

Essex Pediatrics/ Pediatrics of Morristown

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- I. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.
- II. We have a legal duty to safeguard our protected health information (PHI). We are legally required to protect the privacy of your health information or PHI. It includes information that can be used to identify you and that we've created or received about you past, present or future health condition, the provision of health care to you, or the payment for this health care. We are required to provide you with this notice about our privacy practices. We are legally required to follow the privacy practices that are described in this notice. We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the changes we already have. Whenever we make an important change to our policies, we will promptly change this notice and post anew notice in our main reception area.
- III. How we may use and disclose your PHI. We may use and disclose your PHI without your authorization for the following reasons:
 - For treatment. We may disclose your PHI to hospitals, physicians, nurses, and other health care personnel in order to provide, coordinate, or manage your health care or any related services.
 - To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you.
 - For health care operations. We may disclose your PHI, as necessary, to operate this facility and provide quality care.
 - Whenever we are required to do so by law.
 - For the purpose of Public Health Activities, such as prevention of disease, injury, or disability.
 - Whenever we are required or voluntarily decide the need to report this information to government agencies in cases of abuse, neglect, or domestic violence.
 - For health oversight activities (for instance state insurance or health departments) as authorized by law.
 - In response to any judicial or administrative order, such as in response to a warrant, to identify or locate a suspect, or to provide information about victims of crime.
 - To coroners, funeral directors, and for organ donation so their duties may be carried out safely and to preserve their purposes.
 - For research, under circumstances where certain measures have been taken to protect your privacy.
 - For special government functions involving intelligence and national security.
 - To comply with state workers' compensation laws.
 - To avert serious threat to health or safety to you or others.
 - To provide appointment reminders. Please let us know if you do not wish to have us contact you for these purposes, or if you would rather we contact you at a different telephone number or address.All other uses and disclosures require your prior written authorization. Other than as stated above, we will not disclose your PHI without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.
- IV. What rights you have regarding your PHI. You have the following rights with respect to your PHI:
 - You have the right to request in writing that we limit how we use and disclose your PHI. You may not limit the uses and disclosures that we are legally required to make. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. Under certain circumstances, we may terminate our agreement to a restriction.
 - You have the right to ask that we send information to you at an alternate address or by alternate means. We must agree to your request so long as we can easily provide it in the manner you requested.
 - In most cases, you have the right to look at or get copies of your PHI that we have but you must make the request in writing. We will respond to you within 30 days. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing, and other costs incurred by us in complying with your request. Instead of the PHI, we may provide you with a summary or explanation of the PHI, as long as you agree to that and to the cost in advance.
 - You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures made for purposes of treatment, payment, or healthcare operations, those made pursuant to your written authorization. The list also will not include uses and disclosures made for national security purposes. Your request must be written and state the period of time for which you want an accounting. The time period may not be longer than six years prior to the date of your request or for any period prior to 01/01/2015. We will provide one list during any 12 month period without charge. Subsequent requests may be subject to a reasonable fee.
 - If you feel any of your PHI maintained by us is incorrect or incomplete, you have the right to request the information be amended. This request must be written, and must state the reasons you feel a change is necessary. We will respond within 60 days of receiving your request. We can deny your request if the information was not created by us or if it is already accurate or complete. If we deny your request, we will notify you in writing. You can then submit a written statement of disagreement, and we can make a rebuttal, all of which will be included in and be made part of your records.
- V. How to complain about our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the Department of Health and Human Services. All complaints must be made in writing and sent to our offices at the address listed below. You will not be retaliated against for filing a complaint. We want to know so that we can take steps to prevent future occurrences.
- VI. Contact address. Any questions, complaints, or requests concerning this notice should be addressed to R. Zambrano, HIPAA Compliance Officer, 26 Baldwin Street, E. Orange, NJ 07017

I acknowledge receipt of written notice entitled Pediatrics Of Morristown Notice of Privacy Practices. I understand that it is my responsibility to review it carefully.

(Patient or Parent/Guardian) X _____