

**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.**

I. Who We Are

This Notice describes the privacy practices of Hunterdon Cardiovascular Associates and our employed doctors, nurses, employees and other personnel. This Notice applies to all services that are provided to you at our facilities.

The Practice also participates in electronic health information exchange (HIE) networks, including "Hunterdon Health Connections" and "Jersey Health Connect". This Notice describes how your authorized providers may access and share your health information electronically through an HIE network.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this Notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. How We May Use and Disclose Your PHI Without Your Written Authorization

We may use and/or disclose your PHI without your written authorization for the following purposes:

A. Treatment, Payment and Health Care Operations.

• **Treatment.** We may use and disclose your PHI to provide treatment and other health care services to you--for example, to diagnose and treat your injury or illness. As part of your treatment, your PHI may be shared among the individuals and entities that are affiliated or have a partnership with The Practice. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

• **Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care to verify that they will pay for your health care.

• **Health Care Operations.** We may use and disclose your PHI for our health care operations. For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other health care workers.

B. Business Associates. We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of PHI. To protect your health information, we require the vendor to appropriately safeguard your information.

C. Public Health Activities. We may disclose your PHI for the public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (e.g., the Food and Drug Administration).

D. Victims of Abuse or Neglect. If we reasonably believe you are a victim of abuse or neglect, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse or neglect.

E. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid and civil rights laws.

F. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

G. Law Enforcement Officials. We may disclose limited PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

H. Decedents. We may disclose your PHI to a funeral director or medical examiner as authorized by law.

I. Organ and Tissue Procurement. We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

J. Research. We may use or disclose your PHI for research purposes with your consent or we will ask our Institutional Review Board to approve a waiver of authorization for disclosure. A waiver of authorization will be based upon assurances from the review board that the researchers will adequately protect your PHI.

K. Preventing a Threat to Health and Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose your PHI to prevent or lessen a serious or imminent threat to the health or safety of a person or the public

L. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

M. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

N. As Required by Law. We may use and disclose your PHI when required to do so by federal or state law.

IV. When You May Agree or Object to How We Use and Disclose Your PHI

A. Directory of Individuals in the Practice. Unless you object, we may include your name, location in the Practice, general health condition (e.g., fair, stable, etc.) and religious affiliation in a patient directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy.

B. Relatives, Close Friends and Other Caregivers. Unless you object, we may disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you, orally or in writing, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

V. When Your Written Authorization Is Required for Uses and Disclosures of PHI

A. In General, For All Other Uses & Disclosures. For any purposes other than the ones described in this Notice, we may use or disclose your PHI only with your written authorization. You may revoke your authorization, at any time, in writing, except to the extent that we have taken action in reliance on the authorization .

B. Marketing. We must obtain your signed HIPAA Authorization prior to using or disclosing your PHI for most marketing materials.

C. Sale of Your PHI. We must obtain your written authorization for any disclosure of your PHI which constitutes a sale of PHI.

D. Psychotherapy Notes: We must obtain your written authorization for most uses and disclosures of psychotherapy notes.

E. HIV/AIDS Related Information. Before we can disclose any HIV/AIDS-related information about you, you must sign a consent form that specifically asks you if we can disclose your HIV/AIDS-related information. However, state law allows us to disclose

your HIV/AIDS information in limited circumstances without first obtaining your signed consent.

F. Genetic Information. Before we can disclose any specific genetic information (for example, your DNA sample) about you, you must sign a consent form that specifically asks you if we can disclose your genetic information. However, federal and state law allows us to disclose your genetic information in limited circumstances without first obtaining your consent.

G. Tuberculosis Information. Before we can disclose any information about you referring to your tuberculosis, you must sign a consent form that specifically asks you if we can disclose your tuberculosis information. However, state law allows us to disclose your tuberculosis information in limited circumstances without first obtaining your signed consent.

H. Substance Abuse Program Records. Medical records created as part of an alcohol and drug abuse treatment program protected by federal law and regulations called "Part 2" must be kept confidential. Generally, we may not say to a person outside our Part 2 facilities or programs that a patient attends such facility or program, or disclose any information identifying a Part 2 patient as an alcohol or drug abuser unless the patient specifically consents in writing, the disclosure is allowed by court order, or the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

VI. Your Rights Regarding Your PHI

You have certain rights regarding your PHI, which are explained below. You may exercise these rights by submitting a request in writing to our Privacy Officer.

A. Right to Request Restrictions. You may request restrictions on our use and disclosure of your PHI. This means you may ask us not to use or disclose any part of your PHI for purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction, except we must agree not to disclose your PHI to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. We will send you a written response. If we agree to the requested restrictions, we will comply with your request unless PHI is needed for emergency treatment.

B. Right to Request Confidential Communications. You may request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for

information as to how payment will be handled or specification of an alternative address or other method of contact.

C. Right to Request Copy of Your Health Information. If you would like to see or get an electronic or paper copy your PHI that is contained in a designated record set (e.g., medical and billing records), we are required to provide you access to such PHI for inspection and copying. We may charge you a reasonable fee to cover duplication, mailing and other costs incurred by us in complying with your request. In addition, there are situations where we may deny your request for access to your PHI. For example, we may deny your request if we believe the disclosure will endanger your life or that of another person. Depending on the circumstances of the denial, you may have a right to have this decision reviewed.

D. Right to Request an Amendment. You have the right to request that we amend your PHI that is maintained in a designated record set (e.g. medical billing records). We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

E. Right to Request an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures we have made, if any, of your PHI. This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It also excludes disclosures we may have made to you, your family members or friends involved in your care. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must specify a time period, which may not be longer than 6 years. You may request a shorter timeframe. If you request an accounting more than once during a twelve (12) month period, we may charge a reasonable fee for labor, supplies and postage, up to a maximum allowed under the current law.

F. Right to Notification Following a Breach of Unsecured PHI. We are required by law to notify you if you are affected by a breach of unsecured PHI. .

G. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

H. Right to Opt Out of Fundraising Communications. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications

I. Opting Out of HIE Networks. The Practice participates with HIE networks that allow patient information to be shared electronically through a secure connected network. Your health care providers who participate in these HIE networks may have an opportunity to electronically access your pertinent medical information for *treatment, payment* and certain *health care operations*. If you do not want to allow otherwise authorized doctors, nurses and other clinicians involved in your care to electronically share your PHI with one another through an HIE network, you have the right to “opt-out”. Instructions on how to opt-out of a particular HIE network will be provided with

the educational brochure that you will receive about such HIE network. If you opt-out of an HIE network, this will prevent your information from being shared electronically through such network, however it will not impact how your information is otherwise typically accessed and released in accordance with this Notice and the law.

VII. Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer using the contact information below. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278. Also upon request, the Privacy Office can provide you with the additional contact information for the Director. We will not retaliate against you if you file a complaint with the Director or us.

VIII. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on 1/1/2017.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our waiting areas and on our Internet site at www.hunterdoncardiovascular.com. You also may obtain any new notice by contacting the Privacy Officer.