

NOTICE OF PATIENT PRIVACY RIGHTS

This notice describes how medical information about you may be used and disclosed and how you can access to this information. Please review it carefully.

Copy of Your Medical Records: You can get an electronic or paper copy of your medical record and other health information we have about you, usually within 30 days of your request. We do charge a reasonable fee based upon state law limits. Please ask the receptionist for information on our fees.

Correct Your Medical Records: 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” to your request, but we’ll tell you why in writing within 60 days.

Request Confidential Communications: You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address to maintain your privacy. We will say “yes” to all reasonable requests. We will also obtain that information from you today.

Ask Us to Limit What We Share or Use: 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 we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information, for the payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Whether or How We’ve Shared Your Information: You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask which includes who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

A Copy of This Privacy Notice: You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose Someone to Act for You or Make Your Decisions: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

You Can File a Complaint If You Believe Your Rights Have Been Violated: You can complain if you feel we have violated your rights by contacting our Compliance/Privacy Officer by calling

(609) 845-3988 or contact any of our offices and you will be directed to them. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

Your Choices: For certain health information, you can tell us your choices about what we share. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care OR 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 go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases, however, we never share your information unless you give us written permission: 1. Marketing purposes or 2. Sale of your information.

Our Uses and Disclosures: We typically use or share your health information to treat you; to run our practices, improve your care, and contact you when necessary. We can use and share your health information to bill and get payment from health plans and other entities so they can pay for you. We are allowed or required to share your information for the public good, such as public health and research and only if we meet the conditions in the law before we do so. For more information please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues: We can share health information about you 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

To Do research: We can use or share your information for health research but only within the law.

To 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're complying with federal privacy law.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when someone dies.

Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you: For workers' compensation claims; For law enforcement purposes or with a law enforcement official; With health oversight agencies for

activities authorized by law; For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of 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 offices, and on our web site.