



## **NOTICE OF PRIVACY PRACTICES**

Effective August 21, 2006

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 speak to our Privacy Officer or call our Privacy Officer at (609) 279-1339.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability & Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

### **Acknowledgment of Receipt of This Notice**

You will be asked to provide a signed acknowledgment of receipt of this Notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information in accordance with law.

### **Our Duties to You Regarding Protected Health Information**

“Protected health information” is individually identifiable health information and includes demographic information (for example, age, address, etc.) and relates to your past, present or future physical or mental health or condition and related health care services. Our Practice is required by law to do the following:

- ❖ Keep your protected health information private;
- ❖ Present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- ❖ Follow the terms of the Notice currently in effect;
- ❖ Communicate to you any changes we may make in the Notice.

We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

**Required Uses and Disclosures** By law, we must disclose your health information to you unless it has been determined by a health care professional that it would be harmful to you. Even in such cases, we may disclose a summary of your health information to certain of your authorized representatives specified by you or by law. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services (HHS) for investigations or determinations of our compliance with laws on the protection of your health information.

**For Treatment** We may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, psychotherapist, or other person providing health services to you, will be recorded in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information from time to time to another physician or health care provider (for example, a psychotherapist, pharmacist or laboratory) who, at the request of your physician, becomes involved in your care. This includes pharmacists who may be provided information on others drugs you have been prescribed to identify potential interactions.



In emergencies, we will use and disclose your protected health information to provide the treatment you require.

**For Payment** We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We will continue to request your authorization to share your protected health information with your health insurer or third-party payer.

**For Health Care Operations** We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical and/or clinical staff, risk or quality improvement personnel and others to evaluate the performance of our staff; assess the quality of care and outcomes in your case and similar cases; learn how to improve our facilities and services; and determine how to continually improve the quality and effectiveness of the health care services we provide.

We may also use or disclose, as needed, your protected health information to support our daily activities related to providing health care, including billing and collection. For example, we may disclose your protected health information to a billing agency in order to prepare claims for reimbursement for the services we provide to you. We may call you by name in the waiting room when your physician is ready to see you.

We will share your protected health information with other persons or entities who perform various activities (for example, a transcription service) for our Practice. These business associates of our Practice will also be required to protect your health information. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about our Practice and our services.

**Appointments** We may use your information to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual. For example, we may contact you at your home telephone or cell phone number to remind you of your next appointment.

**Required by law** We may use and disclose information about you as required by law, for example, we may disclose information for the following purposes:

- ❖ For judicial and administrative proceedings pursuant to legal authority;
- ❖ To report information related to victims of abuse, neglect or domestic violence; and
- ❖ To assist law enforcement officials in their law enforcement duties.

**Public Health** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Communicable Diseases** We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other regulatory programs, or civil rights laws.

**Food and Drug Administration** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events; track products, enable product recalls; make repairs or replacements; or conduct post-marketing review, as required.

**Legal Proceeding** We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement** We may disclose protected health information for law enforcement purposes, including responses to legal proceedings; information requests for identification and location; and circumstances pertaining to victims of a crime.



**Coroners, Funeral Directors, and Organ Donations** We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donations.

**Research** We may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Threat to Health or Safety** Under applicable Federal and State laws, we may disclose your protected health information to law enforcement or another health care professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of you, any other person, or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission, including determination of fitness for duty; or to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information, under specified conditions, to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

**Workers' Compensation** We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

**Inmates** We may use or disclose your protected health information, under certain circumstances, if you are an inmate of a correctional facility.

**Parental Access** State laws concerning minors permit or require certain disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of this State (or, if you are treated by us in another state, the laws of that state) and will make disclosures following such laws.

**Other uses** Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent Aroga Medical Associates, PC has taken action in reliance on such.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

**Individuals Involved in Your Health Care** With your permission, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals in your health care.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You may exercise the following rights by submitting a written request to our Privacy Officer. Our Privacy Officer can guide you in pursuing these options. Please be aware that our Practice may deny your request; however, in most cases, you may seek a review of the denial.

**Right to Inspect and Copy** You may inspect and/or obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that our Practice uses for making decisions about you. This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. You will be charged a fee for a copy of your record and we will advise you of the exact fee at the time you make your request. We may offer to provide a summary of your information and, if you agree to receive a summary, we will advise you of the fee at the time of your request.



**Right to Request Restrictions** You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing to our Privacy officer. In your request, you must tell us:

- ❖ what information you want restricted;
- ❖ whether you want to restrict our use or disclosure, or both;
- ❖ to whom you want the restriction to apply, for example, disclosures to your spouse; and
- ❖ an expiration date.

If we believe that the restriction is not in the best interests of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment.

You may revoke a previously agreed upon restriction, at any time, in writing.

**Right to Request Alternative Confidential Communications** You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

**Right to Request Amendment** If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

**Right to an Accounting of Disclosure** You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures no more than six years prior to the date of your request. The right to receive this information is subject to additional exceptions, restrictions and limitations as described earlier in this Notice.

**Right to Obtain a Copy of this Notice** You may obtain a copy of this Notice from us by requesting one or view it or download it electronically at our Practice's website at [www.arogaonline.com](http://www.arogaonline.com).

**Complaints** If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services' Office for Civil Rights. We will provide their address upon your request. No retaliation will occur against you for filing a complaint.

#### **CONTACT INFORMATION**

You may contact our Privacy Officer for further information about our complaint process or for further explanation of this Notice of Privacy Practices. Please contact: Edward Bilotti, MD, Aroga Medical Associates, PC, 188 Tamarack Circle, NJ 08558 • Phone: (609) 279-1339

This Notice is effective in its entirety as of August 21, 2006.