

# NOTICE OF PRIVACY PRACTICES

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This notice describes how your health information may be used, disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

## PRIVACY PROMISE

I understand that your medical and health information is personal and that protecting this information is important to me. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

## UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit my practice, we make a record of your visit. Typically this record contains your health history, current symptoms, diagnosis, examinations, test results and treatments. We may use your health information to operate business and evaluate the quality of your care, conduct cost management and/or planning activities. It may also contain plans for future care and treatments are used as:

- Means of communication among health care professionals who contribute to your care. Such as a prescription, to order lab tests and/or to another health care provider.
- Legal document describing the care that you received.
- Means by which you or a third party payer can verify that the services billed were actually provided. We may use your information to obtain payment from an insurance company, you or third party payer. We may share your information with other providers/entities to assist in their billing and collection efforts.
- Tool in educating health professionals.
- Source of information for public health officials charged with improving the health of the nation.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

## YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD

Although your health records are the physical property of Garden State Pain and Radiology or the facility that compiled it, the information belongs to you. You have the right to:

- Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully, but we are not required to agree to any restriction.
- Request that we use specific telephone number or address to communicate with you.
- Inspect and obtain a copy of your health record upon written request. Fees may apply. We may deny you access to a portion of your health information, and you may request a review of the denial.
- Request corrections or additions to your health information.
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and excludes dates prior to April 14, 2003. The first accounting is free, but a fee will apply if more than one request is made in a 12-month period of time.
- Request a paper copy of this notice of privacy practices.
- Revoke your authorizations to use or disclose health information, except to the extent that action has been taken.

## NOTICE OF PRIVACY PRACTICES Continued...

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### OUR RESPONSIBILITIES UNDER THE FEDERAL PRIVACY STANDARD

My practice is required by law to:

- Maintain the privacy of your health information.
- Provide this notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.
- We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. You may request a copy of the changes from our office.

### WE MAY USE YOUR HEALTH INFORMATION TO:

- Recommend treatment alternatives.
- Tell you about health services and products that may benefit you.
- Share information with your family or friends involved in your care or payment of your care when appropriate.
- Remind you of appointments.
- Share information with third parties who assist us with treatment, payment, and health care operations. Our business associates must follow the privacy practices.
- Disclose your health information as required by federal, state and local law.

### SHARING YOUR HEALTH INFORMATION

In some limited situations, we are permitted or required to disclose health information without your signed authorization. **These situations are:**

- For public health purposes such as reporting communicable diseases, work-related illnesses or other diseases and injuries permitted by law. Reporting births, deaths, reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect or domestic violence.
- For health oversight activities such as investigations, audits and inspections.
- For lawsuits and similar proceedings.
- When requested by law or court order.
- For workers compensations or similar programs if you are injured at work.
- For coroners, medical examiners and funeral directors.
- For organ and tissue donation.
- For research under strict federal guidelines.
- To reduce or prevent serious threat to public health and safety.
- For government functions such as intelligence and national security.

All other uses and disclosures not described in this notice require your signed authorization. We have provided a place to write those names. You may revoke your authorization at anytime with a written statement.

### HOW TO GET MORE INFORMATION OR REPORT A PROBLEM

If you have questions and/or would like additional information, you may contact our office at 732-849-0077. If you feel your privacy rights have been violated, you can file a complaint with my office or with the Secretary of Health and Human Services. You will not be penalized for filing a complaint.