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## **NOTICE OF PRIVACY PRACTICES**

Effective October 1, 2010

### **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.**

If you have any questions about this Notice, please ask to speak to our Privacy Officer, or call our Privacy Officer at **973-378-2248**.

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

**ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE** – You will be asked to provide a signed acknowledgement of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information in accordance with the law.

**OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION** – “Protected health information” is individually identifiable health information and includes demographic information (such as age, address, etc.), and relates to your past or future physical or mental health or condition, and related health care services. Our Practice is required by law to do the following:

1. Keep your protected health information private.
2. Present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
3. Follow the terms of the Notice currently in effect.
4. Communicate to you any changes we may make in the Notice.

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make revisions or change notice effective for health information we already have about you, as well as any information we may receive in the future.

## **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

Following are examples of permitted uses and disclosure of your protected health information. These examples are not exhaustive.

**Required Uses and Disclosures** – By law, we must disclose your health information to you unless it has been determined by a health care professional that such disclosure would be harmful to you. Even in such cases, we may disclose a summary of your health information to your authorized representatives specified by you or by law. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services (HHS) for investigations or determinations of our compliance with laws on the protection of your health information.

**Treatment** – We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information from time-to-time to another physician or health care provider (for instance, a specialist or laboratory) who, at the request of your physician, becomes involved in your care. This also includes pharmacists who may be provided information on other drugs you have prescribed to identify potential interactions.

In emergencies, we will use and disclose protected health information to provide the treatment you require.

**Payment** – Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities we may need to undertake before your health care insurer approves or pays for the health care services recommended for you, such as determining eligibility or coverage for benefits. For example, obtaining approval for a surgical procedure might require that your relevant protected health information be disclosed to obtain approval to perform the procedure at a particular facility. We will continue to request your authorization to share your protected health information with your health insurer or third-party payer.

**Health Care Operations** – We may use or disclose, as needed, your protected health information to support our daily activities related to providing health care. These activities include billing, collection, quality assessment, licensing, and staff performance reviews. We may call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information as necessary to contact you to remind you of your appointment. We will contact you, for example, at your home telephone number to remind you of your next appointment, and/or mail a postcard appointment reminder to your home address.

We will share your protected health information with other persons or entities that perform various activities (such as an answering service for our practice). These business associates of our Practice will also be required to protect your health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related-benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about our Practice and our services.

**Required by Law** – We may use or disclose protected health information if the law or regulations require its use or disclosure.

**Public Health** – We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. For example, the disclosure may be necessary to prevent or control disease, injury or disability; report births and death; or report reactions to medications, problems with products.

**Communicable Disease** – We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk, or contracting or spreading the disease condition.

**Health Oversight** – We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other regulatory programs, or civil rights laws.

**Food and Drug Administration** – We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, track products, enable product recalls, make repairs or replacements, or conduct post-marketing review, as required.

**Legal Proceedings** – We may disclose protected health information during any judicial or administrative proceeding in response to a court order or administrative tribunal, if such disclosure is expressly authorized, and in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement** – We may disclose protected health information for law enforcement purposes including responses to legal proceedings, information requests for identification and location, and circumstances pertaining to victims of crime.

**Coroners, Funeral Directors & Organ Donations** – We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death, or for the performance or other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donations.

**Research** – We may disclose protected health information to researchers when authorized by law. An example would be a research that has been approved by an institutional review board which has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Threat to Health or Safety** – Under applicable Federal and State laws, we may disclose your protected health information to a law enforcement agency or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Safety** – When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of a military mission including determination of fitness for duty, or to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information, under specific conditions, to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

**Workers' Compensation** – We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

**Inmates** – We may use or disclose your protected health information, under certain circumstances, if you are an inmate of a correctional facility.

**Parental Access** – State laws concerning minors permit or require certain disclosure or protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state), and will make disclosures following such laws.

## **USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

In some circumstance, you have the opportunity to agree to or object to the use of disclosure on all or part of your protected health information. Following are examples in which your agreement to objection is required.

**Individuals Involved in Your Health Care** – Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you authorize, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts, and coordinate uses and disclosures to family or other individuals involved in your health care.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that our Privacy Office may deny your request; however, in most cases, you may seek a review of the denial.

**Right to Inspect and Copy** – You may inspect and/or 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. A designated record set contains medical and billing records and any other records that our Practice uses for making decisions about you. This right does not include inspection and copying of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to a law that prohibits access to protected health information. You will be charged a fee for a copy of your record, and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information, and if you agree to receive a summary, we will advise you of the fee at the time of your request.

**Right to Request Restrictions** – You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care options. Your request must be made in writing to our Privacy Officer. In your request, you must tell us:

1. What information you want restricted
2. Whether you want to restrict our use or disclosure, or both
3. To whom you want the restriction to apply – for example, disclosure to spouse
4. An expiration date.

If we believe that the restriction is not in the best interest of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment.

You may revoke a previously agreed upon restriction at any time, in writing.

**Right to Request Alternative Confidential Communications** – You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests when possible.

**Right to Request Amendment** – If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we accept requests for amendment, we are not required to agree to such amendment.

**Right to an Accounting of Disclosure** – You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice, and excludes disclosure made directly to you or to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made on or after 01 October 2010, and no more than 6 years prior to the date of your limitations as described earlier in this Notice.

**Right to Obtain a Copy of this Notice** – You may obtain a paper copy of this Notice from us by requesting for it.

**Special Protections** – This Notice is provided to you as a requirement of HIPAA. There are several other privacy laws that also apply to HIV-related information, mental health information, and substance abuse information. These laws have not been superseded, and have been taken into consideration in developing our policies and this Notice.

**Complaints** – If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. We will provide their address upon your request. No retaliation will occur against you for filing a complaint.

## **CONTACT INFORMATION:**

Our Privacy Officer is our Practice Manager, and can be contacted at this office, or by calling **973-378-2448**. You may contact our Privacy Officer for further information about our complaint process, or for further explanation of this Notice of Privacy Practices. This Notice is effective in its entirety as of October 1, 2010.