whom we've shared information**
You can ask for a list (an 'accounting') of the times we've shared your health information for certain purposes for six years prior to the date you ask, who we shared it with, and why.

**• Get a copy of this Notice**
You can ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. You may also access it on our website.

**• Choose someone to act for you**
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

**• File a complaint if you feel your rights are violated**
You can complain if you feel we have violated your rights by contacting our Privacy Officer or the U.S. Department of Health & Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

**Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations below, talk to us.

**• Sharing with family, friends, or others involved in your care**
We may share information with your family, close friends, or others involved in payment for your care, if you agree or do not object. In an emergency, we may share if, in our professional judgment, it is in your best interest.

**• Disaster relief**
We may share information with disaster relief organizations so your family can be notified about your condition, status, and location.

**• Fundraising**
We may contact you for fundraising efforts, but you can tell us not to contact you again.

## How We Typically Use and Share Your Information (HIPAA)

**• Treat you**
We can use your health information and share it with other professionals who are treating you. For example, a doctor treating you for an injury asks another doctor about your overall health condition.

**• Run our organization**
We can use and share your information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.

**• Bill for your services**
We can use and share your information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.

## Other Ways We May Use or Share Your Information (HIPAA)

**• Public health and safety issues**
We can share information about you for public health activities such as reporting certain diseases, product recalls, reporting adverse reactions, or to help prevent a serious threat to anyone's health or safety.

**• Research**
We can use or share information for health research under certain conditions.

**• Comply with the law**
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**• Organ and tissue donation**
We can share information about you with organ procurement organizations.

**• Medical examiner or funeral director**
We can share information with a coroner, medical examiner, or funeral director when an individual dies.

**• Workers' compensation, law enforcement, and other government requests**
We can share information for workers' compensation claims; for law enforcement purposes; with health oversight agencies; and for special government functions such as national security.

**• Lawsuits and legal actions**
We can share information about you in response to a court or administrative order, or in response to a subpoena under certain circumstances.

**Special Federal Protections for Substance Use Disorder Records – 42 CFR Part 2**

Certain records related to diagnosis, treatment, or referral for treatment of a substance use disorder are protected by federal law under 42 CFR Part 2. We may maintain them separately or together with your medical records. These SUD records have extra protections beyond HIPAA. This section explains how we handle your rights with respect to your SUD information.

**• Consent is generally required**
We will not use or disclose your SUD records for treatment, payment, or healthcare operations without your written consent, unless an exception in Part 2 applies (for example, a bona fide medical emergency or a court order that meets specific Part 2 requirements).

**• Single consent for treatment, payment and healthcare operations**
You may provide a single consent for all future uses and disclosures for treatment, payment, and healthcare operations purposes. Examples can be found earlier in this notice if SUD records were involved. HIPAA-covered entities receiving your SUD records may re-disclose them as permitted by the HIPAA Privacy Rule, except for use or disclosure in legal proceedings against you without your consent or a court order and subpoena (or similar legal requirement).

**• Restrictions on legal proceedings**
SUD records and testimony about them generally may not be used in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order and subpoena (or equivalent), after you have received notice and an opportunity to be heard. We may use or share your information to respond to legal proceedings against us based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

**• Sharing SUD records without your written consent**
We are allowed or required to share your information in certain ways without your consent – usually in ways that benefit the public good. We may use and share your information without your consent as we communicate within our organization and with our contractors, help with medical emergencies, support public health, report crimes or threats of crimes on our premises and suspected abuse and neglect, aid scientific research, respond to audits and evaluations of our organization and assist cause of death inquiries. In these circumstances, we must protect your information and limit how we use and share it.

**• Your rights for SUD records**
You have the right to request restrictions, receive an accounting of disclosures, receive a list of disclosures by an intermediary for the past 3 years, obtain a copy of this notice upon request,

discuss this notice with our Privacy Officer, and be notified of breaches of unsecured SUD records, similar to HIPAA breach protections. You have a right to be notified in advance of, and a choice about whether to receive, us using your SUD records for our fundraising communications.

**Our Responsibilities under HIPAA and Part 2**

• We are required by law to maintain the privacy and security of your protected health information, including SUD records protected by 42 CFR Part 2, and provide you a notice of our legal duties and privacy practices.

• We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

• We must follow the duties and privacy practices described in this Notice and give you a copy of it.

• We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by contacting us.

**Questions or Complaints?**

If you have questions or would like to exercise your rights, contact our Privacy Officer at (248) 423-5772. To request forms, contact Health Information Management at (248) 423-5171.

You can file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights, without fear of retaliation. For instructions, visit https://www.hhs.gov/ocr/privacy/hipaa/complaints/.

**Changes to the Terms of This Notice**

We may change the terms of this Notice and the changes will apply to all information we have about you. The new Notice will be available in our facilities and on our website.

SURGEONS CHOICE MEDICAL CENTER
22401 Foster Winter Drive
Southfield, Michigan 48075

# PATIENT'S RIGHTS

**YOUR RIGHTS AND RESPONSIBILITIES**
**AS A PATIENT AT SURGEONS CHOICE MEDICAL CENTER**

*The translation of these rights and responsibilities is available in Arabic, Spanish, French or other languages upon request.*

## SAFE, DIGNIFIED, RESPECTFUL AND CONSIDERATE CARE

***You Have the Right to:***

1. participate in the development and implementation of your plan of care and to make informed decisions regarding care, including:
    a. being informed of your health status
    b. being involved in care planning and treatment
    c. being able to request or refuse treatment.
    d. delegating your right to make informed decisions to another person
2. formulate Advance Directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
3. have a family member or representative of your choice and your own physician notified promptly of your admission to the hospital.
4. personal privacy.
5. receive care in a safe setting.
6. be free from all forms of abuse or harassment.
7. the confidentiality of your clinical records.
8. access information contained in your clinical records within a reasonable time frame.
9. be free from restraints of any form that are not medically necessary.
10. be fully informed of and to consent to or refuse to participate in any unusual, experimental or research project without compromising your access to services.
11. know the professional status of any person providing care/services.
12. know the reasons for any proposed change in the professional staff responsible for care.
13. know the reasons for transfer either within or outside the hospital.
14. know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care
15. have access to the cost, itemized, when possible, of services rendered within a reasonable period of time.
16. be informed of the source of the hospital's reimbursement for your services, and of any limitations which may be placed upon your care.
17. have pain treated as effectively as possible.
18. receive visitors whom you designate, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. Visitation will not be restricted based on any factor, including race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

***You or your designated representative also has the right to:***

- Receive information in a way you understand.
- Receive a copy of the Your Rights and Responsibilities as a Patient or Resident and have your designated representative receive a copy of the Patient Rights upon request.
- Receive a copy of the standardized notice, "An important Message from Medicare" within 2 days of admission and prior to discharge.
- Prompt resolution of any grievances either verbal or submitted in writing. To initiate the complaint or grievance process, please contact the Nursing Supervisor, or the Administrator on Call.
- Be informed that, although physician coverage is available 24 hours a day, 7 days a week, there are times when a physician is not in the hospital. In an emergency, the physician may order your transfer to a hospital that provides emergency services.
- Be always treated with dignity and respect.
- Be aware that this is a smoke-free facility.

## CONSENT AND DECISIONS REGARDING YOUR CARE

***You or your designated representative has the right to:***

- Receive information about your medical status, proposed course of treatment and prospects for recovery, in terms that you can understand and in a culturally sensitive way.
- Refuse treatment to the extent permitted by law. It is our responsibility to discuss with you the possible results of your refusal.
- You may request or refuse treatment; however, you may not demand treatment or services that are deemed medically unnecessary or inappropriate.
- Be informed that during a surgical procedure, if necessary, you will receive emergency treatment that may not be included in your Advance Directive.

## PERSONAL PRIVACY, SECURITY AND CONFIDENTIALITY

***You or your designated representative has the right to:***

- Associate with and have private talks with your physician, attorney, clergy or any other person of your choice; send and receive mail unopened; and associate with other groups at your discretion.
- *Surgeons Choice Medical Center* patients may have visitors from 8:00 AM until 8:00 PM, unless there is a clinical restriction of limitation such as: infection control issues, visitation that may interfere with the care of other patients, the facility is aware that there is an existing court order restricting contact, visitors that engage in disruptive threatening or violent behavior of any kind, or the patient is undergoing care interventions. At the patient's request, support persons (selected by the patient/resident) may be able to remain with the patient during some care interventions.

## GENERAL

***You or your designated representative has the right to:***

- Be informed that Surgeons Choice Medical Center, Surgeons Choice Macomb Center, Surgeons Choice Imaging Center and Surgeons Choice Dearborn Center are physician owned. You may request a copy of the physician owner's list.
- Be informed of any business relationships between physicians, hospital, and other healthcare providers, or insurance carriers that may affect your medical care.
- Appeal your discharge if you disagree with the decision.
- Have medically related social services involved in counseling, problem solving, obtaining legal and financial resources and discharge planning.

## ***YOUR RESPONSIBILITIES AS A PATIENT OR RESIDENT***

- You, your family, and visitors are responsible for following the rules involving patient care and conduct. These include visitation and no smoking policies.
- You are responsible for providing a complete and accurate medical history. This history should include all prescribed and over-the-counter medications you are taking.
- You are responsible for respecting the rights of other patients and facility personnel as well as the personal property of other patients.
- You are responsible for telling us if you clearly understand your plan of care.
- You are responsible for making appointments and for arriving on time.
- You are responsible for following the treatment plan established by your physician, including the instructions of nurses and other health professionals as they carry out the physician's orders. If your refusal of treatment prevents us from providing appropriate care according to ethical and professional standards, we may need to end our relationship with you after giving you reasonable notice.
- You are responsible for meeting any financial obligations agreed to with the facility.

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**Surgeons Choice Medical Center**
**Confidential Compliance Line**
**248-423-9434**

**State of Michigan Department of Community Health, Bureau of Health Systems – 1.800.882.6006**

**Quality Improvement Organization for Medicare and Medicare Beneficiaries – Livanta toll free at: 1.866.815.5440**

**Michigan Office of the Long-Term Care Ombudsman – 1.866.485.9393**

**Accreditation Commission for HealthCare 1.855.937.2242**

**Dept. of Consumer & Industry Services Abuse Hotline – 1.800.882.6006**

**Adult Protective Services – 1.855.444.3911**

**HAVEN – Sexual Assault and Domestic Violence – 24 hr. Hotline 1.248.334.1274**

**Michigan Attorney General Health Care Fraud Division 1.800.242.2873**

**Centers for Medicare and Medicaid Services – 1.800. MEDICARE (1.800.633.42**