

Notice of Privacy Practices:

THE POSTING OF THIS "HIPAA" NOTICE IS REQUIRED BY FEDERAL LAW, AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a Federal program that requests that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, the right to understand and control how your "Protected Health Information" (PHI) is used. HIPAA provides penalties for covered entities that misuse personal health information.

WE MAY USE AND DISCLOSE YOUR MEDICAL RECORDS ONLY FOR THE FOLLOWING PURPOSES: TREATMENT, PAYMENT, AND HEALTH CARE OPERATION.

- Treatment means providing, coordinating, or managing health care and related services by one or more healthcare providers.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collections activities, and utilization review.
- Health Care Operations include business aspects of running our practice, such as conducting quality assessments and improving activities, auditing functions, cost management analysis, and customer service.
- The practice may also be required to disclose your PHI for law enforcement.

THE FOLLOWING OFFICE POLICIES ARE LISTED FOR YOUR UNDERSTANDING:

- Payments will be taken directly by your practitioner. Scheduling will be done by your practitioner or Traci Zelisky.
- Patient demographic and medical data will be collected at the time of your visit.
- It is common that we contact you, by phone or via the patient portal to provide appointment reminders.
- All receipts ("superbills") for office visits may be shared with the office staff in order to handle insurance claim issues and record business transactions for tax purposes.
- Any paper trash with patient information will be shredded prior to discarding it.
- Patient information is not to be discussed or revealed to any person(s)/business(es) outside of the office setting without prior written consent by the patient/legal guardian.
- Medical release forms are required to be signed by the individual or parent/guardian in order to release any medical information to medical offices, insurance companies, or to any other desired location. A copying charge may apply for extensive record copying.
- All medical related conversations will occur in private.
- All papers related to patient care will be stored in cabinets when not in use where only authorized medical staff has access to them.

YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR “PROTECTED HEALTH INFORMATION” (PHI):

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures of family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to honor a request restriction (except in limited circumstances which we shall explain if you ask). If we do agree to the restriction, we must abide by it unless you agree in writing to remove it.
- The right to receive confidential communications of PHI by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI.
- The right to receive an accounting of disclosures of your PHI.
- The right to obtain a paper copy of this notice from us upon request.
- The right to be advised if your PHI is intentionally or unintentionally disclosed.

If you have paid for services “out of pocket,” in full and in advance, and you request that we not disclose PHI related solely to those services to a health plan, we will accommodate your request, except where we are required by law to make a disclosure.

We are required by law to maintain the privacy of your Protected Health Information and to provide you the notice of our legal duties and our privacy practice with respect to PHI.

This notice is effective as of September 23, 2013 and it is our intention to abide by the terms of the Notice of Privacy Practices and HIPAA Regulations currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new notice provision effective for all PHI that we maintain. We will post and you may request a written copy of the revised Notice of Privacy Practice from our office.

You have recourse if you feel that your protections have been violated by our office. You have the right to file a formal, written complaint with office and with the Department of Health and Human Services, Office of Civil Rights.

Traci Zelinsky is available to address any privacy concerns and may be reached by telephone at 609-924-0496, in person or via our patient portal.

THIS OFFICE WILL MAKE EVERY EFFORT TO RESPECT AND HONOR YOUR PRIVACY.

PLEASE LET US KNOW IF YOU HAVE ANY CONCERNS.