

ADVANCED FOOT AND ANKLE
NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/03

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 notice, contact Dr. Jason Grossman, 732-679-4330.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to maintaining the confidentiality of medical information about you. We create a record of the care and services you receive at this office. We need this record to treat you and comply with certain legal requirements. This notice applies to all of the records of your care generated by our office, whether made by your personal doctor or by other personnel within our office.

This notice advises you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms described in this notice

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and provide examples. Not every use or disclosure in a category will be necessarily listed below. However, all of the ways which we are permitted use and disclose information will fall within one of the categories.

Treatment-We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other office personnel who are involved in your medical care and treatment. For example, a doctor treating you for a broken arm may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the office may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may also disclose medical information about you to people outside the office

who may be involved in your medical care after you leave the office, such as family members, or others we may rely upon or ask to assist us in caring for you.

Payment-We may use and disclose medical information about you so that the treatment and services which we provide to you at the office may be billed to and payment may be collected from you and /or your insurance company or other responsible third party. For example, we may need to provide to your health insurance plan information about the services which we provided to you at the office so that your health plan will pay us or reimburse you for the services. We may tell your health insurance plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations-We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other office personnel for review and learning purposes.

Appointment Reminders-We may disclose medical information in connection with our efforts to remind you that you have an appointment.

As Required By Law-We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety-We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety of the public or another person. Any disclosure, however, would only be someone able to help prevent the threat.

SPECIAL SITUATIONS

Workers' Compensation-We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illness.

Public Health Risks-We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report child abuse or neglect;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities-We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and programs, and compliance with civil rights laws.

Lawsuits and Disputes-If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court of administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if required by law or if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement-We may release medical information if requested by a law enforcement official acting pursuant to valid legal authority.

National Security and Intelligence Activities-We may relate medical information about you to authorized federal officials for intelligence, counterintelligence, protection of the President, other authorized persons of foreign heads of state, for the purpose of determining your own security clearance and other national security activities authorized by law.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy-You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Advanced Foot and Ankle, c/o Medical records, 2433 Highway 516, Old Bridge, N.J. 08857. If you request a copy of the information, we may charge you \$1.00 for each page or \$100.00 for the entire record, whichever is less, as permitted by New Jersey Law.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the office will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right To Amend-If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request and amendment for as long as the information is kept by or for the office.

To request an amendment, your request must be made in writing and submitted to Dr. Jason Grossman. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the office;

- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete

Right to an Accounting of Disclosures-You have the right to request an “accounting of disclosures.” This is a list of the the disclosures we made of medical information about you.

To request this list of accounting of disclosures, you must submit your request in writing to Dr. Jason Grossman, 2433 Highway 516, Old Bridge, N.J. 08857. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request with a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions-You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, of health care operations. You may also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care of the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Dr. Jason Grossman, 2433 Highway 516, Old Bridge, N.J. 08857. In your request you must tell us what information you want us to limit, whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications-You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communication, you must make your request in writing to Dr. Jason Grossman, 2433 Highway 516, Old Bridge, N.J. 08857. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice-You have the right to obtain a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGE TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are seen at the office for treatment or health care services as an outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact Dr. Jason Grossman, 2433 Highway 516, Old Bridge, N.J. 08857. All complaints must be submitted in writing.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.