



FYZICAL[®]
Therapy & Balance Centers



Adult Therapy

FYZICAL[®] SERVICES

- Physical Therapy
- Occupational Therapy
- Speech/Language Therapy
- Feeding & Swallowing

Family Welcome Book

Creating connections & delivering more than treatments

LOCATIONS

FYZICAL East Lansing
830 W. Lake Lansing Rd., Suite 190
East Lansing, MI 48823

FYZICAL Delta
701 Snow Rd., Suite A
Lansing, MI 48917

FYZICAL DeWitt
12800 Escanaba Dr., Suite 3
DeWitt, MI 48820

Love Your Life[®]

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WELCOME to FYZICAL Therapy & Balance Centers

Dear Patients and Caregivers,

We welcome you and your family to our independently and locally owned practice. We understand and recognize that your/your loved one's health and well-being are of utmost importance, and we are honored you have chosen our team of specialists to be part of your/their care. At FYZICAL, we believe the patient's family and caregivers have the primary role in encouraging recovery. The role of our therapists is to work in close partnership with the patient and their families/caregivers to develop individualized treatment plans that address the specific needs and concerns of the patient and their loved ones.

While we are extremely proud of the reputation we have earned as being a premiere multidisciplinary therapy practice in our communities, we acknowledge our success is a direct reflection of the teamwork between our therapists and YOU. As you are your own best advocate, we emphasize the importance of speaking openly and honestly with your therapist(s). Additionally, we encourage you to develop a close working relationship with your therapist(s) to help support your rehabilitative needs.

In addition to your individual therapist(s), our management, administrative and clinical staff are always available to assist you. Please don't hesitate to contact us if you have any questions or concerns. Remember, YOU are the most important member of your rehabilitative team and only with your support can we provide you with the best care. We look forward to working with you and your family.

Sincerely,

Lou Finos, PT
Owner & Founder



Physical Therapy • Occupational Therapy • Speech & Language Pathology

LOCATIONS & CONTACT INFORMATION

FYZICAL Delta - www.fyzical.com/delta-mi



Contact Details

FYZICAL Delta
 701 Snow Rd, Suite A, Lansing, MI, 48917
 (517) 323-0593 (517) 323-0002
delta@fyzical.com



Hours of Operations

Mon 8am - 5pm	Tue 8am - 5pm
Wed 8am - 5pm	Thu 8am - 5pm
Fri 8am - 5pm	Sat Closed
Sun Closed	



FYZICAL East Lansing - www.fyzical.com/east-lansing-mi



Contact Details

FYZICAL East Lansing
 830 W Lake Lansing Rd, Suite 190, East Lansing, MI, 48823
 (517) 333-8533 (517) 333-8539
eastlansing@fyzical.com



Hours of Operations

Mon 8am - 5pm	Tue 8am - 5pm
Wed 8am - 5pm	Thu 8am - 5pm
Fri 8am - 5pm	Sat Closed
Sun Closed	



FYZICAL DeWitt – www.fyzical.com/dewitt-mi



Contact Details

FYZICAL DeWitt
 12800 Escanaba Dr, Suite 3, DeWitt, MI, 48820
 (517) 669-7228 (517) 669-5675
dewitt@fyzical.com



Hours of Operations

Mon 8am - 5pm	Tue 8am - 5pm
Wed 8am - 5pm	Thu 8am - 5pm
Fri 8am - 5pm	Sat Closed
Sun Closed	



FYZICAL Billing Office

- Jill Shoemaker - Office/Billing Manager (517) 333-8550 • EastLansing.Billing@fyzical.com

FYZICAL Management

- Nichole Lundy - Clinic Manager (517) 333-8533 • nichole.lundy@fyzical.com
- Kristen Arbuckle - General Manager (517) 256-0474 • kristen.arbuckle@fyzical.com

****Please note, the offices are closed in observance of some holidays. All closings will be posted in advance.**

SERVICES OFFERED

Physical Therapy: Our Physical Therapists (PTs) provide skilled evaluation and treatment for abnormal physical function related to an injury, disability, chronic condition, or other health ailment. The evaluation consists of patient/family interview, standardized and special testing, systems review, posture/gait analysis, balance, range of motion and muscle strength testing. Treatment sessions are individualized and focused on improving pain, motion, flexibility, strength, balance, coordination, posture, gait and functional mobility. PTs may also recommend and fit a patient for adaptive equipment such as a walker, cane, custom orthotics and/or specialized seating. Additionally, PTs also address sports-related/orthopedic injuries through manual/hands-on techniques, strengthening activities and flexibility exercises to return the patient to his/her previous level of function. Home exercise programs are also provided to promote carryover of skills.

Occupational Therapy: Our Occupational Therapists (OTs) identify and treat difficulties that interfere with a person's ability to perform functional daily living or work-related skills. They also help patients to overcome upper extremity muscle, joint or nerve pain and provide support for older adults experiencing other physical and/or cognitive changes. The evaluation consists of patient/family interview, standardized and special testing, systems review, fine motor and cognition analysis, range of motion and muscle strength testing. Treatment sessions are individualized and focused on improving fine motor skills, focus, coordination, self-help skills (dressing, feeding, grooming), work-related duties, and other upper extremity disabilities. Additionally, our OTs are experts in the treatment of neurological disorders such as stroke and prescribe and educate in adaptive equipment to improve dexterity and coordination. Home exercise programs are also provided to promote carryover of skills.



Speech-Language Pathology: Our Speech-Language Pathologists (SLPs) provide skilled evaluation and treatment for patients with a variety of speech, language, voice, neurological or swallowing disorders. Therapy addresses the full spectrum of human communication and focuses on improving a person's communication skills in his/her everyday living environments. The evaluation consists of a patient/family interview, standardized testing, and observational scales to determine the patient's current abilities. Treatment sessions are individualized and focused on intensive speech and language stimulation including: articulation (pronunciation), auditory processing skills, fluency/slurred speech, transgender voice therapy, oral-motor difficulties, social language skills, dementia (memory strategies), and safe swallowing/feeding techniques. Home exercise programs are also provided to promote carryover of skills.

Balance, Dizziness & Fall Prevention: Falls are a constant worry for many seniors and others who have balance and dizziness challenges. Falls are also the leading cause of injury-related deaths in the U.S. and responding to those suffering from chronic dizziness, balance insufficiencies and fall-risk is a core part of our mission. We are the **only** therapy clinic in the area to utilize a conceptualized framework of balance exercises called the FYZICAL Balance Paradigm. It was developed by using NASA-based force plates and is designed specifically to identify your balance and/or dizziness deficits. We offer a Safety Overhead Support (SOS) system which utilizes body harnesses suspended from a rail system which helps to eliminate the fear of falling. We also have state of the art technology to test your inner ear for underlying disease/dysfunction.

MEET OUR FYZICAL CARE TEAM

Physical Therapists



Nichole Lundy, DPT
Clinical Manager/Director



Dani Warner, DPT
PT Program Director



Tanner Huotari, DPT

Occupational Therapists



Grant White, OTR/L

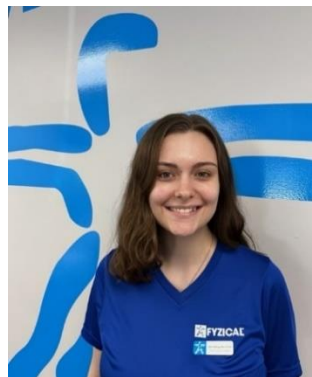
Speech & Language Pathologists



Addison Price, MA, CCC-SLP/L
SLP Program Director



Faith Gray, MA, CCC-SLP/L



Allie Otberg, MA, CF-SLP

INSURANCE INFORMATION

Capitol Area Physical Therapy Associates, Inc. (DBA FYZICAL Mid-Michigan) believes that you should be able to access healthcare when you need it. In addition to providing convenient self/private-pay options, we accept most major insurances for Physical, Occupational and Speech-Language therapy, including but not limited to:

- All Auto Carriers
- All Workman's Compensation Carriers
- AETNA
- Blue Cross Blue Shield of Michigan (BCBSM)
- Blue Cross Out-of-Area (BCOA)*
- Blue Cross Blue Shield of Michigan Federal Employee Plan (BCBSM FEP)
- BCBS Theramatrix (GM UAW)
- Blue Care Network Advantage
- Blue Care Network (BCN)*
- Blue Cross Complete (BCC)*
- Cofinity/PPOM/UMR*
- DART, MERS and Auto Owners/Prairie States
- Department of Veterans Affairs (VA)
- Humana Medicare*
- Humana Military; Tri-Care (Vet's Choice)
- Commercial McLaren including: McLaren Health Plan & McLaren Health Advantage
- McLaren Medicaid*
- Medicare + Blue (CareBlue)
- Medicare & Medicare Advantage Plans
- Physician's Health Plan (PHP)*
- Physician's Health Plan (PHP) Medicare
- PHPCARE (Sparrow Advantage)*
- Priority Health Advantage (Medicare)
- State of Michigan Medicaid
- Tri-Care

*may require authorization for treatment/services

If you do not see your insurance listed, we encourage you to contact your insurance company or call our billing office at **(517) 333-8550** to find out if we accept your insurance plan. We work with you to accommodate your individual needs, and we offer affordable payment options for self-pay patients.

Important Insurance-Related Questions

The world of insurance has become so complicated! We hope this helps you to navigate this aspect of your services and gain an understanding of the specifics of your insurance coverage. Because every insurance plan is different, there are several important questions to ask your insurance company regarding coverage for therapy services:

1. Does my policy/plan provide coverage for occupational, physical and/or speech therapy?
2. Do I have a deductible? Co-payment? Co-insurance? If so, what are my costs?
3. How many sessions/visits will my insurance policy cover? Is there a limit to visits per year?
4. If I need several therapies, will the same number of visits be allowed for each discipline?
5. Are there any exclusions or limitations to therapy coverage?
6. Do I need to obtain authorization for therapy services?
7. *Optional: Does my policy cover out-of-network therapy services?
8. *Optional: How do I get reimbursed for out-of-pocket therapy expenses? What do I need to provide the insurance company?

Please note: while our corporation is known as Capitol Area Physical Therapy Associates, Inc, doing business as FYZICAL Therapy & Balance Centers, our registered names with insurance companies may include the following: CAPTA, Southside Rehab, FYZICAL Mid-Michigan.

Good Faith Estimate

Under the law, health care providers need to give patients who don't have insurance OR who are not using insurance for their care an estimate of the bill for medical items and services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes costs like medical tests, prescription drugs, equipment and hospital fees. We will provide a Good Faith Estimate in writing at least 1 business day before your scheduled appointment, however you may also request a Good Faith Estimate before you schedule an appointment. If you receive a bill that is at least \$400 or more than your Good Faith Estimate, you can dispute the bill. You will need to make sure to save a copy or picture of your Good Faith Estimate. For questions or more information, visit www.cms.gov/nosurprises or request to speak with our office manager.

POLICIES & PROCEDURES

Financial/Billing Policies

The administrative staff at FYZICAL wants to be sure you have a clear understanding of your insurance benefits. Therefore, we will verify your benefits before your initial appointment so that you will be aware of your estimated co-pay or coinsurance, any deductibles that may apply, the number of visits allowed on your plan, and whether or not your plan requires referral or authorization from a primary care physician.

While we are happy to provide you with an estimate of your benefits, it is always best for you to verify your insurance benefits by calling your insurance company directly. This ensures that we are both given the same benefit information and allows you to become familiar with your specific insurance plan benefits.

****Please note that estimated coverage information is provided as a courtesy to our patients but is not intended to release them from total responsibility for their account balance.**

We would also like to reiterate that this does not guarantee that your insurance will cover the services your child receives at FYZICAL. Your insurance company will determine if these charges will be covered when they receive an insurance claim from FYZICAL, which includes the procedure(s) that took place in our office as well as the applicable diagnosis code(s).

Please be sure to review the Explanation of Benefits form that you receive from your insurance company which will tell you if services are being covered or not.

We bill your insurance carrier solely as a courtesy to you. The following requirements apply:

- You are responsible for all copayments, co-insurance payments and/or deductibles according to your individual policy.
- Payment is expected at the time services are rendered. We accept cash, checks, credit cards (VISA & Mastercard) and CareCredit.
- In the event the responsible party for payment is not present on the date services are rendered, we require either a credit card or debit card to be kept on file. The applicable form is included in this packet.
- As payments are received by us from your insurance company, we will bill you for any outstanding balance. Please make a prompt payment as you receive each bill. A billing fee of \$4.00 will be added for every duplicate statement sent for unpaid balances.
- If you receive multiple therapy services whether on the same or separate days, for example, both Occupational & Speech-Language Therapy, you will be responsible for payment for both copayments, deductibles, etc. when/if applicable.
- In the event that your insurance carrier requests a refund of payments made, you will be responsible for the amount of money refunded to your insurance company.
- If any payment is made by your insurance carrier directly to you for services billed by us, you

recognize an obligation to promptly remit same to FYZICAL Therapy & Balance Centers.

- If you obtain services in excess of that which is authorized by your insurance plan, you acknowledge you may be responsible for the cost of the professional services rendered.
- If you fail to make any of the payments for which you are responsible in a timely manner, you will be responsible for all costs of collecting monies owed.
- If you know that paying your balance will be a hardship, please contact our billing office ASAP to make payment arrangements. If it becomes evident that no effort is being made towards payment, your bill will be turned over to a collection agency.

The Appeals Process

Should you exhaust your insurance benefits or if your insurance company has denied your charges with FYZICAL, your insurance company may request that you go through an Appeals Process. It is the responsibility of the policy holder to initiate this process. We will be happy to help assist by providing you with our standard reports such as evaluations, re-evaluations and progress notes for you to submit to your insurance company. If additional copies or other reports or documents are requested, there will be an additional charge. You will also be responsible for obtaining the requested information, sending it to your insurance company, and following up with them concerning their response to your request.

During this time of appeal, you may choose to have your child continue to receive services at FYZICAL, however you will be responsible to pay in full for any/all services rendered at the time of service. If you choose not to continue services, your appointment slot will not be held while waiting for a response from the insurance company. If you have any questions concerning this information, please feel free to speak to our administrative/billing staff.

Cancellation & No-Show Policy

This policy has been established and enforced to help serve you and your child better. It is necessary for us to make appointments in order to see our patients as efficiently as possible. Late cancellations and no-shows cause problems that go beyond financial impact on our practice. Ultimately, they delay the delivery of health care to other patients, because when an appointment is made, it takes an available time slot away from another family. Most importantly, consistent attendance is essential for you to make progress in therapy. This policy includes emergency, non-emergency and vacation cancellations.

A “no-show” is defined as missing a scheduled appointment without any notification to the clinic or clinician. A “late cancellation” is defined as cancelling a scheduled appointment without notifying us within 24 hours in advance. A charge of **\$25.00 per session** will be assessed for each no-show or late cancellation.

FYZICAL's policy requires a 24-hour notice for cancellation of a scheduled therapy session. Excessive cancellations, whether late or within the 24-hour in advance period, and/or excessive no-shows for appointments are reviewed by the treating therapist and management. Excessive missed appointments

are considered greater than 3 out of 8 visits (including illnesses or emergencies) or 3 consecutive no-shows. In the case of excessive missed appointments, a decision will be made regarding the frequency of your therapy sessions, the time of the scheduled therapy visits, or it may be recommended that you take a break from therapy until a more consistent schedule of therapy sessions can be achieved.

We understand that situations such as medical emergencies and sickness occasionally arise, and an appointment cannot be kept, and adequate notice is not possible. These situations or circumstances will be considered on a case-by-case basis with the treating therapist and management. However, if you are too ill to participate in treatment or may be contagious, please cancel your appointment. For your safety and ours, if you or anyone accompanying you to your appointment arrives at the clinic ill, you will be dismissed and charged a fee of **\$25.00 per cancelled session**.

Please understand that insurance companies consider this charge to be entirely the patient's/responsible party's responsibility. If you have any questions or concerns regarding this policy, please let your treating therapist know.

Infection Control & Illness Policy

For everyone's protection, any patient showing signs or symptoms of illness will not be seen for therapy. If you are ill, please stay home for 24 hours AFTER symptoms have cleared, and no medication has been administered to manage symptoms. This includes, but is not limited to:

- Fever > 100 degrees
- Flu-like symptoms
- Sore throat
- Red/watery eyes with discharge
- Vomiting
- Upset stomach and/or diarrhea
- Excessive coughing and/or sneezing
- Constant runny nose (except for allergies)
- Green or yellow discharge from nose
- Head lice
- Skin rash – contagious/impetigo
- General malaise
- Open/uncovered wounds
- Any other communicable diseases

If a patient shows any of these symptoms before and/or during therapy, they will be sent home immediately.

COVID-19 Policy

May 11, 2023, marks the end of the federal COVID-19 public health emergency. Masks are no longer required to be worn by patients, parents, caregivers, visitors, or staff. However, our teams are happy to wear a mask upon request. If you or your child have any symptoms including; fever >100 degrees, shortness of breath, difficulty breathing, sore throat, chills, muscle pain, headache, new loss of taste or smell, extreme fatigue or diarrhea, please notify our staff immediately.

All guidelines can be found at: <https://www.cdc.gov/infectioncontrol/guidelines/index.html>.

Caregiver Attendance & Consultation Policy

Family members/caregivers are encouraged to attend therapy sessions when it would be therapeutically beneficial for the patient. Please feel free to have your family members/caregivers join you for therapy

or wait for you in our waiting room. Children/siblings are not allowed during treatment sessions, unless authorized by your therapist(s).

We reserve the last 5 minutes of your appointment time for documentation of your session and consultation with your family members/caregivers about your progress and any applicable home program. Due to our privacy policy, we do not provide consultation in the waiting room or other common areas of the clinic. If you would prefer another form of communication, please let your therapist(s) know so that we can provide appropriate accommodations.

We must ask that you do not leave your child and/or siblings alone at our office. We are unable to provide appropriate care for your children left unattended and cannot take individual responsibility beyond treatment.

Inclement Weather Policy

Our management staff will make all decisions regarding closings or delayed openings due to snow or any inclement weather. Someone from our office will make every effort to contact you by telephone at the number(s) we have on file for you. We will also update our Facebook pages and websites to reflect any closings or delays.

In the case that our office closes early due to weather conditions, we will attempt to contact you regarding your appointment(s) for that day. If you have not heard from our office and have any questions regarding your attendance at therapy on a day of inclement weather, please call any one of our offices, check our websites or visit our Facebook pages.

Safety Policy

For the safety of you and our staff, please do not allow any accompanying children to play on ANY equipment in the treatment areas without the supervision of one of our licensed and/or trained therapists. This equipment can be very dangerous, and we do not wish for any harm to come to them. Please attend to children in the waiting room carefully, and do not allow them to go back to the treatment area unless accompanied by our staff.

Electronic Communication Policy

With a patient's and/or caregiver's permission, we may use email communication or text messaging for notification and reminders regarding scheduling and/or cancellations in the event that telephone or in-person communications regarding these matters are time-sensitive or ineffective. Such notifications will NOT contain PHI (Protected Health Information) and will be in conformity with FYZICAL's Notice of Privacy Practices included in this booklet. Email and text communication should not be used to discuss sensitive information, such as financial information or PHI as the privacy of these communications is not guaranteed. If a patient/caregiver chooses to share PHI with the staff via electronic communication, we will make every effort to protect the privacy of such information in conformity with its Notice of Privacy Practices; however, we cannot guarantee the security of such communications and the patient/caregiver sharing the information assumes responsibility for any/all breaches of confidentiality that this may potentially cause. You have the right to withdraw your consent to the use of email or text communication for the purposes outlined herein at any time, by notifying your therapist(s) in writing.

Notice of Privacy Practices

Capitol Area Physical Therapy Associates, Inc.

D.B.A FYZICAL Therapy Mid-Michigan

Effective 04/14/2003

This notice describes how information about you may be used and disclosed by Capitol Area Physical Therapy Associates, Inc. (D.B.A. FYZICAL Therapy Mid-Michigan) and how you can get access to this information. Please review this notice carefully.

This notice applies to the privacy practices of FYZICAL Therapy Mid-Michigan including each clinic site, any health care professional who provides care to you at a FYZICAL Therapy Mid-Michigan site, any personnel who is authorized to enter information into your FYZICAL Therapy Mid-Michigan record and all other FYZICAL Therapy Mid-Michigan employees. In this notice, each reference to "we" is meant to include all of the above entities, providers and locations. Any or all of these entities, providers of locations may share information about you for treatment, payment or health care operation purposes described in this notice.

USING AND DISCLOSING YOUR PERSONAL HEALTH INFORMATION

Each time you visit a health care provider, a record of your visit and the care provided during that visit is made. Typically, this record contains information regarding your health history, symptoms, examinations and tests performed including test results, treatment and any plan for future care or follow-up with respect to your condition or treatment. Some of this information will come from other health care providers. This information is referred to as your personal health information.

When we create a record or collect this type of information about you, we use it for current or future treatment purposes, to obtain payment for treatment provided to you, for administrative and operational purposes and to evaluate the quality of care provided to you. We may use or disclose certain identifiable personal health information about you, without your authorization for other reasons such as:

- A means of communication with other health care professionals (e.g. your referring physician), who contribute or participate in your care as well as people outside of healthcare who may be involved in your care (e.g. family members or others who provide services that are part of your care).
- A means for preparing documentation relating to your treatment that we are required bylaw to maintain and in some cases, give out for public health purposes, abuse or neglectreporting, auditing purposes, research studies, worker's compensation purposes and emergencies.
- A means by which we may bill for or receive payment from you, an insurance company or other third-party payer, or person responsible for paying for any of your care. For example, we may need to give your personal health plan information about treatment youreceived at a FYZICAL Therapy Mid-Michigan facility so the plan will reimburse us for the care we provided.
- A source of data in our daily operations as a health care provider. For example, we may need to use your health record as a tool in assessing the competency of staff effectivenessor procedures.
- A source of data for contacting you.
- A source of data for advising you of possible treatment options or alternatives and otherhealth related benefits or services that may be of interest to you.
- A source of information the public health officials charged with improving public healthor responsible for averting a serious threat or safety of you, another person or the public.
- Information required to be disclosed by federal, state or local law.
- For members of domestic or foreign armed forces, to comply with the requirement of domestic or foreign military command authorities.
- A source of information for health oversight agencies in connection with legally authorized activities related to the investigation, inspection and licensure of health care providers.
- A source of data and information in connection with a legal dispute or lawsuit in whichyou are involved, in response to a court or administrative order, subpoena or other discovery request, as permitted by law.

We provide patient health information when otherwise required by law, such as when lawenforcement officials are entitled to such information in specific circumstances. In many other instances, we will ask for written authorization before

using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose your protected personal health information, you can later revoke that authorization.

We may change our policies or, practices regarding the use of your health information from time to time. Before we make a significant change in our policies or practices, we will change our notice and post the new notice in our offices. You can always receive a copy of our current notice at any time, for more information about our privacy policy and practices, please contact the individual listed below.

YOUR PERSONAL HEALTH INFORMATION RIGHTS

Although your health record is the physical property of FYZICAL Therapy Mid-Michigan, the information contained in your health record belongs to you. You have a right to request the restriction of certain uses and disclosures of your information. You also have the right to amend and request changes in the information contained within your health record and to obtain an accounting of certain disclosures of your health information that are not made for treatment, payment or operating purposes as described above. Any request to amend your record must be made in writing and we may deny your request if it:

- Is not in writing,
- Does not include a reason to support the request; or
- The health-information or record that is the subject of the request was created by another health care provider; is not part of the health information kept by or for our organization; is not part of the health information you would be permitted to inspect or copy or is accurate and complete as is.

Any request for an accounting of disclosures of your health information must be in writing, can be for a time period no longer than six years and may not include a period prior to April 14, 2003. The first disclosure list you request within a 12-month period is free. For any additional request, we may charge you for the cost of providing the list.

You may request, in writing, that we restrict or limit the ways we use or disclose your information for treatment, payment or operations purposes. We will consider your request, but you should be aware that we are not legally required to accept it and may, if we deem your request too restrictive, elect not to treat you or to disregard it in an *emergency* situation.

You have the right, with limited exceptions, to inspect and obtain a copy of your health record. Usually, this includes medical and billing records. If you request copies of your health records, the request must be in writing and we will charge you \$0.50 per page for such copies. This charge is directly attributable to the administrative and copying costs associated with meeting your request. **If your request for copies of your health record is, in your opinion, an emergency, please let us know as we do not intend to deny you access to your health records or information in an emergency circumstance and will work with you to meet these emergency needs.**

You also have the right to request that we communicate with you about medical matters in certain ways or at certain locations (e.g. only call you at home or by mail). Again, this request should be in writing and should be specific as to how and where you wish to be contacted. We do not need to know the reasons for your request.

YOUR COMPLAINTS

We are required by law to maintain the privacy of your health information, provide you with this notice of our legal duties and privacy practices and to abide by the terms of this notice. If you are concerned that we have violated your privacy rights or our own policies as summarized in this notice, or if you disagree with a decision made about access to your records, you may contact the person listed below. You may also send a written complaint to the United States Department of Health & Human Services, the person and office listed below can provide you with the appropriate address upon request. You will not suffer any retaliation of filing a complaint.

OUR RESPONSIBILITIES

We are required by law to protect the privacy of your information and to provide you with this notice about our information practices. We are also required to abide by the terms of this notice and to notify you if we are unable to agree to a requested restriction you have made relative to the use or disclosure of your information. In addition, we are required to

accommodate reasonable requests you make regarding the communication of your health information by alternative means or alternative locations.

If you have any questions regarding this notice, our use or disclosure of your health information or wish to file a complaint regarding our use or disclosure of your health information, please contact Louis P. Finos at 830 W. Lake Lansing Rd., Suite# 190, East Lansing, MI 48823 or at (517) 333-8550.