



# urological surgical associates

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10 Parsonage Road, Suite 117, Edison, N.J. 08837 Tel: (732) 494 9400 Fax: (732) 548 3931  
3 Hospital Plaza, Suite 200, Old Bridge, N.J. 08857 Tel: (732) 679 2010 Fax: (732) 679 2077

## NOTICE OF PRIVACY PRACTICES

UROLOGICAL SURGICAL ASSOCIATES PROVIDES THIS NOTICE TO COMPLY WITH THE PRIVACY REGULATIONS ISSUED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES IN ACCORDANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### *Please review carefully*

Federal law requires this practice to maintain the privacy of your medical and health information

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

### **1. Uses and disclosures of Protected Health Information**

Your PHI 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 purpose 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 user required by law.

#### *TREATMENT:*

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with a third party. For example, we could disclose your PHI, as necessary, to the physician who referred you to this office for treatment, a home health care agency that provides care to you, or to a physician we referred you to for further treatment.

#### *PAYMENT:*

Your PHI will be used, as needed, to obtain payment for your health care services from your health insurer, HMO, or other company (your payor) that arranges or pays the cost of some or all of your health care to verify that your payor will pay for health care. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the Health plan to obtain approval for the hospital admission.

#### *HEALTH CARE OPERATIONS:*



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We may use or disclose, as-needed, your PHI in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical personnel, licensing, and conducting or arranging for other business activities. For example, we may use or disclose your PHI, as necessary, to contact you to remind you of your appointment for medical care with the Practice or that you are due to receive periodic care from the Practice. This contact may be by phone, in writing, E-mail, or otherwise and may involve the leaving of an E-mail, message on an answering machine, or otherwise which could (potentially) be received or intercepted by others.

#### *USE WITHOUT AUTHORIZATION:*

We may use or disclose your PHI 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; Workers' Compensation; Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human services to investigate or determine our compliance with health care fraud and abuse issues.

#### *OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES:*

Any other uses and disclosures will be made only with your Consent, Authorization or Opportunity to object, unless required by law. If you are not present or the opportunity to agree or object to as or disclosure cannot be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

## **2. Your Rights**

### *You have the right to inspect and copy your PHI*

You may request access to your medical record file and billing records maintained by us in order to inspect and obtain copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your medical records please contact the business office to request a release form and for the current associated costs.

### *You have the right to request a restriction of your PHI*

You may request restrictions on our use and disclosure of any part of your PHI for the purposes of treatment, payment, or health care 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. You must state the specific restriction requested and to whom you want the



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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 PHI, your health information will not be restricted.

*You have the right to request to receive confidential communications from us by alternative means or at an alternative location.*

*You have the right to obtain a paper copy of this notice from us.*

*You have the right to have your physician amend your PHI.*

We will comply with your written request for amendment to your records as long as we believe that the amended information is accurate and complete or other circumstances apply.

*You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.*

*You have the right to file a complaint.*

If you desire more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with our decision about access to PHI, you may file a written complaint with the Practice or with the Director, Office of Civil Rights, and Department of Health and Human Services. To file a complaint with the Practice, contact our Office Manager, who will direct you on how to file an office complaint. All complaints must be submitted in writing, and all complaints shall be investigated, without repercussion to you.

The Office Manager may be reached at +1.732.494-9400 Ext. 1225

You will not be penalized for filing this complaint.

Effective Date:

This notice becomes effective on or before April 14, 2003

Changes:

We reserve the right to change this notice at any time. 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 may receive from you in the future. We will post a copy of the current notice in the Practice. The notice will contain on the first page, in the top right-hand corner, the date of the last revision and effective date. In addition, each time you visit the Practice for treatment or health care services you may request a copy of the current notice in effect.