

PLEASANTDALE AMBULATORY CARE

NOTICE OF PATIENT PRIVACY

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.

1. Our Duty to Safeguard your Protected Health Information

We understand that medical information about you is personal and confidential. Be assured that we are committed to protecting that information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. We are required by law to abide by the terms of this Notice, and we reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice and make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request to our Privacy Officer

In general, when we release your personal information, we must release only the information needed to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment or due to a legal requirement.

2. How We May Use and Disclose Your Protected Health Information

For use and disclosures relating to treatment, payment or healthcare operations, we do not need an authorization to use and disclose your medical information:

For treatment: We may disclose your medical information to doctors, nurses, and other health care personnel who are involved in providing your health care. We may use medical information to provide you with medical treatment or services. For example, your doctor may be providing treatment for an orthopedic problem and need to make sure you don't have any other health problems that could interfere. The doctor might use your medical history to determine what method of treatment (such as a drug or surgery) is best for you. Your medical information might also be shared among members of your treatment team, or with your pharmacist(s).

To obtain payment: We may use and/or disclose your medical information to bill and collect payment for your health care services or to obtain permission for an anticipated plan of treatment. For example, for Medicare or an insurance company to pay for treatment, we must submit a bill that identifies you, your diagnosis, and the services provided to you. As a result, we will pass this type of health information on to an insurer to help receive payment for your medical bills. You may instruct us not to disclose your health information to your insurance company for payment or operations purposes, but we are only required not to so disclose if you pay for the medical services you receive from us in full out-of-pocket at the time services are rendered.

For health care operations: We may use and/or disclose your medical information during operating our practice. For example, we may use your medical information in evaluating the quality of services provided or disclose your medical information to our accountant or attorney for audit purposes.

In addition, we may use your health information to send you appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you, provided we do not receive financial remuneration from a third party for purposes of making such communication.

3. Use and Disclosure without an Acknowledgement, Authorization or Opportunity to Object.

We may use or disclose your health information without your consent, authorization or the opportunity to verbally agree or object for the following purposes:

- We may disclose your medical information to law enforcement or other specialized government functions in response to a court order, subpoena, warrant, summons or similar process.
- ♦ We may disclose information where a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose medical information to authorities who monitor compliance with these privacy requirements.
- ♦ We may disclose medical information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. We may also disclose medical information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections.
- ♦ We may disclose information relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye or tissue donations or transplants.
- ♦ In certain circumstances, we may disclose medical information to assist medical/psychiatric research.
- ♦ In order to avoid a serious threat to health or safety, we may disclose medical information to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- ♦ We may disclose your medical information as authorized by law relating to worker's compensation or similar programs.
- ♦ We may disclose your medical information in the course of certain judicial or administrative proceedings.
- ♦ We may use or disclose to a business associate or institutionally related foundation your-demographic information, dates of care, department of service information, treating physician, outcome information and health insurance status for fundraising activities. You have the right to opt out of receiving such communications by contacting our Privacy Officer at the contact information below.

4. Use and Disclosure Requiring Patient Opportunity to Object

Under HIPAA, we are permitted to disclose your health information without your written consent or authorization to a family member, other relative, close friend or any other person identified by you, if the information is directly relevant to that person's involvement in your care or payment for your care. We may also use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for coordinating with such entities the use or disclosure to your family, relatives, friends or others identified by you. If you are able and available to agree or object, we will give you the ability to object prior to making this notification. If you are unable or unavailable to object, our health care professionals will use their best judgment in communication with your family and others.

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5. Use and Disclosures Requiring Patient Authorization

There are certain use and disclosures of your protected health information that require your written authorization. We must obtain your authorization to use or disclose protected health information for purposes of marketing activities, unless such activities involve face-to-face communications made by us to you or a promotional gift of nominal value provided to you by us. Refill reminders or communications about a drug or biologic that is being prescribed for you are not marketing activities that require your authorization, unless we receive, remuneration for such communications that is not reasonably related to our cost is making the communication. Further, communications regarding case management or care coordination or to direct or recommend alternative treatments, therapies, health care providers or settings of care do not require your authorization, unless we receive financial remuneration in exchange for making the communication.

We must obtain your authorization for any disclosures that constitute the sale of protected health information. Other use and disclosure of protected health information not covered in this notice or the laws that apply to us will be made only with written authorization from you. If you provide permission to use and disclose medical information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosure we have already made with your permission and that we are required to retain records of the care that we provide to you.

6 Your Rights Regarding Your Medical Information

You have rights about your health information. If you wish to exercise any of these rights, please contact the Center. Specifically, you have the following rights:

- ◆ You have the right to request that we limit how we use or disclose your medical information for treatment, payment and healthcare operations. We will consider your request but are not legally bound to agree to the restriction, unless it relates to the nondisclosure of certain health information to your insurance company for payment or operations purposes that relates solely to medical services we provide and that you pay for in full. In all other cases, we will agree to your request if it is reasonably feasible for us to do so. To request confidential communications you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. Your request, however, must specify how or where you wish to be contacted. If we agree to a requested restriction, it is binding on us.
- ◆ With a few exceptions (such as psychotherapy notes or information gathered for judicial proceedings), you have the right to inspect and obtain a copy of your own health information if you put your request in writing to us. We must respond to your request within 30 days. If we deny you access, we will give you written reasons for the denial and explain any right to have the denial reviewed. To the extent we maintain your health information in one or more designated record sets electronically and you request a copy of your health information, we must provide you access to the information in the electronic form and format requested by you, if it is readily producible in such electronic form and format, or, if not, in a readable electronic form and format as agreed to by us. We may charge you a reasonable fee for a copy of your health information. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- ◆ If you believe that there is a mistake or missing information in our record of your medical information, you may request that we correct or add to the record. Your request must be in writing and give a reason as to why your health information should be changed. Any denial by us will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your medical information. If we approve the request for amendment, we will amend the medical information and so inform you
- ◆ You have the right to be notified in the event of a breach of your unsecured protected health information.
- ◆ You have the right to receive an accounting of certain disclosures made by us of your health information during the past six years and, of disclosures made through an electronic health record (EHR), during the past three (3) years. You may request an accounting of disclosures for, shorter period. All requests should be made in writing directed to our Privacy Officer at the contact information set forth below. We may provide you with an accounting for disclosures made by our business associates, and we may provide you with an accounting of disclosures made by us and a list of our business associates. There will be no charge for one such list each year. There may be a charge for more frequent requests.

7. Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, we encourage you to contact us.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information, we encourage you to speak or write to our Privacy Officer. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the Office for Civil Rights' Region IV office.

We will take no retaliatory action against you if you make any complaints, whether to the Department-of Health and Human Services or us. We support your right to the privacy of your health information.

If you have questions about this Notice or any complaints about our privacy practices, please contact our Privacy Officer either by phone or in writing at:

PLEASANTDALE AMBULATORY CARE
61 D MAIN ST
WEST ORANGE, N.J. 07052
973-324-2280

Please acknowledge receipt of this information with your signature below:

Patient signature

Date

Effective Date: This Notice is effective on September 13, 2018