AHAD MD PC

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

Effective date: September 27, 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.

Questions or requests: Duraid Ahad-Daman, MD, Privacy Contact
1380 Coolidge Highway, Suite 250, Troy, MI 48084
Phone: 248-288-9300 | Email: Ahadfamilymedicine@gmail.com

Your rights

You have the right to:

- Get a copy of your paper or electronic medical record.
- Ask us to correct your paper or electronic medical record.
- Request confidential communication in a particular way or at a different address.
- Ask us to limit the information we use or share.
- Get a list of certain disclosures of your information.
- Get a paper copy of this notice.
- Choose someone to act for you when they have legal authority.
- File a complaint if you believe your privacy rights have been violated. We will not retaliate against you.

Your choices

For certain information, you can tell us your choices about what we share. You may ask us to share information with family, close friends, or others involved in your care or payment for your care, or in a disaster relief situation. If you are unable to express a preference, we may share information when we believe it is in your best interest or to lessen a serious and imminent threat to health or safety.

We will obtain your written permission before using or sharing your information for marketing, selling your information, or most sharing of psychotherapy notes, as required by law. You may revoke an authorization in writing, except to the extent we have already acted in reliance on it.

How we may use and disclose your information

We may use and share your information to treat you, run our practice, and bill for your services. We may also use or share information as permitted or required by law for public health and safety, research under applicable safeguards, compliance with law, organ and tissue donation, medical examiners or funeral directors, workers' compensation, health oversight, law enforcement and other government requests, and lawsuits or legal actions.

If we have substance use disorder patient records subject to 42 CFR Part 2, we will not use or disclose those records in a civil, criminal, administrative, or legislative investigation or proceeding against you without your consent or a court order and subpoena, as applicable. Additional protections may apply under other state or federal laws.

Your rights in detail

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say no, but we will tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way, such as at home or on your cell phone, or to send mail to a different address. We will say yes 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 our operations. We are not required to agree to your request and may say no, for example, if it could affect your care. If we agree, we may still share the information for emergency treatment. 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 insurer for payment or operations. We will say yes unless a law requires us to share it.

Get a list of those with whom we have shared information

You can ask for a list (accounting) of disclosures of your health information for the six years before your request, who received it, and why. The accounting does not include disclosures for treatment, payment, and health care operations or certain other disclosures, such as ones you asked us to make. We provide one accounting per year for free and may charge a reasonable, cost-based fee for additional requests within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

Choose someone to act for you

If someone has authority to act as your personal representative, such as a person with your medical power of attorney or your legal guardian, that person can exercise your rights and make choices about your health information. We will confirm the person's authority before taking action.

File a complaint if you feel your rights are violated

You can complain by contacting us using the contact information on page 1. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or visiting hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

Your choices in more detail

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 described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may share information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we will obtain your written permission unless the law allows otherwise:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

If we have your substance use disorder patient records subject to 42 CFR Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our uses and disclosures

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 practice

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

Bill for your services

We can use and share your health 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.

Help with public health and safety issues

We can share health information for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.

Do research

We can use or share your information for health research when permitted by law and applicable safeguards.

Other permitted uses and our responsibilities

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 are complying with federal privacy law.

Other disclosures allowed by law

We may share health information with organ procurement organizations; with a coroner, medical examiner, or funeral director when an individual dies; for workers' compensation claims; for law enforcement purposes; with health oversight agencies for activities authorized by law; for special government functions such as military, national security, and presidential protective services; and in response to a court or administrative order or subpoena, subject to applicable legal protections.

If we have substance use disorder patient records subject to 42 CFR Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your consent or a court order and subpoena, as applicable.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- 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. Let us know in writing if you change your mind.

Changes to this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact us

For questions, to exercise your rights, request a copy of this notice, or file a complaint with our practice, contact:
Duraid Ahad-Daman, MD, Privacy Contact
Ahad MD PC
1380 Coolidge Highway, Suite 250
Troy, MI 48084
248-288-9300
Ahadfamilymedicine@gmail.com

Additional privacy protections may apply to some information under Michigan or federal law. We follow the requirements that apply to the information and request.

AHAD MD PC

Acknowledgment of Receipt

Notice of Privacy Practices

Please review the Notice of Privacy Practices before signing. You may ask for a paper copy at any time.

I acknowledge that I received or was offered a copy of Ahad MD PC's Notice of Privacy Practices, effective September 27, 2026. My signature confirms receipt only; it does not authorize any use or disclosure that requires a separate written authorization, and it is not a condition of treatment.

If the patient is unable or unwilling to sign, the practice may document its good-faith effort to obtain acknowledgment and the reason no acknowledgment was obtained.

For additional information about HIPAA privacy rights, visit hhs.gov/hipaa.

Patient name

Date

Patient / representative signature

Representative name (if signing for patient) **Relationship to patient**