

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

Your Information, Your Rights, Our Responsibilities

Your Information

How We May Use and Disclose Medical Information About You

Treatment

- We can use your health information and share it with other professionals who are treating you.

Payment

- We can use and share your health information to bill and get payment from health plans or other entities.

Health Care Operations

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Appointment Reminders, Treatment Alternative, Health-Related Benefits and Services

- We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or medical care, or to contact you to tell you about possible treatment options and health-related benefits and services that may be of interest to you.

Assist with Public Health and Safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

For Research

- We can use or share your information for health research

As Required By Law

- We will disclose medical information about you when required to do so by federal, state or local law

Respond to Organ and Tissue Donation Requests

- We can share health information about you with organ procurement organizations

Work with Coroner, Medical Examiner, or Funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies

Address Workers' Compensation, Law Enforcement, and Other Government Requests

- We can use or share health information about you
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Military and Veterans

- If you are a member of the armed forces of the United States or another country, we may release medical information about you as required by military command authorities

Respond to Lawsuits and Legal Actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

Special Privacy Protections

- If your medical information includes HIV-related information, alcohol or substance abuse, mental health or genetic information, special protections may apply to such information and you can contact us if you have any questions

Other Uses of Medical Information

- Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made with your written authorization, on an NJU authorization form. You may revoke such an authorization by writing us, and such revocation will be effective to the extent that we have not already released the information pursuant to the authorization or otherwise taken action in reliance on the authorization

Fundraising and Other Events

- We may contact you for fundraising efforts, but you can tell us not to contact you again
- We never share your information unless you give us written permission for marketing purposes, sale of your information, and most sharing of psychotherapy notes

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Right to Inspect and Copy

- You can request to see or get an electronic or paper copy of your medical record and other health information we have about you. This right does not include psychotherapy notes, information compiled for use in a legal proceeding, or certain information maintained by laboratories.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Right to Request Amendments

- You can request us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Right to Request Confidential Communications

- You can request us to contact you in a specific way (for example, home or office phone) or to send mail to different address.
- We will say "yes" to all reasonable requests.

Right to Request Restrictions

- You can request us not to use or share certain health information to someone who is involved in your care or the payment of your care, such as a family member or friend.
- If you pay for a service or health care item out-of-pocket in full, you can request us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say "yes" unless a law requires us to share that information.

Right to an Accounting of Disclosures

- You can request for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within the same 12 month period.

Right to a Paper Copy of this Notice

- You can request for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Right to Choose Someone to Act For You

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Right to be Notified of a Breach

- In the event of a breach of your Protected Health Information as defined by the Department of Health and Human Services (HHS), you will be notified by us in a manner specified by HHS.

Right to File a Complaint

- You can file a complaint if you feel we have violated your rights by contacting us or the US Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Our Responsibilities

- **We are required by law to maintain the privacy and security of your protected health information**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind**
- **We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office or website**