



**NEW JERSEY
NECK & BACK
INSTITUTE, P.C.**

NOTICE OF PRIVACY PRACTICES

Patient Health Information: Under Federal Law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. Your health information also includes payment information and insurance information.

How We Use Your Patient Health Information: We use health information about you to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care you receive. Under certain circumstances, we may be required to use or disclose the information even without your permission.

Examples of Treatment, Payment and Health Care Operations: **Treatment:** We will use and disclose your health information to provide you with medical treatment or services, For example, physicians, nurses and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment such as pharmacists who are filling your prescriptions and to family members who are helping with your care. **Payment:** We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payment from your health insurance. **Health Care Operations:** We will use and disclose your healthcare information to conduct our standard internal operations, including proper administration of records, evaluation of quality of treatment, and to assess the care and outcomes of your case and others like it. **Special Uses:** We may use your information to contact you with appointment reminders. We may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Additionally, we may contact you via telephone and leave a message regarding any health services you may have rendered. **Other uses and Disclosures:** We may use or disclose identifiable health information without your permission for the following purposes: **REQUIRED BY LAW:** We may be required by law to report gunshot wounds, suspect abuse or neglect or similar injuries or events. **RESEARCH:** We may use or disclose information for approved medical research. **PUBLIC HEALTH ACTIVITIES:** As required by law, we may disclose vital statistics, diseases, information related to recall of dangerous products, and similar information to public health authorities. **HEALTH OVERSIGHT:** We may be required to disclose information to assist in investigations and audits, eligibility for government programs and similar activities. **Judicial and administrative proceedings:** We may disclose information in response to an appropriate subpoena or court order. **LAW ENFORCEMENT PURPOSES:** Subject to certain restrictions, we may disclose information required by law enforcement officials. **DEATHS:** We may report information regarding deaths to coroners, medical examiners, funeral directors and organ donation agencies. **Serious Health Threat to Safety:** We may use and disclose information when necessary to prevent a serious threat to your health and safety of the public or another person. **MILITARY and SPECIAL GOVERNMENT FUNCTIONS:** If you are a member of the armed forces, we may release information to correctional institutions or for national security purposes. **WORKER'S COMPENSATION:** We may release information about you for worker's compensation or similar programs providing benefits for work related injuries or illness. If any other situation, we will ask for your written authorization before using or disclosing any identifiable health information, you can later revoke that authorization to stop further uses and disclosures.

Individual Rights: You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate form for exercising these rights. **REQUEST RESTRICTIONS:** You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restriction, but if you do agree, we must abide by those restrictions. **CONFIDENTIAL COMMUNICATIONS:** You may ask us to communicate with you confidentially by, for example, sending notices to a special address or not using reminders for appointments. **INSPECT AND OBTAIN COPIES:** In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for these copies. **AMEND INFORMATION:** If you believe information in your record is incorrect, or if information is missing, you have the right to request that we correct the existing information or add missing information. **ACCOUNTING OF DISCLOSURE:** You may request a list of instances where we have disclosed information about you for reasons other than treatment, operations or healthcare operations. **OUR LEGAL DUTY:** We are required by Law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information and to abide by the terms of the Notice currently in effect. **CHANGES OF PRIVACY PRACTICES:** We may change our policies at any time. Before making a significant change to our policies, we will change the Notice and post it in our waiting area and examination rooms. You can also request a copy by contacting the person listed below. **COMPLAINTS:** If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You may also send a written complaint to the US Department of Health and Human Services. The contact on this form will provide you with the address upon request. You will not be penalized in any way for filing a complaint. **CONTACT PERSON:** If you have any questions, requests or complaints, please contact: **Bill Febus, Practice Administrator, 3131 Princeton Pike, Bldg. 6, Ste. 106, Lawrenceville, NJ 08648 609-896-0020**

I _____ hereby acknowledge receipt of the Notice of Privacy Practices given to me.

Signed: _____

Date: _____

Staff Witness: _____

Date: _____