

CENTER FOR DIGESTIVE DISEASES, P.A.

NOTICE OF PRIVACY PRACTICES

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.

Effective: April 14, 2003

Your Health Information

Your health information is protected under federal and state law. Your health information includes information we maintain in our medical and billing records, such as information about your symptoms, test results, diagnosis and treatment, and information concerning your insurance coverage and the billing and payment for products and services we provide.

Our Legal Duty

We are required by law to maintain the privacy and confidentiality of your health information, to provide you with this notice of our legal duties and privacy practices with respect to your health information, and to abide by the terms of the most current form of this Notice.

Changes to this Notice

We may change the terms of this Notice from time to time to comply with changes in the law or to reflect other changes we may make to our privacy practices. The changes we make will apply to all health information we maintain. We will prominently display the revised notice at our offices, and on our website. We also will make a printed copy of the revised notice available to you upon your request.

How We May Use or Disclose Your Health Information

We may use and disclose your health information without your consent or authorization for treatment, payment, health care operations and certain other purposes permitted or required by law as described in greater detail below.

1. **For Treatment Activities.** We may use and disclose your health information to provide you with treatment and other medical services. For example, our staff will record health information about you in our medical records and will use this information to make a diagnosis and to determine an appropriate course of treatment. Our staff also may disclose your health information to other health care providers who consult with us or who otherwise participate in your care, including other physicians, hospitals or other facilities, and pharmacists.

2. **For Payment Activities.** We may use and disclose your health information for our payment activities and for the payment activities of other health care providers who consult with us or who otherwise participate in your care. As part of our payment activities, you will be asked to designate authorized representatives for payment purposes, including health benefit plans in which you participate and other individuals or entities responsible for or otherwise involved with payment for your medical care. Our payment activities may include, for example, submitting bills, claims and supporting documents to you, to your insurance company or to other authorized representatives in order to collect fees for the products and services we provide. Such activities also may include the review of medical and billing records by your health benefit plan for pre-authorizations and concurrent and retrospective reviews of the products and services we provide or recommend.

3. **For Health Care Operations.** We may use and disclose your health information for our health care operations, and for certain health care operations of other health care providers who consult with us or who otherwise participate in your care. For example, we may use your health information in assessing the quality of care we provide, in training our staff, and for business planning and general management activities.

4. **For Other Purposes Permitted or Required by Law.**

Required by Law. We may use or disclose your health information when we are required to do so by law. For example, we may disclose your health information to the United States Department of Health and Human Services so that the agency can verify our compliance with the federal privacy laws, and we may disclose your health information to the proper authorities to report information related to victims of abuse, neglect or domestic violence, or information related to certain injuries.

Public Health and Safety. We may use or disclose your health information as necessary to avert an imminent threat to your health or safety, or to the health or safety of others. We may disclose your health information to public health authorities or other appropriate government authorities to prevent or to control disease, injury, or disability by reporting vital statistics and occurrences of certain diseases and certain adverse events.

Health Oversight Activities. We may disclose your health information to certain health oversight organizations, such as the New Jersey Department of Health and Senior Services or the United States Department of Health and Human Services, to assist in investigations, inspections, licensure or disciplinary actions related to the health care system, eligibility for government programs and other regulatory compliance.

Judicial and Administrative Proceedings: Law Enforcement. We may disclose your health information for judicial and administrative proceedings and for law enforcement purposes, but may do so only pursuant to your authorization, or an order of a court or administrative tribunal or competent jurisdiction, or a subpoena issued by the New Jersey Board of Medical Examiners or the New Jersey Office of the Attorney General, or as otherwise required by law.

Death; Organ Donation. We may disclose your health information to funeral directors, coroners or medical examiners to enable them to carry out their duties. We may, as applicable, use or disclose your health information to organ procurement organizations to facilitate organ donations and transplants.

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

Special Government Functions. We may use or disclose your health information for special government functions. We may use or disclose health information of armed forces personnel for activities deemed necessary by the appropriate military authority. We may disclose your health information to authorized federal officials for national security and intelligence activities, and for the protection of public officials.

Worker's Compensation. We may disclose your health information as may be required to comply with the laws and regulations related to workers' compensation and other similar programs that provide benefits for work-related injuries or illnesses.

Family and Friends. We may disclose health information to your family members, other relatives or friends, or other individuals that you may identify, to the extent that the disclosure is directly relevant to their involvement with your care or payment related to your care, but only if we provide you with an opportunity to consider the disclosure and you do not object, or if under the circumstances we reasonably infer that you do not object to the disclosure. We also may disclose your health information as described above if you are unable to agree or to object, such as due to your injury or illness, or in the case of an emergency, but only if we determine that the disclosure is in your best interest based upon our professional judgment. Finally, we may use or disclose your health information to notify your family members, other relatives or friends of your location, general condition or death.

Appointments; Information. We may use your health information to contact you as a reminder that you have an appointment, or to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

5. **Your Authorization.** All uses and disclosures of your health information not otherwise described above will only be made with your written authorization on a form that we provide (or on another form that contains all of the information required by law). You have the right to revoke your authorization at any time, except that the revocation will not apply to any use or disclosure we made before the revocation.

Your Individual Rights

You have the following rights regarding the health information we maintain about you. You should contact our Privacy Officer as noted below to answer any questions about your rights or to request the required forms.

6. **Request Restrictions.** You may request that we place additional restrictions on the use or disclosure of your health information. Your request must be made in writing, and our agreement may only be given in writing. We are not required by law to agree to your request, but if we do agree to the additional restrictions, we will abide by them except in the event of an emergency.

7. **Confidential Communications.** You may request that we communicate with you confidentially through alternative means or at alternative locations. For example, you may request that we call you only at work or at a location other than your home. Your request must be made in writing, and we will accommodate all reasonable requests.

8. **Inspection and Copies.** Subject to certain limited exceptions, you have the right to inspect and to obtain a copy of your health information that we maintain in our medical and billing records. During any appointment for diagnostic or treatment services, you will be permitted to review the medical records utilized by your treating physician. At any other time, for any other health information that we maintain in our records, or for a copy of your health information, you must submit a request in advance and in writing. We may charge you a reasonable fee for the copy, for postage, and if requested, for preparation of a summary.

9. **Amend Information.** You may request that we amend your health information that we maintain in our medical and billing records. You must submit your request in writing on a form we provide, and you must explain why the health information should be amended. We may deny your request if we did not create the health information in question, or if we believe that the health information is accurate and complete, or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be added to the information you sought to change. If we accept your request, we will make reasonable efforts to inform others that you or we identify as having previously received the health information in question, and to include the changes in any future disclosures of that information.

10. **Accounting.** You have the right to request an accounting of certain non-routine disclosures of your health information, including the date of the disclosure, the identity of the person or entity that received the information, a description of the information disclosed and the purpose of the disclosure. The accounting will not include information about disclosures we are not required to track, such as for treatment, payment and health care operations, for disclosures made pursuant to your authorization, or for disclosures made before April 14, 2003 or made more than six years before your request. Your request for an accounting must be submitted in writing.

11. **This Notice.** You have the right to receive a paper copy of this Notice upon request.

Complaints

You may submit a complaint to our Privacy Officer and to Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. We support your right to protect the privacy of your health information and will not retaliate against you for filing a complaint. You must submit your complaint to our Privacy Officer in writing. You may hand deliver the complaint at our offices in an envelope addressed to the attention of the Privacy Officer, or you may mail the complaint to our Privacy Officer at the address noted below. Complaints to the Secretary should be mailed to Region II, Office of Civil Rights, United States Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza – Suite 3312, New York, New York 10278.

Contact Person

If you have any questions about this Notice or your privacy rights you may contact our Privacy Officer at the following telephone number and office address:

Komathi Muthusamy
Privacy Officer
695 Chestnut Street, Union, New Jersey 07083
(908)688-6565 ext. 237

CENTER FOR DIGESTIVE DISEASES, P.A.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received a copy of Center for Digestive Diseases, P.A.'s Notice of Privacy Practices, and that Center for Digestive Diseases, P.A. may use and disclose my health information as described in the Notice.

Signature of Patient (or Personal Representative)

Date: _____

Print Name of Patient (or Personal Representative)

Relationship of Personal Representative