

**Updated April 11, 2003**  
**Notice of Privacy Practices**

Effective date: 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.** If you have any questions about this notice, please contact our privacy office at 609-601-9055.

Our commitment to your privacy: This office understands that information about you is personal and we are required by law to maintain the privacy of individual identifiable patient health information which is referred to as 'PHI'. This office creates and maintains a record of your protected health information regarding the care and services you receive here. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office.

**OUR OBLIGATIONS:** We are required to:

- \*Maintain the privacy of protected health information
- \*Inform you of our legal duties and practices regarding health information about you
- \*Follow the terms of our notice that is currently in effect

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:**

Described as follows are ways we may use and disclose health information that identifies you ("health information"). Except for the following purposes, we will use and disclose Health information only with your written permission. You may revoke such permission at any time by writing to one of our practice Privacy Officers (Office manager or administrator).

**Treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment related health care services. For example, we may disclose Health Information to doctors, nurses, technicians or other personnel including people outside our office who are involved in your medical care and need the information to provide you with medical care.

**Payment:** We may use and disclose health information so that others or we may bill and receive payment from you and the insurance company, or a third party for the treatment and services you received. For example, we may give your health plan information so that they will pay for your treatment.

**Health Care Operations:** We may use & disclose health information for health care operation purposes, disclosures are necessary to make sure that all of our patients receives quality care and to operate and manage our office. For example, we may use and disclose information to make sure that medical care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, our health plan) for their health care operations activities.

**Appointment Reminders:** Treatment alternatives and health related benefits and services. We may use and disclose Health information to contact you and to remind you that you have an appointment with us. We may also use and disclose Health Information to tell

you about treatment alternatives or health-related benefits and services that may be of interests to you.

**Individuals Involved in Your Care or Payment for your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster effort.

**Public Health Risks.** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent and control disease, injury or disability; report deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risks for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

**Research.** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take copy of any Health Information.

**\*SPECIAL SITUATIONS:**

As required by law. We will disclose Health Information when required to do so by International, federal, state or local law.

**Health Oversight Activities.** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities includes for example, audits, investigations, inspections and licensures. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may also release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons, or similar purposes. (2) Limited information to identify or locate a suspect, fugitive, material witness or missing person. (3) About a victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement.(4) About a death we believe may be a result of criminal conduct.(5) About criminal conduct on our premises, and (6) in an emergency to report a crime. The location of the crime, victims, or the identity, description or location of the person who committed the crime.

**To Avert a Serious Threat to Safety and Health.** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety of the

public or another person. Disclosures however will be, made only to someone who may be able to help prevent the threat.

**Business Associates.** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with the services. If the information is necessary for such functions or services. For example, we may use another company to perform laboratory services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Worker's Compensation.** We may release Health Information for worker's compensation or similar programs. These programs provide benefits for work related injuries or illness.

**Organ & Tissue Donation.** If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement; banking or transportation of organs, eyes, tissues to facilitate organ, eye or tissue donation and transplantation.

**Coroners, Medical Examiners and Funeral Directors.** We may release Health Information to a coroner or medical examiner. This may be necessary for example to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties and services.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) For the institution to provide your health care;(2) To protect your health and safety or the health and safety of others;(3) The safety and security of the correctional institution and it's personnel.

**Military & Veterans.** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release information to the appropriate foreign military authority if you are a member of a foreign military.

**National Security & Intelligence activities.** We may release Health information to the authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by the law.

**Protective Services For Presidents and Others.** We may disclose Health Information to authorized federal officials so they may provide protection to the president, other authorized persons, or foreign heads of state, or conduct special investigations.

**YOUR RIGHTS:** You have the following rights regarding Health Information we have about you:

**Right to inspect and copy.** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing to one of our Privacy Officers.

**Right To Request. Amendments.** If you feel that Health Information we have is incorrect or incomplete, you may asks us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To

request an amendment, you must make your request in writing, to one of our Privacy Officers.

**Right to an Accounting of Disclosures.** You have the right to request a lists of disclosures we made of Health Information for the purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request in writing to one of our Privacy Officers.

**Right to Request Restrictions.** You have the right to request restrictions on the Health Information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or a friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request in writing, to one of our Privacy Officers. We are not required to agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communication.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communication, you must make a written request to one of our Privacy Officers. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of this Notice.** You have the right to a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You can obtain the copy of this notice at our front desk. Changes To this Notice: We reserve the right to change this notice and make new notice pertaining to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. This notice will contain the effective date on top of the first page.

**Complaints.** If you believe your privacy have been violated. You may file a complaint with our office or with the Secretary of the Department of Health & Human Services. To file a complaint with our Office Manager, or administrator, all complaints must be made in writing. You will not be penalized for filing a complaint.

**Louis J. Rondinella, M.D.**  
**Privacy Officer**  
**647 Shore Road**  
**Somers Point, NJ 08244**

Or

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, S.W.**  
**Washington, D.C. 20201**

In summary: Your health and privacy rights will always be our concerns.

