PRIVACY NOTICE

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.

This Privacy Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. We must follow the privacy practices described in this Notice while it is in effect. We reserve the right to change the terms of this Notice and to make the new Notice effective for all future protected health information we maintain. We will post the most current Notice and make the new Notice available to anyone. You may request a copy of current Notice at any time. This Privacy Notice also describes your rights to access and control your Aprotected health information@ which is health information that is created or received by your health care provider.

Uses and Disclosures of Protected Health Information

We will use and disclose health information to provide treatment, obtain payment, and conduct health care operations.

1. **Treatment:** To provide and coordinate your health care. For example, we may disclose protected health information to physicians or other health care professionals who may be treating you or consulting with us. Examples include your physicians, anesthesia provider, or pharmacist.

2. **Payment:** To obtain payment for the services. This may include contact with your insurance company to get the bill paid and to determine benefits of your health plan. We may also disclose information to another provider involved in your care so the provider can get paid. For example, we may give information to anesthesia providers so they can contact your insurer about payment for their services.

3. **Operations**: To perform our own health care activities such as quality assessment and improvement, licensing or credentialing, and general business administration.

4. **Other Uses and Disclosures**: To remind you of appointments or to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your healthcare, or to notify family or others involved in your care concerning your location or condition. You may object to these disclosures. If you do not or cannot object, we will use our professional judgment to make reasonable assumptions about to whom we can make disclosures.

5. **Other Uses and Disclosures Permitted:** to comply with laws and regulations.

A. **When Legally Required** by any federal, state or local law.

B. **When There Are Risks to Public Health** such as:

* To prevent, control, or report disease, injury or disability as required or permitted by law.
* To report vital events such as birth or death as required by law.
* To conduct public health surveillance, investigations and interventions as required by law.
* To collect or report adverse events and product defects, track Food and Drug Administration (FDA) regulated products, enable product recalls, repairs or replacements and review.
* To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.
* To report to an employer information about an individual who is a member of the workforce as legally permitted or required.

C. **To Report Suspected Abuse, Neglect Or Domestic Violence** as required by law.

D. **To Conduct Health Oversight Activities** such as audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensing or disciplinary actions; or other activities necessary for appropriate oversight as required or authorized by law.

E. **In Connection With Judicial And Administrative Proceedings** such as in the course of any judicial or administrative proceeding.

F. **For Law Enforcement Purposes.** Examples are:

* As required by law for reporting of certain types of wounds or other physical injuries.
* Upon court order, court-ordered warrant, subpoena, summons or similar process.
* For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
* Under certain limited circumstances, when you are the victim of a crime.
* To law enforcement if there is concern that your health condition was the result of criminal conduct.
* In an emergency to report a crime.

G. **For Organ Donation or to Coroners or Funeral Directors** such as for organ, eye or tissue donations; identification purposes; performing other duties authorized by law.

H. **For Research Purposes** when the use or disclosure for research has been approved by an institutional review board that

has reviewed the research proposal and research protocols to address the privacy of your protected health information.

I. **In the Event of a Serious Threat to Health or Safety** and consistent with applicable law and ethical standards of conduct, if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat. to your health or safety or to the health and safety of the public.

J. **For Specified Government Functions** relating to military and veterans activities, national security, protective services, medical suitability determinations, correctional institutions, and law enforcement situations.

K. **For Worker's Compensation** to comply with worker's compensation laws or similar programs.

PATIENT RIGHTS

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action based upon the authorization. At the end of this Privacy Notice is information about how to contact the Privacy Officer to request information, copies, express concerns, complain, or authorize additional uses and disclosure of your health information.

YOU HAVE THE RIGHT TO:

1. **See and copy your medical records** and other records used to make treatment and payment decisions about you. There are some limitations, based upon the federal law. You must submit a written request. We may charge you a fee for copying, mailing or incurring other costs in complying with your request. We may deny your request to see or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger life or safety of you or another person. You have the right to request a review of this decision.

2. **Request a restriction on uses and disclosures of your protected health information.** The facility is not required to agree to a restriction and we will notify you if we deny your request. If the facility does agree to the requested restriction, we will abide by this agreement unless use or disclose of the information becomes essential to provide emergency treatment.

3. **The right to request to receive confidential communications by alternative means or at an alternative location**. You have the right to request that we communicate with you in certain ways. We will not require you to provide an explanation for your request. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

4. **The right to request we amend your protected health information.** A request for an amendment must be in writing and it must explain why the information should be amended. Under certain circumstances, we may deny your request.

5. **The right to receive an accounting of disclosures.** You have the right to request an accounting of how we or our business associates disclosed your protected health information for purposes other than treatment, payment or health care operations. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing. We are not required to provide an accounting for disclosures that occurred prior to April 14, 2003 or for periods of time in excess of six years. The first accounting you request during any 12-month period will be without charge. Additional accounting requests may be subject to a reasonable fee.

6. The right to obtain a paper copy of this notice at any time.

COMPLAINTS

You have the right to express complaints to the facility if you believe that your privacy rights have been violated. We encourage you to express any concerns you have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may complain to the facilities Privacy Officer in person, by phone, or in writing. You also have the right to express complaints to the Secretary of the United States Department of Health and Human Services.

CONTACT PERSON

TO MAKE REQUESTS, TO LEARN MORE, TO FILE A COMPLAINT, OR TO EXPRESS CONCERNS, PLEASE CONTACT THE PRIVACY OFFICER. YOU MAY MAKE CONTACT IN PERSON, BY PHONE, OR IN WRITING.

ATTENTION:
Jeanette Chietero, Administrator of Business Operations
500 North Franklin Turnpike
Ramsey, NJ 07446
(201) 995-9975