

UROLOGICAL ASSOCIATES OF CENTRAL JERSEY

2177 Oak Tree Road

Suite 210

Edison, NJ 08820

Tel: (908) 754-2100 Fax: (908) 756-0027

Notice of Privacy Practice

This notice describes how medical information about you may be used to disclosed and how you can get access to this information. Please review it carefully.

HOW IS PATIENT PRIVACY PROTECTED?

At UACJ, we understand that information about you and your health is personal. Because of this, we continually strive to maintain confidentiality and to safeguard your information through administrative, physical and technical means, and otherwise abide by applicable federal and state guidelines. UACJ will never sell your health information unless you have authorized us to do so.

HOW DO WE USE AND DISCLOSE HEALTH INFORMATION?

When you visit UACJ, we use and disclose your health information for the normal business activities that the law sees as falling in the categories of treatment, payment and health care operations. Below we provide examples of those, although not every use or disclosure falling in these categories is listed:

Treatment- We keep a record of each visit and/or admission. This record may include your test results, diagnosis, medications, and your response to medications and other therapies. We disclose this information so that doctors, nurses, and other staff and entities such as laboratories can meet your needs. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes slows the healing process. The doctor may tell the dietician that you have diabetes so that we can arrange the appropriate meal for you.

Payment- We document the services and supplies you receive at each visit or admission so that you, your insurance company or another third party can pay us. We may tell your health plan about upcoming treatments or services that require its prior approval. For example, we may need to give your health plan information about surgery you are to receive at the facility so your health plan will pay us or reimburse you for the surgery.

Health Care Operations- Health information is used to improve the services we provide, to train staff and students, for business management, quality improvement, and for customer services. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

However, we may be required to, or may choose to, limit the amount of health information we use or disclose about you for purposes of treatment, payment or health care operations.

WE MAY ALSO USE AND DISCLOSE YOUR HEALTH INFORMATION TO:

- ❖ Comply with federal, state, or local laws that require disclosure.
- ❖ Assist in public health activities such as tracking disease or medical devices.
- ❖ Inform authorities to protect victims of abuse or neglect.
- ❖ Comply with federal and state health oversight activities such as fraud investigations.
- ❖ Respond to law enforcement officials or judicial orders, subpoenas or other process orders.
- ❖ Inform coroners, medical examiners, and funeral directors of information necessary for them to fulfill their duties.

- ❖ Facilitate organ and tissue donation or procurement.
- ❖ Conduct research following internal review to ensure the balance of private and research needs.
- ❖ Avert a serious threat to health or safety.
- ❖ Assist in specialized government functions, such as national security, intelligence and protective services.
- ❖ Inform military and veteran authorities if you are an armed forces member (active or reserve).
- ❖ Inform correctional institutions if you are an inmate.
- ❖ Inform workers' compensation carriers or your employer if you are injured at work.
- ❖ Recommend treatment alternatives.
- ❖ Communicate with other providers, health plan, or their related entities for their treatment or payment activities, or health operations activities that related to quality assessment or licensing.
- ❖ Provide information to other third parties whom we do business such as medical records transcription services. However, you should know that in these situations, we require third parties to provide us with assurances that will safe guard your information.

WE MAY ALSO USE OR DISCLOSE YOUR PERSONAL OR HEALTH INFORMATION FOR THE FOLLOWING OPERATIONAL PURPOSES:

- ❖ Include you on the inpatient list for callers or visitors if you are admitted.
- ❖ Communicate with individuals involved in your care or payment for that care such as friends and family, as provided by your permission.
- ❖ Send appointment reminders.

You may tell our office that you do not want us to use your information for the above purposes. Other uses and disclosures may only be done with your written authorization. You may revoke such authorization but we are unable to take back disclosures made in reliance on your authorization and this will not affect prior disclosure.

WHAT ARE UACJs RESPONSIBILITIES?

UACJ is required by law to:

- ❖ Maintain the privacy of your health information
- ❖ Provide this notice of our duties an privacy practices
- ❖ Abide by the terms of the notice currently in effect
- ❖ Notify you if there has been a loss of your health information
- ❖ In most cases, we will need to obtain an authorization from you before we disclose psychotherapy notes related to you, or before we use your health information to provide you with information on products or services that you might be interested in but that are not related to your treatment.

We reserve the right to change privacy practices, and make the new practices effective for all the information we maintain. Revised notices will be posted in our office and we will offer you a copy when you receive services.

DO YOU HAVE ANY FEDERAL RIGHTS?

- ❖ The law entitles you to: Inspect and copy certain portions of your medical record. If we keep the information electronically, you may request an electronic copy of that information, and we will provide it to you in that form if it is feasible for us to do so. We may deny your request under limited circumstances. (1,2). This may not include psychotherapy notes and we may deny your request under limited circumstances.
- ❖ Request amendment of your health information if you feel that the health information is incorrect or incomplete. (1,3)
- ❖ Receive an accounting (a listing) of certain disclosures or your health information
- ❖ Request that we restrict how we use or disclose your health information. (However, we may not be required to agree with your requests, unless the request restricts disclosures to a health plan for

purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service you fully pay for out of pocket.) (1,3)

- ❖ Request that we communicate with you at a specific telephone number or address. (1)
- ❖ Obtain a paper copy of this notice, even if you receive it electronically.

1 = must be in writing

2 = fees may apply

3 = Federal Law may not require that UACJ abide by your request.

WHAT IF I HAVE A COMPLAINT?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services. We will not retaliate or penalize you for filing a complaint.

To file a complaint with us contact:

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To file a complaint with the Secretary contact:

OFFICE FOR CIVIL RIGHTS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Jacob Javits Federal Building

26 Federal Plaza, Suite 3312, New York, NY 10278