

HIPPA NOTICE OF PRIVACY PRACTICES

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

Effective Date of this Notice: April 14, 2003

THE NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the practices that we maintain in our practice concerning your IIHI. By federal law and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information.

- How we may use and disclose you IIHI
- Your privacy rights in you IIHI
- Our obligations concerning the use and disclosure of you IIHI

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

HIPAA Compliance/Privacy Officer
609-799-5010 extension 222

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which we may use and disclose you IIHI.

1. **Treatment.** Our practice may use IIHI to treat you. For example we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice- including, but not limited to, our doctors, nurses and technicians – in our office may access your information for purposes of providing you care.

2. **Payment.** Our practice may use and disclose your IHI in order to bill and collect payment for the services and items you may receive from us. For example our billing office may access your information- and sent relevant parts to your insurance company to allow us to be paid for services we rendered to you. Also, we may use your IHI to bill you directly for services and items.
3. **Health Care Operations.** Our practice may use and disclose you IHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may need to use your IHI to evaluate the quality of care you received from us; send information to our attorneys or accountants; or to conduct cost management and business planning activities for our practice.
4. **Appointment Reminder.** Our practice may use and disclose your IHI to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.
5. **Change of Ownership.** Our practice may use and disclose you IHI in the event that our practice is sold or merged with another organization and you Health information/records may then become the property of the new owner.

D. WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION IN CERTAIN CIRCUMSTANCES WITHOUT OBTAINING YOUR PRIOR CONSENT OR AUTHORIZATION.

1. To provide it to you.
2. **To Notify and/or communicate with your family.** Unless you tell us you object, we may use or disclose your Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care, about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

E. USE AND DISCLOSURE OF YOUR HEALTH INFORMATION IN SPECIAL CIRCUMSTANCES.

Public Health Purposes. Our practice may disclose you IHI to public health authorities Authorized by law to collect information for the purpose of:

- Preventing or controlling disease, injury or disability
- Reporting child abuse or neglect
- Reporting domestic violence
- Reporting to the Food and Drug Administration reactions to drugs or problems with product or devices
- Reporting disease or infection exposure

Health Oversight Activities. Our practice may disclose your IHI to health oversight agencies for activities authorized by law: during the course of audits, investigations, inspections, licensure and other proceedings.

Lawsuits and Similar Proceedings. Our practice may disclose your IHI in response to subpoenas or for judicial and administrative proceedings. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of you Health information prior to providing it to another person.

Law Enforcement: Our practice may release IIHI if asked to do so by a law enforcement official:

- To identify/locate a suspect, material witness, fugitive or missing person
- In response to a warrant, summons, court order, subpoena or similar legal process

Deceased Patients. Our practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ or Tissue Donation. Our practice may release your IIHI in order to conduct research that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research. Our practice may release your IIHI in order to conduct research that has been approved by our Institutional Review Board.

Public Safety. Our practice may release your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the general public.

National Security. Our practice may disclose IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs, which are necessary to comply with workers' compensation laws.

Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

F. FOR ALL OTHER CIRCUMSTANCES, WE MAY ONLY USE OR DISCLOSE YOUR HEALTH INFORMATION AFTER YOU HAVE SIGNED AN AUTHORIZATION. If you authorize us to use or disclose your Health Information for another purpose, you may revoke your authorization in writing at any time.

G. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. Our practice will accommodate reasonable requests. In order to request a confidential communication, you must make a written request to the practice's HIPAA Compliance/Privacy Officer; for more information she can be reached at 609-799-5010 ext. 222

2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. We are not required to agree to your request.
3. Inspection and Copies. You have the right to inspect and obtain a copy of your Health Information. You must submit your request in writing to the practice's Medical Records coordinator; for more information she can be reached at 609-799-5010 ext. 222. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.
4. Amendment. You have the right to ask us to amend your Health information if you believe the information is incorrect or incomplete. We are not required to change your health information. However, we will provide you with information about our denial and how you can disagree with said denial.
5. Accounting of Disclosures. All of our patients have the right to request an accounting of disclosures of their Health Information made by us, except that we do not have the account for disclosure:
 - Authorized by patients
 - Made for treatment, payment, or health care operations
 - Information provided to patients
 - Notification and communication with family
 - Certain government functions
 - Appointment reminders
6. Right to paper copy of this notice. You have the right to receive paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Practice's HIPAA Compliance/Privacy Officer at 609-799-5010 ext. 222

H. OUR DUTIES

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all of your Health Information – even if it was created prior to the change of this Notice. If such amendment is made, we will immediately display the revised notice at our office and provide you with a copy of the amended Notice. We will also provide you with a copy at anytime, upon request.

I. COMPLAINTS TO GOVERNMENT

You may make complaints to the Secretary of the Department of Health and Human Services (DHHS), if you believe your rights have been violated.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

J. CONTACT INFORMATION

You may contact us about our privacy practices by calling the Practice's Privacy Officer at 609-799-5010 ext. 222; or you may contact the US Department of Health and Human Services at:

200 Independence Avenue- SW
Washington, DC 20201
Telephone 1-877-696-6775