

HIPAA NOTICE OF PRIVACY PRACTICES

MORGAN DERMATOLOGY
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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.

The Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or other health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition related to health care services.

Uses and disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you, to pay your health care bills, to support the operation of the physician's practice, and any other use required by law.

Treatment: We will use your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party. For example, we would disclose your protected health information, as necessary, to a home health care agency that provides care to you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. For example obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: Your protected health information will be used or disclosed, as needed, in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment or to remind you that you are due for periodic care from the Practice. This contact may be by phone, in writing, email, or otherwise and may involve the leaving of an email, a message on answering machines, or otherwise which could (potentially) be picked up by others.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required by Law, Public health Issues as required by law, Communicable diseases, Health oversight, Abuse or Neglect: Food and Drug Administration Requirements: Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and national Security: Worker's compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosure to you and when required by the

Secretary of Department of health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other permitted uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your rights: The following is a statement of your rights with respect to your protected health information

You have the right to inspect and copy your protected health information. Under the federal law, however you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another health care professional.

You have the right to receive confidential communications from us by alternate means or at an alternate location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You have the right to have your physician amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made is any, of your protected health information.

We reserve the right to change the terms of this notice and will inform you by mail of any changes. You have the right to object or withdraw as provided in this notice.

Complaints: You may file a complaint to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective November 6, 2012

Patient Rights

As a patient you have the right to:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility.
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/ or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third party payment or not covered by the facility's basic rate.
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment.
4. To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/ health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record.
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record.
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and devices.
7. To voice grievance or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient; choice either individually or as a group, and free from restraint, interference, coercion, discrimination or reprisal.
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
9. To confidential treatment of information about the patient.
 - Information about the patient's medical record shall not be released to anyone outside the facility without the patient's approval unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third party payment contract, or a peer review, or unless the information is needed by the Department for statutorily authorized purposes.

- The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
10. To be treated with courtesy, consideration, respect and recognition of the patient's dignity, individuality, right to privacy, including but not limited to auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient.
 11. To not be required to do work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with the local, state, federal laws and regulations.
 12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient.
 13. To not be discriminated against because of age, race, religion, sex nationality, or ability to pay, or deprived of any constitutional, civil and/or legal rights solely because of receiving services from the facility, and
 14. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that patient's care in accordance with N.J.A.C. 8:43E-6

As a patient you are responsible for:

- Providing to the best of your knowledge, accurate , and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate practitioner.
- Following the treatment plan recommended by the primary practitioner involved in your case
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after your procedure
- Indicated whether you clearly understood a contemplated course of action and what is expected of you.
- Your actions, if you refuse treatment, leave the facility against the advice of the practitioner, and/or do not follow the practitioner's instruction relating to your care.
- Being considerate of the rights of other patients and facility personnel.
- Assuring that the financial obligations of your health care are fulfilled as expediently as possible.
- Providing information about and/ or copies of any living will, power of attorney, and other directives that you desire us to know about.