



MORRISTOWN CARDIOLOGY ASSOCIATES, P.A.

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## **NOTICE OF PRIVACY PRACTICES**

Effective April 14, 2003

**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.**

If you have any questions about this notice, please ask to speak to our Privacy officer or call our Privacy officer at 973-267-3944 ext. 6806.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This Notice of Privacy Practices describes how we may use or disclose your protected health information, with whom that information may be shared and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our Practice except when the release is required or authorized by law or regulation.

### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE**

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your treatment and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

### **OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

“Protected health information” is individually identifiable health information. This information includes demographics (for example age, address), and relates to your past, present or future physical or mental health or condition and related health care services. Our Practice is required by law to do the following:

- Keep your protected health information private
- Present to you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information
- Follow the terms of the notice currently in effect
- Communicate to you any changes we may make in the notice

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may request and receive a copy of this Notice of Privacy Practices or by accessing our website at [www.morristowncardiology.com](http://www.morristowncardiology.com)

## HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

### *Required uses and disclosures*

By law, we must disclose your health information to you unless it has been determined by a health care professional that it would be harmful to you. We must also disclose health information to the Secretary of the U.S. Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

### *Treatment*

We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your protected health information from time-to-time to another physician or health care provider (for example, a specialist, pharmacist or laboratory) who, at the request of the physician, becomes involved in your case by providing assistance on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

### *Payment*

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities we may need to undertake before your health care insurer approves or pays for the health care services recommended for you, such as determining eligibility or coverage benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a surgical procedure might require that your relevant protected health information be disclosed to obtain approval to perform the procedure at a particular facility.

### *Health Care Operations*

We may use or disclose, as needed, your protected health information to support our daily activities related to providing healthcare. These activities include, but are not limited to: billing, collection, quality assessment activities, investigations, oversight or staff performance reviews, licensing, communications about a product or service and conducting or arranging for other healthcare related activities.

For example, we may disclose your protected health information to a billing agency in order to prepare claims for reimbursement for the services we provide to you. We may 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. For example, we may contact you at your home telephone number to remind you of your next appointment and/or mail an appointment reminder to your home address.

We may leave a message on your home telephone number answering machine regarding anti-coagulation (Coumadin, etc.) management. This message may include test results, dosing information and diet restrictions. You have the option of declining this method of conveying information.

We will share your protected health information with other persons or entities who perform various activities (for example, a transcription service) for our Practice. These business associates of our Practice will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about our Practice and the services we offer. We may also send you information about products or services that we believe might benefit you.

#### *Required by law*

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

#### *Public Health*

We may use or disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report reactions to medications or problems with products
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease condition.
- Notify the appropriate government authority if we believe a patient has been victim of abuse, neglect or domestic violence

#### *Communicable Diseases*

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

#### *Health Oversight*

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

#### *Food and Drug Administration*

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations
- Track products
- Enable product recalls
- Make repairs or replacements
- Conduct post-marketing surveillance as required

#### *Legal Proceedings*

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and in certain conditions in response to a subpoena, discovery request or other lawful process.

### *Law Enforcement*

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring on our premises
- Medical emergencies (not on our premises) believed to result from criminal conduct

### *Coroners, Funeral Directors and Organ Donations*

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donations.

### *Research*

We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

### *Threat to Health or Safety*

Under applicable Federal and state laws, we may disclose your protected health information to law enforcement or another health professional if we believe in good faith that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

### *Military Activity and National Security*

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; or (2) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

### *Workers' Compensation*

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

### *Inmates*

We may use or disclose your protected health information if you are an inmate of a correctional facility, and we created or received your protected health information while providing care to you. This disclosure would be necessary (1) for the institution to provide you with healthcare, (2) for your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

### *Parental Access*

State law concerning minors permit or require certain disclosures of protected health information to parents, guardians and persons acting in a similar legal status. We will act consistently with the laws of this state (or, if you are treated by us in another state, the laws of that state) and will make disclosures following such laws.

## **USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

In some circumstances, you have the opportunity to agree to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

### *Individuals Involved in Your Health Care*

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care, of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

### *Your Rights Regarding Your Health Information*

You may exercise the following rights by submitting a written request to our Privacy officer. Our Privacy officer can guide you in pursuing these options. Please be aware that our Practice may deny your request; however, in most cases you may seek a review of the denial.

#### *Right to Inspect and Copy*

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that our Practice uses for making decision about you.

This does not include inspection and copying of 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 a law that prohibits access to protected health information.

#### *Right to Request Restrictions*

You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing to our Privacy officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use or disclosure or both (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If we believe that the restriction is not in the best interest of either party, or that we cannot reasonably accommodate the request, we are not required to agree to your request. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment.

You may revoke a previously agreed upon restriction, at any time, in writing.

#### *Right to Request Confidential Communications*

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

#### *Right to Request Amendment*

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment

#### *Right to an Accounting of Disclosures*

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in the Notice of Privacy Practices. The disclosure must have been made on or after April 14, 2003 and no more than 6 years prior to the date of your request. This right excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care or for notification purposes. The right to receive this information is subject to additional exceptions, restrictions and limitations as described earlier in the Notice.

#### *Right to Obtain a Copy of the Notice*

You may obtain a paper copy of this Notice from us by requesting one, or view it or download it electronically at our Practice's website ([www.morristowncardiology.com](http://www.morristowncardiology.com)).

#### *Special Protections*

This Notice of Privacy Practice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply to HIV-related information, mental health information and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

#### *Complaints*

If you believe that these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

### **CONTACT INFORMATION**

Our Privacy Officer can be contacted at this office or by calling our telephone number: (973) 267-3944 ext. 6806. You may contact our Privacy officer for further information about our complaint process, or for further explanation of the Notice of Privacy Practices.

*This notice is effective in its entirety as of April 14, 2003*  
*Revised: July 10, 2012*