

Princeton Gastroenterology Associates, PA
NOTICE OF PRIVACY PRACTICES
Copy available on request

Princeton Gastroenterology Associates (PGA) is committed to ensuring the rights of our patients to privacy. Privacy includes, but is not limited to, Protected Health Information (PHI). PHI includes patient identity, age, social security number, the reason the patient is being seen, treatments and medications the patient may receive, and observations about the patient's current condition as well as any past medical history.

Privacy considerations include verbal, written or electronic communications. It is our responsibility to maintain confidentiality and ensure that any business associates receiving PHI and not covered under the Health Insurance Portability and Accountability Act (HIPAA) also adhere to appropriate privacy standards.

Patients have the right to control who will see their PHI. PHI communication will be limited to those who need the information to provide treatment, obtain payment or to complete healthcare operations. We will require authorization to release any PHI to anyone who does not meet this criterion. PGA is required to release information in a limited number of situations to comply with the law.

Patients have the right to review their medical record upon request. The patient is to make these requests in writing.

This signed acknowledgement of notice will be retained in the patient's medical record. Patients may request a copy of our Notice of Privacy Practices at any time.

The Practice Administrator will serve as the designated Privacy Officer for Princeton Gastroenterology Associates. Patients having a complaint related to privacy or confidentiality should write to the Privacy Officer. Patients may also contact the Secretary of Health and Human Services. The practice will not penalize the patient for filing a complaint. Direct the complaint to:

Region 11, Office for Civil Rights
US Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York NY 10278
212-264-3313 Fax: 212-264-3039

Patient Signature

Print

Date