

## 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. If you have any questions about this please contact our privacy officer. We are obligated by law to maintain the privacy of protected health information, give you this notice of our legal duties and privacy practices regarding health information about you, and follow the terms of our notice that is currently in effect.

**YOUR RIGHTS:** When it comes to your health information, you have certain rights.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or summary of your health information, usually within 30 days. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you. We may refuse, but we will tell you why in writing within 60 days.
- You can ask us to contact you in a specific way or to send mail to a different address. We will comply with all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree, and may refuse if it would affect your care. If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires us to share that information.
- You can ask for a list of the times we have shared our health information for 6 years prior to the request, who we shared it with, and why. We will include all of the disclosures except for those about treatment, payment and health care operations and certain other disclosures that you might have requested. We will provide the list for free, but will charge a fee if you ask for it more than every 12 months.
- You can ask for a paper copy of this notice.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and makes choices about your health information. We will make sure the person has this authority before we take any action.
- You can complain if you feel we have violated your rights. You can file a complaint with the U.S. Dept. of Health and Human Services Office for Civil Rights, 200 Independence Ave., S.W., Washington, DC. 20201, calling 1-877-696-6775. We will not retaliate for filing a complaint.

**Your Choices:** For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share our information, inform us. You have both the right and choice to tell us to

- Share information with your family, close friends, or others involved in your care, share information in a disaster relief situation, and include your information in a hospital directory.
- If you are physically not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest, or when needed to lessen a serious and imminent threat to health or safety.

- Unless you give us written permission, we will not share your information for marketing purposes, sale of your information, most sharing of psychotherapy notes. We will not contact you for fundraising.

**OUR USES AND DISCLOSURES:** We typically use or share your health information in the following ways:

- We can use and share it with other professionals who are treating you.
- We can use and share it to run our practice, improve your care, and contact you when necessary.
- We can use and share it to bill and get payment from health plans or other entities.

We are allowed or required to share your information in other ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before doing so.

- We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, and preventing or reducing a serious threat to anyone's health or safety.
- We can use or share your information for health research.
- We will share health information about you if state or federal laws require it.
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- We can use or share health information about you for worker's compensation claims, for law enforcement purposes, with health oversight agencies for activities authorized by law, for special government functions such as military, nation security, and presidential protective services.
- We can share health information about you in response to a court or administrative order, or subpoena.

**HEALTH INFORMATION EXCHANGE (HIE):** We, along with other health care providers in New Jersey, participate in Jersey Health Connect, a HIE which allows patient information to be shared electronically through a secured network that is accessible to the providers treating you. We may disclose your medical information to Jersey Health Connect HIE, unless you opt out of participating in the HIE.

**PERSONAL HEALTH RECORD (PHR):** Certain portions of your medical record are available electronically to you in a PHR, which is accessible at MyMeridianHealth.com. Enrollment is required. We may disclose your medical information to the Relay Health HIE for purposes of adding your medical information to your PHR.

**OUR RESPONSIBILITIES:**

- We are required by law to maintain the privacy and security of your records.
- We will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices in this notice and give you a copy of it.
- We will not use or share your information other than described above unless you give us permission in writing. You can also change your mind and inform us in writing.