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Notice Of Privacy Practices

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 notice is effective as of April 14, 2003.

PURPOSE OF THIS NOTICE

We understand that the privacy of your health information is very important to you. It is also important to us. In the normal course of your treatment in this office a record of your care is generated. This is done in order to provide you with the best quality of care. It is also done in order for us to be in compliance with the legal requirements of providing you with that quality care.

This information below details the protections we provide you regarding the personal health information we keep. It also describes the ways that we may use and share this health information in accordance with Federal and State laws. This notice also details your rights regarding your personal health information that is kept in this office.

OUR LEGAL RESPONSIBILITIES

We are required by law to keep your medical information private. The only exceptions are for the purposes permitted by law, or for the specific purposes that you give your permission for.

We are required to give you this notice that details our privacy practices, our responsibilities, and your rights regarding health information we are required to keep about you.

We are bound by the terms of this notice and must comply with all of the provisions contained in it. We may change our privacy policies periodically, in accordance with the law, or in response to changes in the law. These changes, once in effect, will pertain to all health information we keep, even the information obtained prior to any changes that we may make.

If changes in our privacy policy are made, we are bound to change our notice, post it conspicuously, and make the new notice available to you on request.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI)

Your health information may periodically be released to others. The following details the circumstances under which these disclosures may occur. All of the disclosures described are in compliance with the Privacy Rule.

Your health information may be released in order to provide you with treatment or other health related services. We may release information about you to doctors, nurses, hospitals, or other persons that are caring for you.



Example: You are referred from this office to a specialist for a particular health problem that has arisen. The doctor that will be treating you will need the information pertaining to why you are being referred for evaluation and/or treatment.

Your health information may be released in order to obtain payment for the services rendered in this office.

Example: The insurance covering your treatment may request information about your condition, the services rendered or proposed in order to determine their payment obligations.

Your health information may be released for our health care operations. This includes our ability to measure and improve the quality of care by analyzing the types of care given, in order to properly evaluate the performance of our employees in order to conduct employee training, and possibly for accreditation, licensure, or certification or our credentials necessary to serve you.

Example: In order to properly evaluate an employee's performance, it may be necessary to have individual patient files reviewed to ensure that the employee gave proper service to you.

OTHER USES AND DISCLOSURES

Uses and disclosures other than the ones states above are sometimes necessary. Below are the other circumstances that may occur with details about each.

In the normal course of our operations we may mail or call you regarding appointment reminders, birthday and/or holiday cards, or to convey other information to you. If you do not wish to receive these communications, or would like to request that you be contacted at an alternate address or phone number, provide that request in writing to the contact person listed at the end of this notice.

In some instances your identification and health information may be divulged to a family member, and/or someone designated as your personal representative for the purpose of involving them in your care. This will only occur at your request, or in the professional judgment of the doctor treating you in the event that you cannot give permission due to incapacity. One the information absolutely necessary to accomplish this will be divulged.

Health information may be released to appropriate authorities if, in our professional judgment, we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence, or the victim of other crimes. Your health information may be released if it is necessary to prevent a serious threat to your health and safety, or the health and safety of others. Your health information may also be shared if it will be necessary to capture who has admitted to committing a crime or has escaped from legal custody.

Health information may be disclosed in order to comply with workers' compensation laws, and to the employer in order for the employer to comply with these laws as well. Health information may also be disclosed to your employer in order for the employer to comply with these laws as well. Health information may also be disclosed to your employer for the sole reason for your treatment was at the request of the employer for the purpose of medical surveillance or to determine a work related injury.

There are several other circumstances whereby your health information may be disclosed. These include the following:



- For the fund-raising activities of our or an affiliated foundation. The information disclosed will be limited to general information about you and the dates of service in our facility. You will also be instructed how to be excluded from future communications, if you so wish, on each piece of material.
- If your treatment is the subject of a research project, portions of your health information may be disclosed. This will only occur after an independent review board has approved the research project, and the release of health information.
- Health information may be disclosed to the proper authority for public health activities. These activities include the release of information to assist with controlling disease, injury, or disability, including child abuse or neglect. This also includes, when allowed by law, notification of a person who may have been exposed to communicable disease or otherwise be at risk of contracting or spreading a disease or condition. This also includes communication to the Food and Drug Administration (FDA) for purposes of reporting adverse effects associated with a particular product, to enable recalls, repairs, or replacements of defective products.
- Certain requirements are to disclose the health information of military personnel, veterans, for national security and intelligence needs, for protective services of the President, other officials, and foreign heads of state, and within certain government programs that provide public benefits.
- Pursuant to certain health oversight activities such as audits, civil, administrative, criminal investigations, inspections, licensure, disciplinary proceedings, and other lawfully authorized activities, health information may be disclosed.

YOUR RIGHTS UNDER THIS POLICY

You have the right to inspect or obtain copies of your medical information. You may request a copy of your information by notifying the contact person listed at the end of this notice. This request must be in writing. You may request your medical information be provided in some manner other than photocopies of the existing records. We will make our best effort to provide you with your information in the format you request, unless it is not practical for us to do so. Photocopies of your records will be provided to you at a fee of \$1.00 per page, plus postage, if applicable.

You have the right to receive a list of all disclosures made by us or others that perform essential services. This accounting only includes disclosures for purposes other than those described above (treatment, payment, health care operations, etc.). You are entitled to one copy in any 12 month period free of charge. Additional requests will be provided for a fee of \$35.00. If you make an additional request you will be notified of the fee involved and you will have the option of obtaining the disclosure, withdrawing your request, or modifying it in order to reduce the fee. This may be discussed with the contact person listed below at that time.

You have the right to request that additional restrictions on the use of disclosure of your health information be implemented. These requests do not have to be honored, but if they are agreed to, that additional restriction will be honored (except in the case of an emergency). These additional restrictions may be rescinded by us at any time. However, the previously agreed on restrictions will be maintained on the information gathered while the restrictions were valid, but not for any subsequent information.

You have the right to request that you be communicated to by alternate means or at a specific location, as stipulated by you. This request must be made in writing and submitted to the contact person listed at the bottom of this notice.

You have the right to request that your health information be changed if you feel that it is inaccurate. This request for a change of health information must be made in writing to the contact person listed at the bottom of this notice. This request may be denied if the information in question was not created at this facility, or if it is



PREMIER CARE ASSOCIATES

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determined that the information in question was not created at this facility, or if it is determined that the information contained in the file is accurate and complete. If the request is denied a written explanation will be

provided to you. You may respond to this denial with a statement of disagreement. A rebuttal may be filed by us. The statement of disagreement and rebuttal will be included in all future releases of your health information. If your request to change your health information is accepted, your record will be changed and all reasonable efforts will be made to identify these changes to the people you name, and anyone else that your information has already been released to.

If you have received this notice electronically and would like a paper copy, you are entitled to it. You may obtain that copy by contacting the contact person at the bottom of this notice.

The contact person is listed below. This person may be contacted as instructed by the notice, or if you have any questions or concerns regarding the privacy practices of this office.

*If you feel that your privacy rights have been violated, you may file a complaint with the contact person. You may also file a complaint with the US Department of Health and Human Services. You may obtain this address by also contacting the contact person. You will not be retaliated against in any way for filing a complaint. If you file a complaint with us you will be notified in writing of our determination and mitigation, if warranted.

CONTACT PERSON: Gabriella Scibilia (gabriella@premiercareassociates.com)

Prakash Doshi, M.D.

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