

Notice of Privacy Practices

Effective Date of Notice: April 14, 2003

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.

The Health Insurance Portability and Accountability Act of 1996 (“Hippa”) requires that we maintain the privacy of your Protected Health Information (“PHI”) and provide you with a notice of our legal duties and privacy practices with respect to PHI. PHI is personal information about you, including demographic information that we collect from you, that may be used to identify you and that relates to you past, present or future physical or mental health or condition, including treatment and payment for the provision of health care.

This Notice explains our legal duties and privacy practices with regard to your PHI. We are required by federal law to provide you with a copy of this Notice and to abide by the terms of this Notice. Accordingly, we will ask you to sign a statement acknowledging that we have provided you with a copy of the Notice.

We reserve the right to change the terms of this notice at any time. The change may be retroactive and cover PHI that we received or created prior to the revision. If we do change the Notice, a copy of the new Notice will be posted in the waiting room. We will provide you with a copy of the revised Notice upon your request.

I. PATIENT RIGHTS

Following is a statement of your rights with respect to your PHI:

1. The right to obtain a paper copy of this Notice From us. You have the right to receive a paper copy of this notice upon request, even if you agreed to accept this notice electronically.
2. The right to inspect and copy your PHI. You have the right to inspect and receive a copy, summary or explanation of your PHI. If you want to exercise this right, please ask one of our employees for a Request to Access Medical Records form. You will need to complete and submit this form to us. This right does not extend to psychotherapy notes, information compiled in a reasonable anticipation of legal action. We have the right to deny you access, but you will be notified of the reason for denial and under certain circumstances be given the right to have denial reviewed.
3. The right to request restrictions on certain uses and disclosures. You may request restrictions of uses or disclosures of your PHI when it is used to carry out your treatment, obtain payment for your treatment or for the healthcare operations of our practice. You must request the restrictions before we have used or disclosed the relevant information. We are not required to agree to the restriction, and we have the right to decide not to accept the restriction and not to treat you.
4. The right to receive confidential communications by an alternative means or at an alternative location. The request must be in writing, and all, reasonable requests will be accommodated. We may, however, condition the accommodation, if appropriate, on you providing us with information as to how payment will be handled or specifying an alternative address or other method of contact.
5. The right to amend PHI. You have the right to ask us to amend your PHI. If you want to exercise this right, please ask one of our employees for a Request for Amendment of Medical Records form. You will need to complete this form, provide a reason for the request and submit it to us. We may deny your request for amendment, if we determine that your record was not created by us, is not maintained by us, or is accurate and

complete. Your records will not be changed or deleted as a result of our granting your request, but an amendment will be attached to your record and its existence noted in your record as necessary. (Note: use of this procedure is not necessary for routine changes to your demographic information, such as address, phone numbers, etc.)

6. The right to receive an accounting. You have the right to receive an accounting of our uses and disclosures of your PHI. If you want to exercise this right, please ask one of our employees for a Request for Accounting form. You will need to complete this form and submit it to us. The accounting does not have to list disclosures made (i) to carry out treatment, payment and health operations, (ii) to you, (iii) pursuant to an authorization, (iv) for national security or intelligence purposes, (v) to correctional institutions or law enforcement personnel or (vi) that occurred prior to April 14, 2003. (Note: compliance with this right is time-consuming, and so we reserve the right to charge you a fee if you request more than one accounting in a twelve-month period.)

II. USES AND DISCLOSURES

A. We intend to limit the disclosures of your PHI to that necessary for treatment, payment and health care operations.

- Treatment refers to specific sharing and use of your PHI relating to your direct care by our employees, including consulting with other professionals and the use of disease management programs. For example, we will disclose your PHI to another healthcare professional or a testing facility to whom you have been referred for care or for assistance with treatment.
- Payment refers to specific sharing and use of your PHI for purposes of obtaining payment for our treatment of you, including billing and collection activities, related data processing and disclosure to consumer reporting agencies. For example, your PHI will be disclosed on forms we submit to your insurance carrier to receive payment. However, New Jersey requires us to obtain an authorization from you prior to our releasing PHI to your insurance company.
- Health Care Operations refer to specific sharing and uses of your PHI necessary for our administrative and technical operations, within the limitations imposed by professional ethics. Permissible activities include, but are not limited to, accounting or legal activities, quality assessment, employee review, student training, and other business activities. For example, we might need to disclose your PHI to a student as part of an educational process.

B. We may use or disclose your PHI in certain situations without your written authorization as follows:

- If all identifying information is removed so your identity cannot be ascertained from the information disclosed, i.e., on a completely anonymous basis
- If required by state or federal law
- When required by federal or state law for public health reporting purposes or to a person who may be affected by a communicable disease
- Pursuant to a warrant or court order
- For health oversight purposes as authorized by law, such as, an investigation of our practice for purposes unrelated to your treatment
- To a government authority as required by law to report cases of child abuse, or abuse of the institutionalized elderly or disabled
- To the U.S. Food and Drug Administration, in the event of an adverse event
- To law enforcement under very limited circumstances
- To prevent a serious and imminent threat to your health or safety or that of another individual of the public
- For national security and intelligence purposes, or to correctional institutions
- For purposes of workers' compensation law (or a similar law)
- To coroners and funeral director
- To the government if you are a member of the armed forces

C. We are also required to disclose your PHI to the Secretary of Health and Human Services as part of an investigation to determine our compliance with HIPPA.

D. All other disclosures require your written authorization

III. ORGANIZATIONAL POLICIES

To facilitate the smooth and efficient operation of our practice, we engage in certain practices and policies that you should understand. You can avoid any of the following practices by discussing your concerns and working out an alternative:

- We contact our patients by telephone (which might include leaving a message on an answering machine or voice mail) or mail to provide appointment reminders or routine test results.
- We address patients by their name in the waiting room.
- Our staff will conduct routine discussions at our front desk with patients.
- We may contact our patients by telephone or mail to provide information about treatment alternatives or other health-related benefits and services that may be of interest.

In addition, we will:

- share PHI with third-party “business associates” that perform various functions for us (for example billing and transcription), with whom we have a written contract with those entities containing terms that require the protection of your PHI.
- disclose your PHI to your personal representative(s), if any, unless we determine in the exercise of our professional judgment that such disclosure should not be made.

Please discuss any concerns you might have with us regarding these disclosures.

IV. QUESTIONS AND COMPLAINTS

If you have any questions about this Notice, the matters discussed herein or anything else related to our privacy policy, please feel free to ask for an appointment or call 609.693.4343 to speak with our Privacy and Security Officer.

You may complain to our Privacy and Security Officer or the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. To complain to the Secretary, your complaint must be in writing, name us, describe the acts or omissions believed to be in violation of your privacy rights and be filed within 180 days of then you knew or should have known that the act or omission occurred.

You can file a complaint with us by asking for a Complaint Reporting form. We will not retaliate against you for filing a complaint. If you want further information about the complaint process, please speak with our Privacy and Security Officer.